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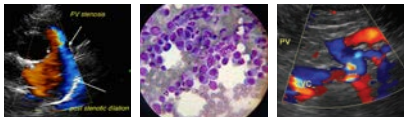

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DATE

12/22/21

PATIENT

JoJo Crosland

SPECIES

Canine

BREED

Wheaten Terrier

SEX

Spayed Female

AGE

5/11/19

WEIGHT

28.7 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Stephanie Pearce RDCS, RVT

HOSPITAL NAME

Paradise AH

REFERRING VET

Dr. Rieckert

INVOICE

33635

PRESENTING CLINICAL SIGNS

History: Starting 12/17, the patient started having liquid diarrhea and it progressed to bloody liquid stool. Within this period, she began vomiting (mostly bile) and developed a decreased appetite. On physical exam 12/20, there were no abnormalities found and she was hospitalized on IV fluids, IV Cerenia, and IV Metronidazole. The morning of 12/21, she ate readily but did vomit after eating. She was hospitalized again on 12/21 for supportive care.

Current Medications: all since 12/20: Cerenia 2 mg/kg PO SID, Metronidazole ~15 mg/kg PO BID.
Lab Results: 12/20 CBC/Chem/lytes - Amylase > 2500 (severely elevated), lipase > 6,000 (severely elevated); rest wnl.
Radiographs: 12/20 radiographs - all wnl.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Gabapentin.
Stat Report: **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 (5.41 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 (4.42 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 0.43 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 0.55 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 homogenous echotexture. 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 is moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering 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 relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measured 0.25 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There are prominent mesenteric lymph nodes visualized measuring 0.65, 0.68, 0.98 cm. The omentum appears to be of increased echogenicity in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Hypoechoic pancreas surrounded by hyperechoic mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend PLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.

- Moderate gastric distention with fluid and shadowing material – Correlate with feeding history and abdominal radiographs. If patient is adequately fasted, differentials could include delayed gastric emptying or retained foreign material. No evidence of an obstruction is visualized.

- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

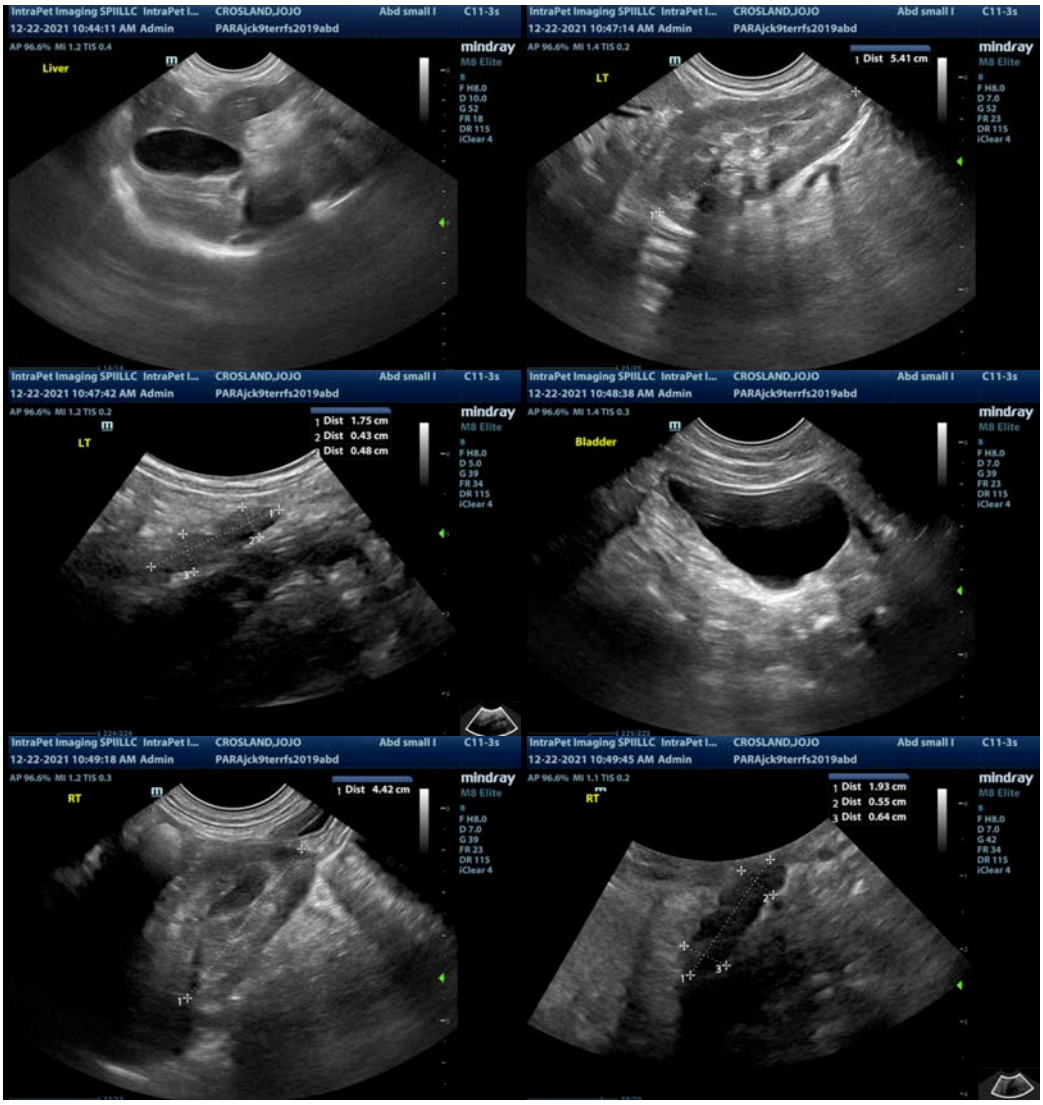
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

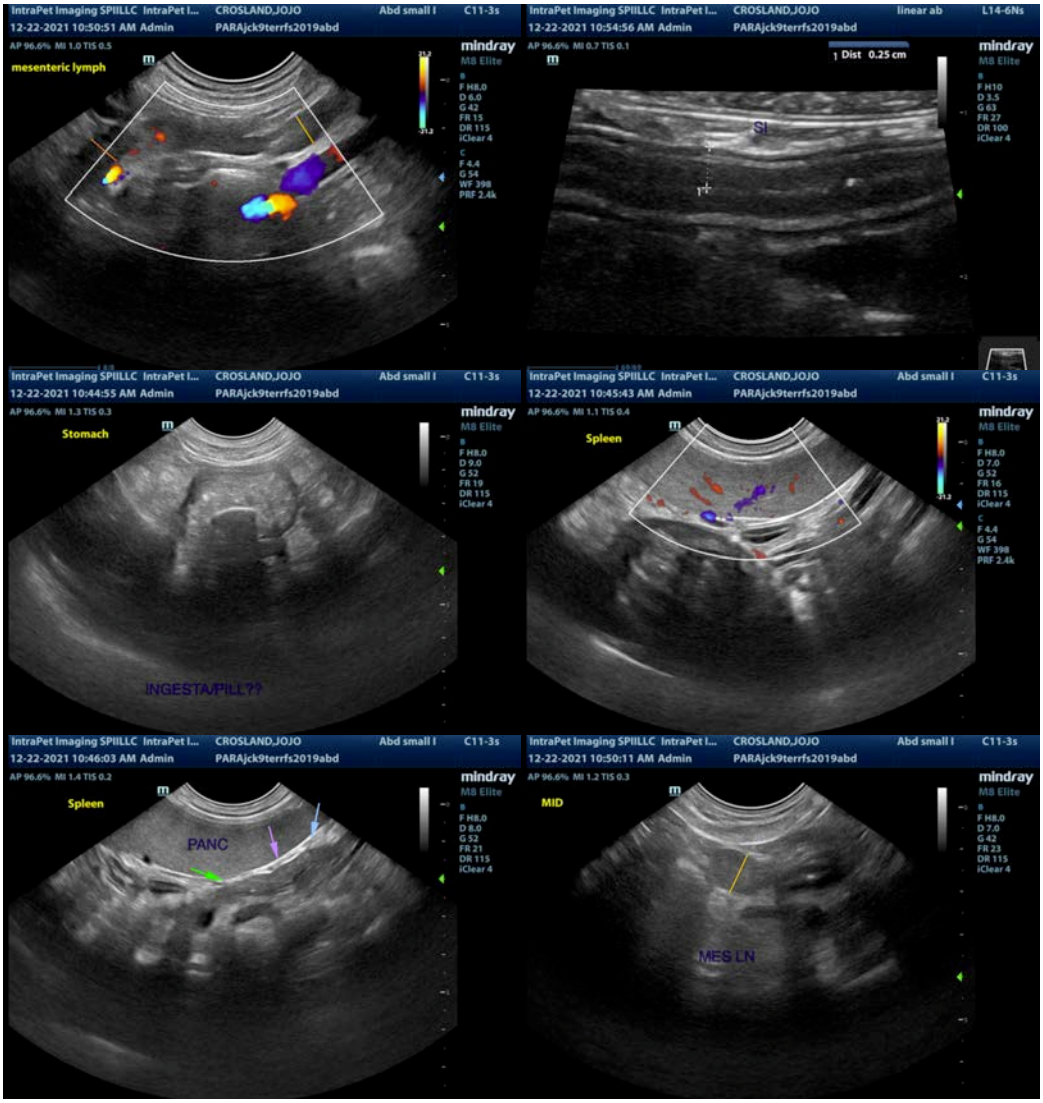
The most prominent abnormality noted is the hypoechoic, inflamed pancreas. There is no free fluid in the abdomen or evidence of mass effect, although many dogs with severe hemorrhagic gastroenteritis have minimal ultrasonographic lesions. Correlate clinical picture with lab results, etc., and consider the following:

- Screening for and treatment for GI parasites.
- Parvo testing and supportive therapy for possible viral enteritis.
- Clostridial testing for possible clostridial enteritis/colitis.
- An ACTH stimulation test or baseline cortisol to rule out Addison's.

- Serial abdominal radiographs if foreign material is suspected.

Hopefully, with continued supportive medical care this is a routine idiopathic case of hemorrhagic gastroenteritis/colitis/pancreatitis and the patient will continue to improve.





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.

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