

**DATE PRESENTING CLINICAL SIGNS**

2/9/23

Presented today for continued anorexia, vomiting and lethargy. Was taken to AEH on 2/4 for vomiting, diarrhea, anorexia on and off for about a week. Radiographs showed mild gastric distension but no obvious foreign material. Bloodwork showed mildly increased ALT. Was treated with cerenia, ompetrazole, proviable and fluids. Discharged after 24 hours with oral medication. Since returning home pet has still not wanted to eat and continued to vomit despite Cerenia. Exam shows relatively normal appearing but slightly depressed patient. Repeat bloodwork normal. Repeat radiographs suspicious for possible duodenal FB.

PATIENT

Nova Eller

SPECIES

Canine

BREED

Poodle

SEX

Spayed Female

Current Medications: Ompeprazole 6mg bid x 3 days, Cerenia 12 mg sid x 3 days, Provable sid x 3 days.
Lab Results: WNL.

Radiographs: Incomplete delineation of the duodenum however, there is the impression of mild duodenal distention, potentially with faint foreign material or frothy fluid, and the impression of mild regional peritonitis, possibly pancreatitis or mesenteric inflammation secondary to duodenal foreign material/obstruction.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

AGE

10/1/21

WEIGHT

13.2 Pounds

INTERPRETED BY

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

HOSPITAL NAME

Fullerton AH

REFERRING VET

Dr. Unger

INVOICE

45011

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 (3.82 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.

The right kidney has a normal shape and size (4.06 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.

Adrenal Glands

The left adrenal gland is normal in size measuring 0.50 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 0.66 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The stomach is moderately distended with fluid and gas. It measures at a normal thickness of 0.56 cm 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. While no definitive gastric lesions are visualized, the gas and fluid within the stomach prevent full evaluation. The pyloric region appears fluid dilated.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with mild to moderate 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. Duodenum wall measures 0.40 cm. Jejunum wall measures 0.23 cm. Visualized peristalsis appears appropriate. The duodenum appears somewhat fluid dilated, possibly with reduced progressive motility. No obvious foreign material is observed. However, the distal duodenum cannot be followed to non-dilated intestine.

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 left limb of 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, 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.

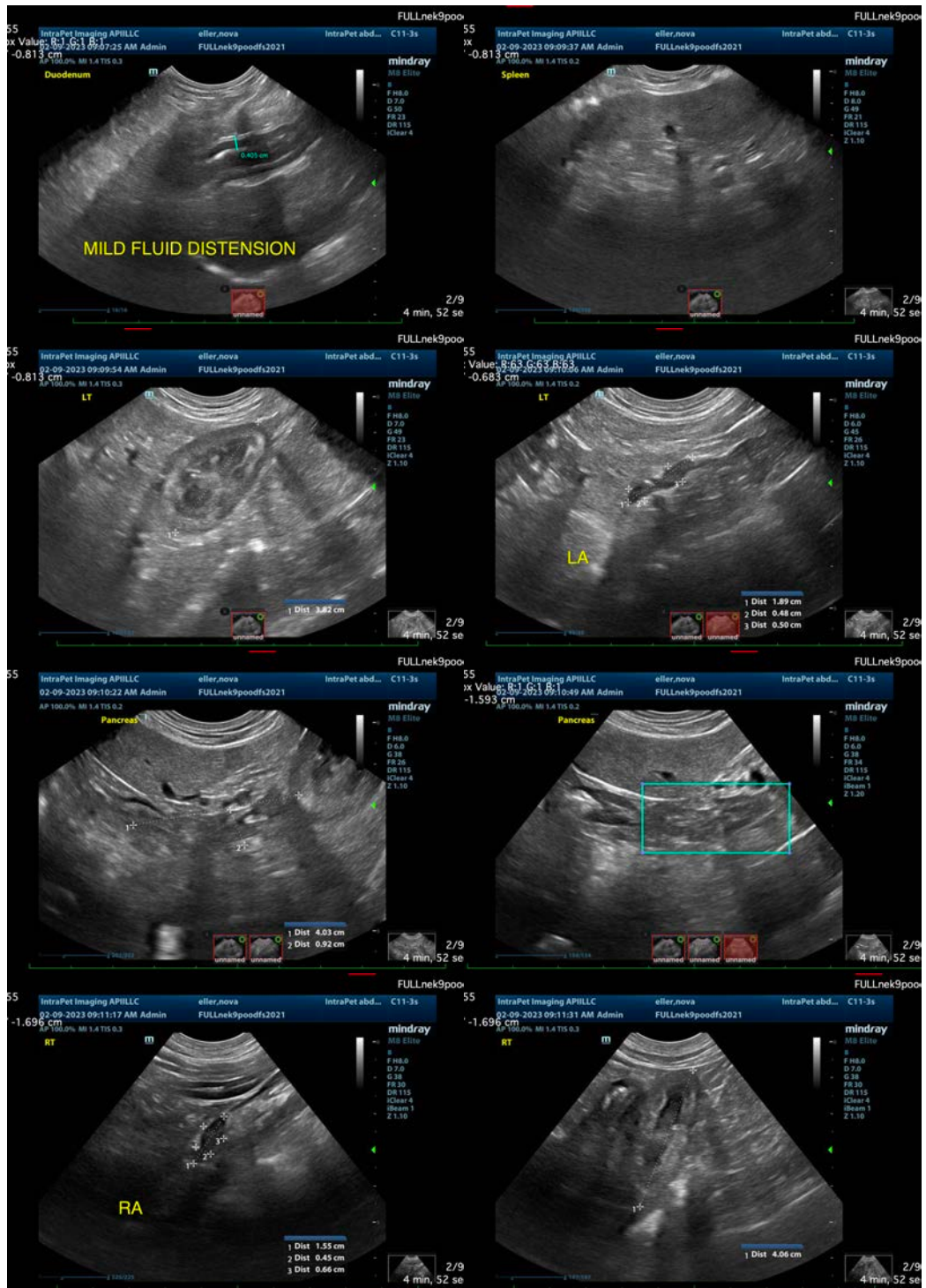
ULTRASONOGRAPHIC FINDINGS

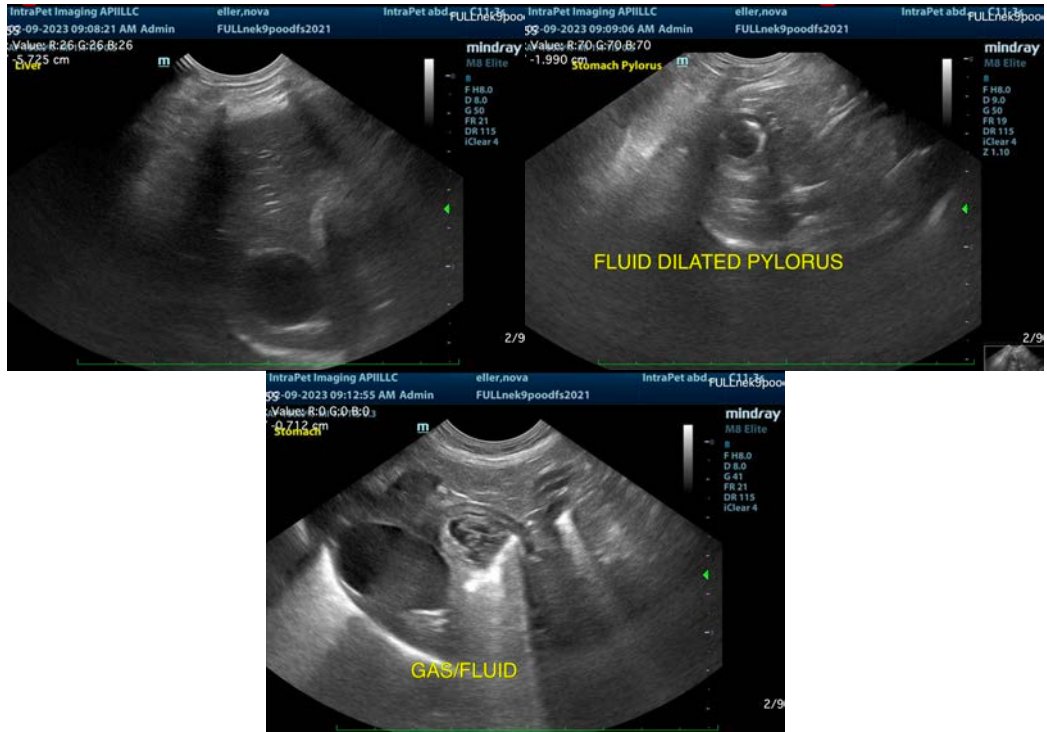
- Stomach dilated with gas and fluid – No focal lesions are observed, but shadowing gas interferes with full evaluation.
- Fluid dilated duodenum – No obstruction is visualized. Findings are most consistent with focal ileus, but a more distal obstruction cannot be ruled out.
- Hypoechoic, prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Both the stomach and duodenum appear somewhat fluid dilated with gas and echogenic fluid moving back and forth with lack of progressive motility. This could indicate ileus. Additionally, it is difficult to definitively rule out foreign material, as gas can interfere in some of these regions.

The pancreas appears prominent and hypoechoic. This is relatively mild, and it is difficult to say if this is significant enough to be causing the symptoms described. Continue symptomatic treatment and close monitoring. If symptoms are not resolving, then consider surgical evaluation to rule out a foreign body, obtain GI biopsies, and consider a biopsy of the liver due to the ALT elevation described.





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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