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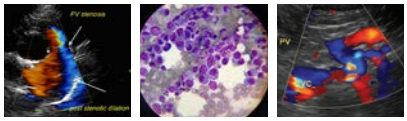

SonoPath

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DATE

12/14/21

PATIENT

Bella Shroads

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

6/12/20

WEIGHT

62 Pounds

INTERPRETED BY

Kathleen Sennello DVM, MS, Diplomate ACVIM (Small Animal Internal Medicine)

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Greenbrier Vet Clinic

REFERRING VET

Dr. Whitfield

INVOICE

33426

PRESENTING CLINICAL SIGNS

History: Not eating for 2-3days, Vomiting freq since Sunday night. Some diarrhea. Nothing in vomit besides bile and foam. May have eaten a small piece of plastic off of a plastic lid. Unknown if eaten anything else. Got one small piece of cooked bland chicken. No other change in diet. Hx of eating poisonous plant and sig GI upset from that. Has historically had a very sensitive stomach and has had bouts of diarrhea and vomiting. Today: Small hives like bumps all over body.

Current Medications: Metronidazole 250mg 1-tab po BID, Famotidine 20mg 1 tab po BID, Cerenia 60mg 1 tab po SID, Currently being hospitalized on IV fluids rate: 115.
Lab Results: Attached separately.
Radiographs: Monday: Xrays: some ingesta in stomach, stomach axis wnl, no abnormal dilation of intestine. Today: X-rays: Thickening around area of stomach. Unsure if ingesta or if thickened stomach wall.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The left kidney has a normal shape and size (6.77 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

The right kidney has a normal shape and size (5.87 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.62 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.82 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Spleen

The spleen is subjectively normal in size, echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

Liver

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is mildly heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach contains minimal luminal contents. It measures at a normal thickness of <0.7cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. Bowel loops follow a typical curvilinear path with distinct wall layering. Duodenum wall measured 0.45 cm. Jejunum wall measured 0.35 cm. Visualized peristalsis appears appropriate. There were no focal lesions consistent with obstruction or a mass effect observed.

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is prominent and hypoechoic as compared to the surrounding isoechoic mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes in the area of the mesenteric root measuring 0.87, 0.54 cm. The omentum is of normal echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mildly thickened small intestine – The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Mildly heterogeneous liver – If liver values are normal, this is likely an incidental finding.
- Prominent mesenteric lymph nodes – This is a common in young dogs and is likely incidental.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

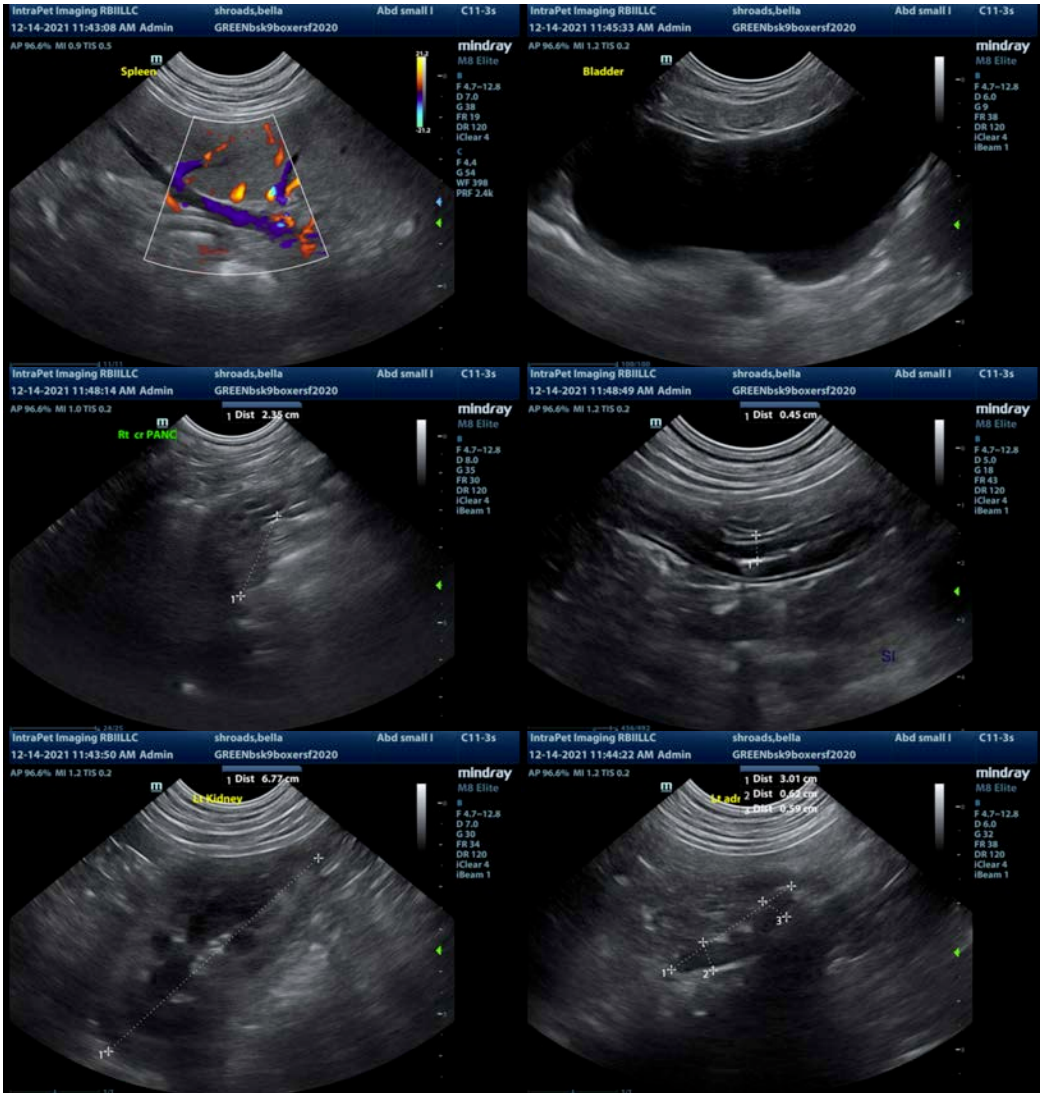
The ultrasonographic findings on today's scan are very mild and could potentially be normal in this individual. No evidence of an obstructive process is present, although small foreign material can often be difficult to detect based on ultrasound.

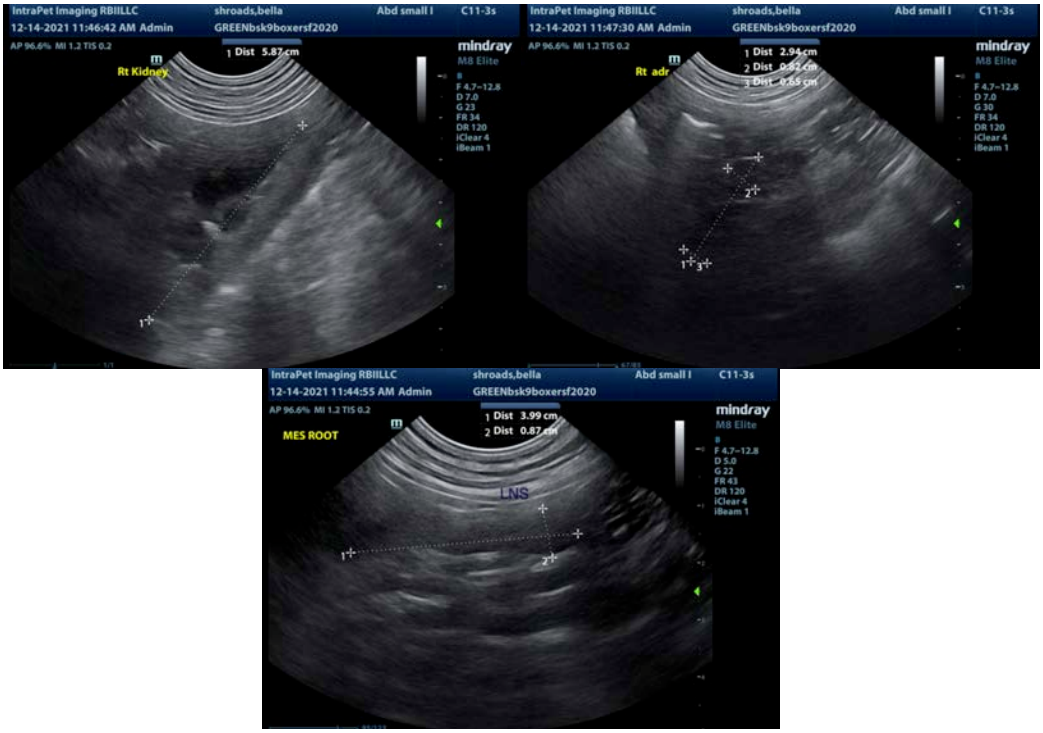
The pancreas is prominent, but not overly inflamed. You could consider an GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

Based on the history of recurrent episodes and concurrent diarrhea, I suspect this is an episode of enteritis. Consider such differentials as dietary indiscretion, dietary hypersensitivity, parasitic infection, low-grade pancreatitis, dysbiosis, etc.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Recommend probiotic therapy.
- If not already done, recommend diagnostic testing for parasitic infection and empirical treatment.
- Recommend screening for Addison's disease.
- If symptoms persist and there is no relief with diet trial, then consider obtaining GI biopsies.

Unfortunately, in a young dog like this, ingested foreign material is always going to be a differential, which is very difficult to 100% rule out.





The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)
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