

**DATE**

2/11/22

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Shaking Body; Diarrhea; Gums Pale / White. Date: 02-09-2022 Notes: ATO: Always cries and screams when he defecates--went to rdvm a few months ago, and they said he was dramatic. O has tried a variety of different foods and textures to see if that helps, still having same symptoms. Today, back legs shaking, and started having explosive diarrhea. No new foods/treats, known to get into the trash (not recently) No meds. Assessment: Ongoing pain during defecation, acute diarrhea. DDX include dietary indiscretion, food intolerance, colon stricture, open. Plan: Xrays showed no signs of bloat or foreign material, some ingesta in stomach. Plan to admit to hospital on IV fluids, run full blood work, provide treatment for diarrhea. Consider ultrasound to obtain further information.

PATIENT

Junior Palmerino

SPECIES

Canine

BREED

German Shepherd Mix

Current Medications: Gabapentin, Metronidazole, Buprenex, Acepromazine.

Lab Results: PCV wnl, elevated WBC ct (19k), neutrophilia (17k), chem wnl K 3.2.

Radiographs: X rays- ingesta in stomach, loose stool, gas in colon, prostate enlarged no mineralized.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: IV sedation.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Neutered male

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.

AGE

5/1/18

WEIGHT

89.8 lbs

The prostate is normal in size (1.2 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

INTERPRETED BY

Kathleen Sennello
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ACVIM (Small Animal
Internal Medicine)

The left kidney has a normal shape and size (7.64 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 (7.04 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.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The left adrenal gland is normal in size measuring 0.67 cm at the caudal pole It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypochoic) and shape with no evidence of a mass effect.

REFERRING VET

Dr. Goessling

The right adrenal gland is normal in size measuring 0.72 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 hypochoic) and shape with no evidence of a mass effect.

INVOICE

95997

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 gallbladder 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 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. The duodenum measured as normal (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 normal and isoechoic to surrounding 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, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

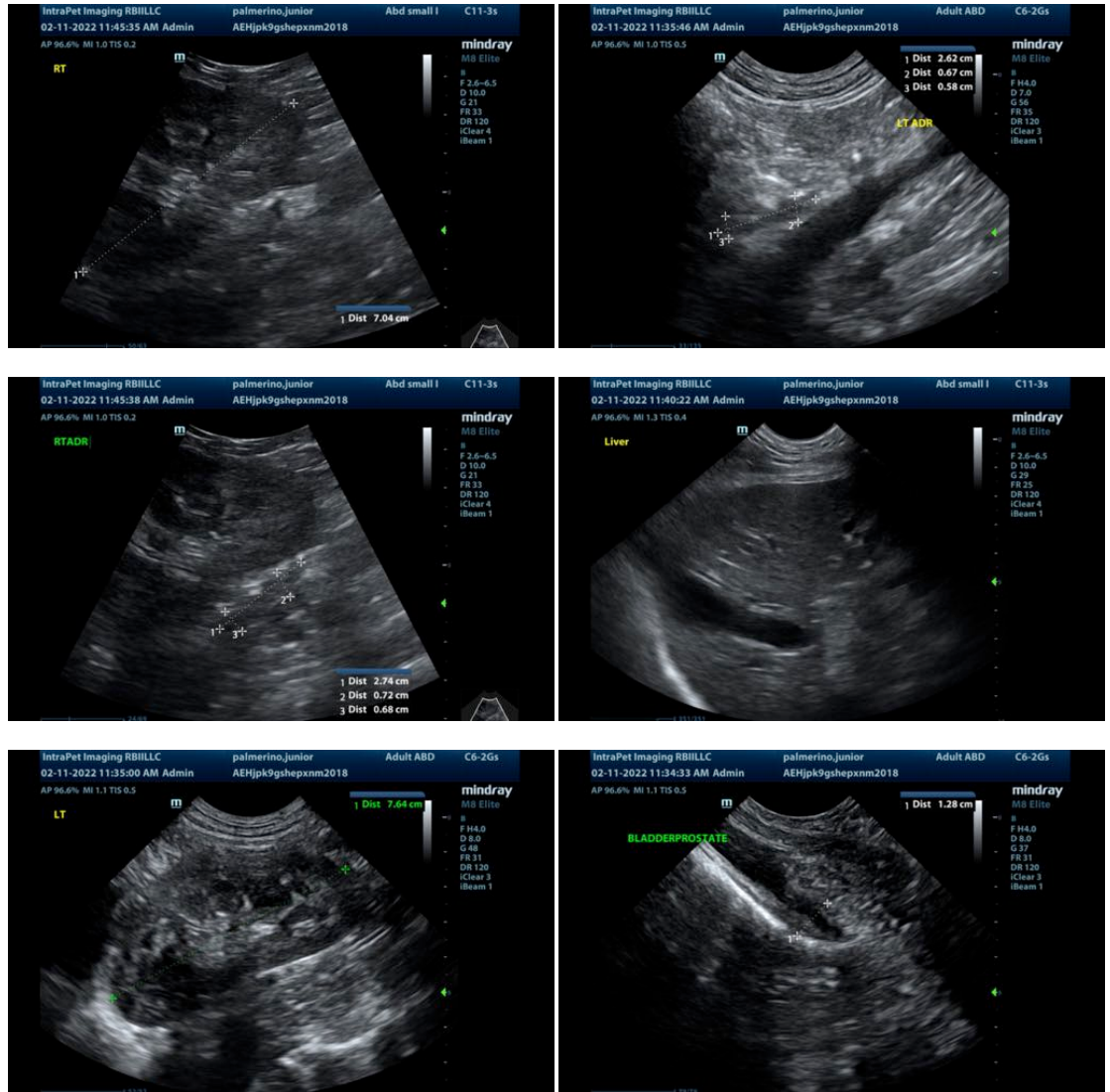
There are no significant lesions visualized on today exam.

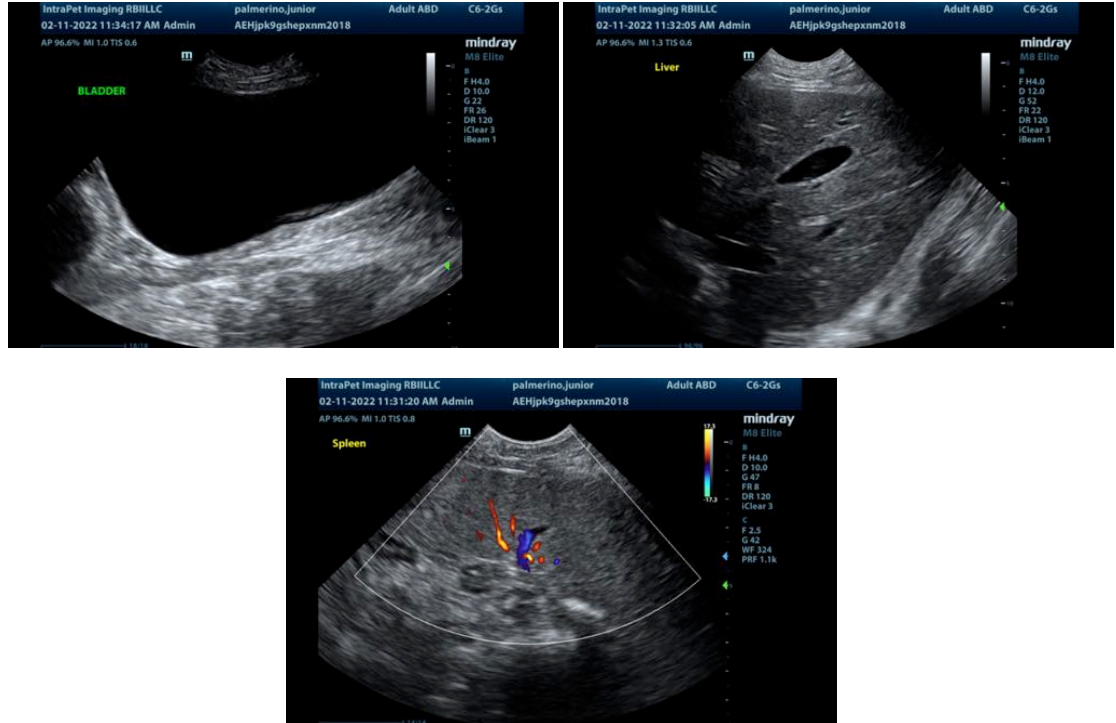
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's history is most consistent with a diagnosis of colitis or proctitis. This could be secondary to inflammation, infection, neoplasia, etc. Unfortunately there are many causes for colitis that cannot be diagnosed by ultrasound alone. No significant mass effects or lymphadenopathy were noted on today's scan, but due to the nature of gas within the colon, etc. it is impossible to visualize the entirety of the colon with ultrasound.

Treatment modalities could focus on the use of anti-inflammatory, steroids, dietary management, immunosuppressants, etc. but a diagnosis is necessary to make a treatment plan. I recommend referral for colonoscopy.

You can consider a GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for evidence of exocrine pancreatic insufficiency, dysbiosis, etc.





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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