

**DATE**

2/14/22

PRESENTING CLINICAL SIGNS

History: vomiting, lethargic, not eating, received sub q fluids (100mL plasmalyte) prior to ultrasound. BP 100-110 via doppler with 3cm cuff sternal.

PATIENT

Mini Seda

Current Medications: Furosemide 12.5mg 1/4 pill BID (not given today), Spironolactine 25mg 1/4 pill BID (not given today), Benazapril 5mg 1/4 pill BID (not given today), Vetmedin 5mg 1/4 pill BID (not given today), Meloxicam inj. 0.05ml give SQ given today (2/14/22), Cerenia inj. 0.2ml given SQ today (2/14/22), Furosemide 0.1ml given SQ today(2/14/22)

Radiographs: See attached.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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

2013

The left kidney has a normal shape and size (2.79 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.

WEIGHT

5.9 lbs

The right kidney has a normal shape and size (2.89 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.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland is normal in size measuring 0.54 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.

HOSPITAL NAME

Prime Care AH

The right adrenal gland is normal in size measuring 0.38 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.

REFERRING VET

Dr. Martin

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.

INVOICE

96033

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. There is a moderate amount of non-organized echogenic debris. 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 focal mass effects are visualized, but there is a large amount of irregular, shadowing material and some hard shadowing material that is suspicious for foreign ingested material.

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 and the jejunum measured as normal (0.19 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 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

Subcutaneous fluid is evident. There was no evidence of lymphadenomegaly. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

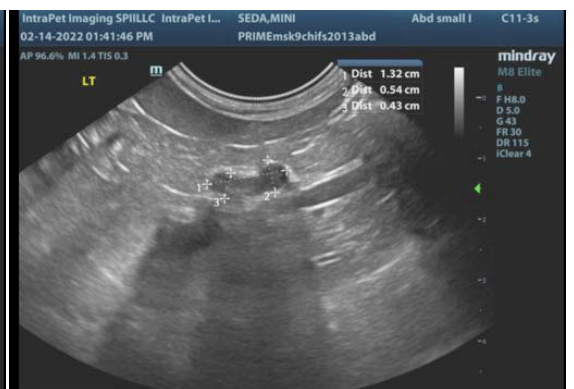
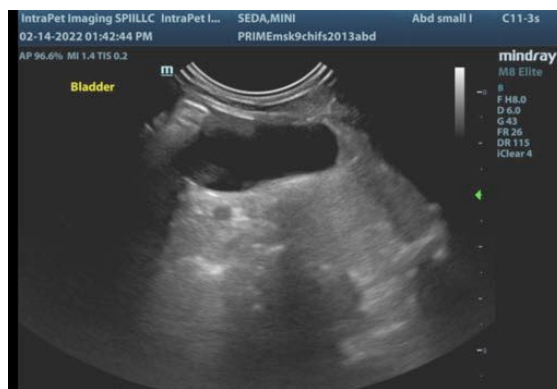
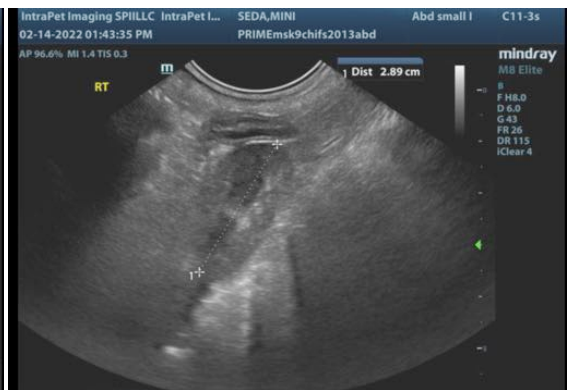
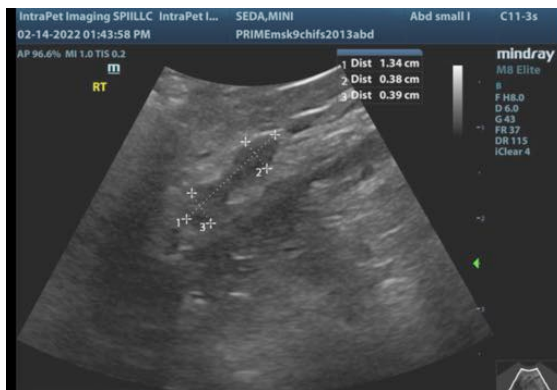
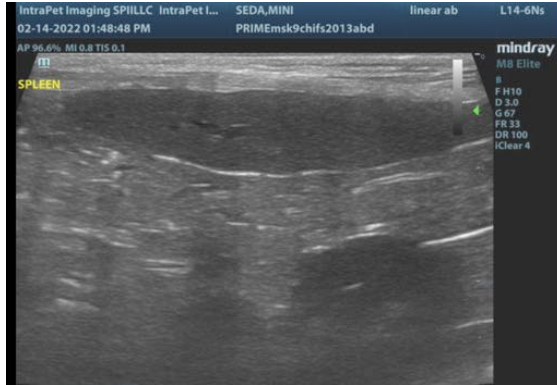
- Dilated gastric lumen with irregular foreign material and hard shadowing foreign material. Correlate with feeding history, medications, treats, etc. If adequately fasted findings are concerning for ingested foreign material.
- Moderate gallbladder sludge. The gallbladder lumen is moderately distended. The wall of the gallbladder is not thickened and has a smooth mucosal surface. There is a moderate amount of non-organized echogenic debris. The cystic and common bile ducts are normal/not visible.

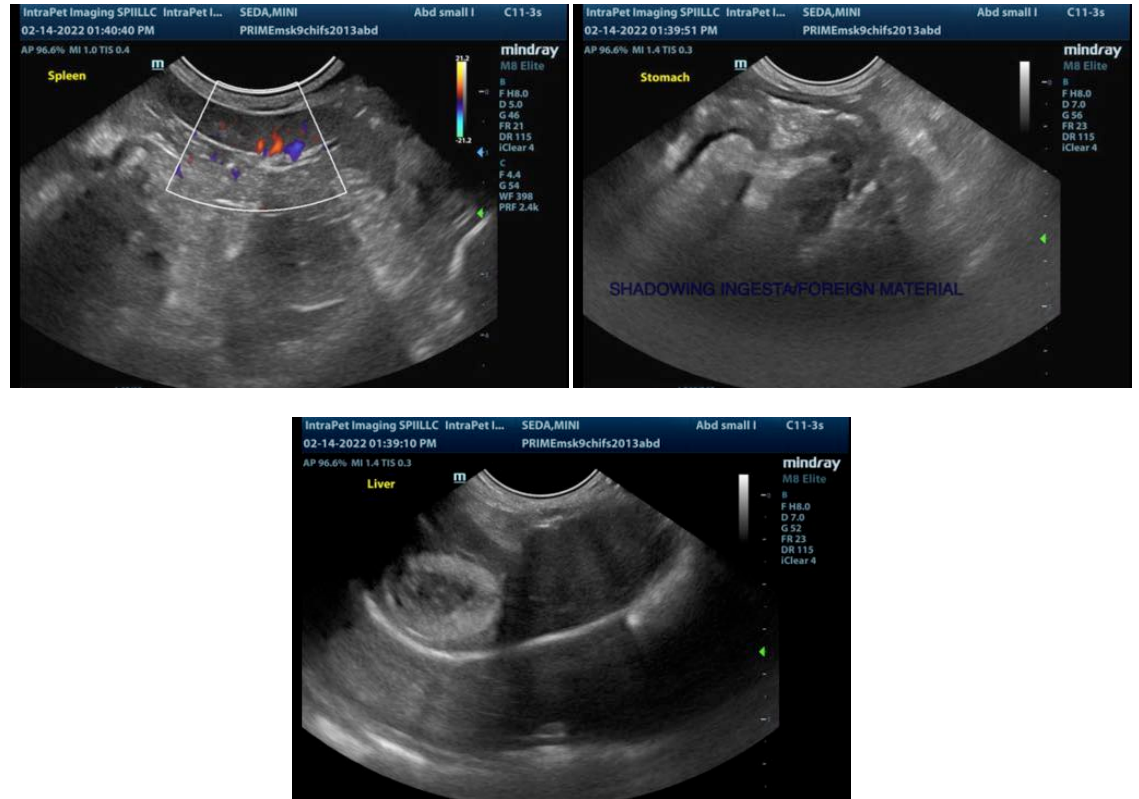
SECONDARY FINDINGS:

- Subcutaneous fluid visualized.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The stomach is dilated with irregular, variably shadowing material along with some hard shadowing material. There is the suggestive of foreign material in the gastric lumen on the radiographs provided. It is unknown if this is digestible ingesta, etc. or if this represents a partial obstruction and the need for surgery. I recommend close monitoring and serial imaging if gastric distension is not resolving consider surgical evaluation for foreign material and consider obtaining GI biopsies at the time of surgery. While there is no overt evidence of a small intestinal obstruction this cannot be ruled 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.

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