

**DATE PRESENTING CLINICAL SIGNS**

12/6/22 Vomiting, diarrhea, UTI x2.

PATIENT

Lottie Quigley

Current Medications: Amoxi for first UTI, Clavamox for second as well as Maropitant and Rimadyl. Most recent ER visit- tx'd with Metronidazole, Proviabio, Maropitant and EN.

Lab Results: Unremarkable, 2 UAs with active sediment.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Beagle X

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.

SEX

Spayed Female

The left kidney has a normal shape and size (5.23 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

AGE

12/9/18

The right kidney has a normal shape and size (5.91 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

WEIGHT

45 Pounds

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.73 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 0.53 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.

IMAGING PERFORMED BY

Stephanie Warga
RDMS, RVT

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.

HOSPITAL NAME

Hickory Vet Hospital

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.

REFERRING VET

Dr. Snyder

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

INVOICE

43227

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 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 measures 0.33 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 right limb of the pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions, but there is a somewhat poorly defined hypoechoic region measuring 1.0 cm in diameter, which could be consistent with a focal developing lesion or a resolving lesion. 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 is no significant lymphadenopathy. The omentum is significantly hyperechoic in the right cranial abdomen and around the right limb of the pancreas.

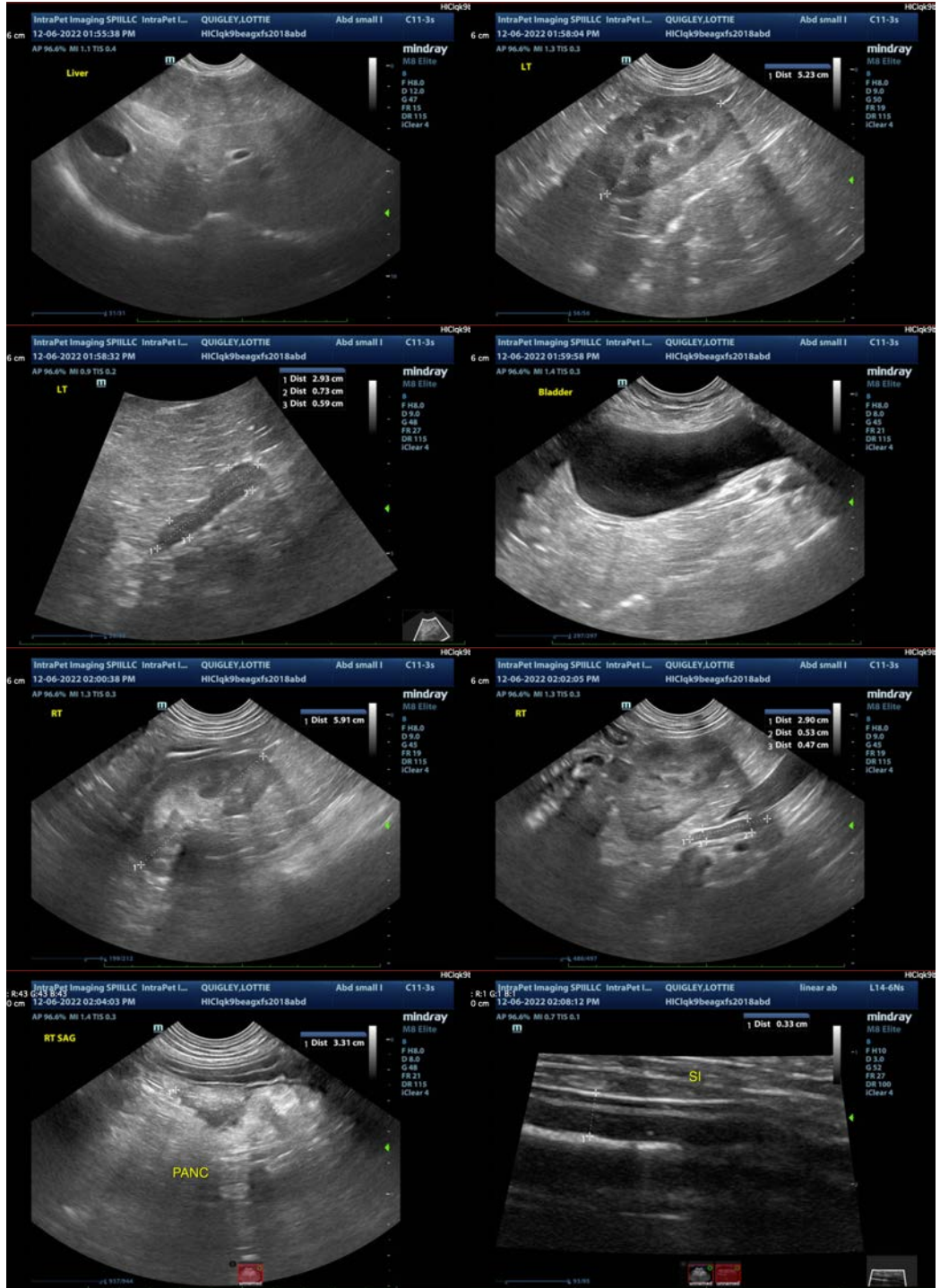
ULTRASONOGRAPHIC FINDINGS

- Hypoechoic, prominent right limb of the pancreas with a focal ill-defined hypoechoic region – 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.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is significant inflammation in the right cranial quadrant of the abdomen and the right limb of the pancreas is prominent. Additionally, there appears to be a somewhat ill-defined hypoechoic region associated with the inflamed pancreatic tissue, which could be a developing cyst/abscess or be a resolving focal lesion. Recommend treatment for pancreatitis with fluids, pain medications, nausea medications, a low-fat diet, etc. Correlate these findings with a quantitative cPLI level. Additionally, I would strongly recommend probiotic therapy if you are using systemic antibiotics, and discontinuation of the Rimadyl. Consider reevaluation of the pancreas in 2-3 days (especially if this patient is not feeling better) to look for possible progression of the focal hypoechoic region.

No lesions are visualized associated with the urinary bladder. Consider either finishing out your course of antibiotics or discontinuing antibiotics and repeating a culture and urinalysis approximately 5 days post cessation of antibiotics. If the culture is negative and cystocentesis still shows active inflammation, and there are symptoms associated with it, you may want to consider a cystoscopy, at the very least continued monitoring with ultrasound for possible development of a focal lesion.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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