

**DATE PRESENTING CLINICAL SIGNS**

3/1/22

2/28/22- Occasionally gets diarrhea but doesn't vomit. Usually only lasts a day. Hasn't happened recently. Typically eats Fresh Pet soft food but she ran out so they have gotten regular dry food for past 2-3 days. Was fine until this morning; had diarrhea at 4am then after that has vomited. Multiple times and not interested in eating. Also owner noticed a bump on his lower eyelid a few weeks ago; doesn't seem to be increasing in size but he has some discharge now.

PATIENT

Duk Won McCormick

SPECIES

Canine

Current Medications: Protonix, Metoclopramide, Buprenorphine, BNP Ophthalmic ointment, Metronidazole, and Cerenia.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: no previous.

BREED

Chihuahua

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The urinary bladder is mildly distended with anechoic urine. The Bladder wall appears diffusely regular, but thickened at 0.55 cm. The area of the trigone, ureteral papillae and proximal urethra appear free of mucosal irregularities, masses or cystic calculi. Findings are most consistent with diffuse cystitis or lack of urine distention.

AGE

2/28/12

The prostate is normal/borderline large in size (0.95 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.

WEIGHT

19.5 Pounds

The left kidney has a normal shape and size (5.21 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)

The right kidney has a normal shape and size (4.89 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.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

Adrenal Glands**HOSPITAL NAME**

Animal Emergency
Hospital

The left adrenal gland is normal/borderline enlarged in size measuring 0.66 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.

REFERRING VET

Dr. Martinoli

The right adrenal gland is normal/borderline enlarged in size measuring 0.68 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.

INVOICE

35784

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 severely dilated with fluid. 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 measured 0.30 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 prominent and mottled 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.

PRIMARY FINDINGS

- Prominent mottled pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
- Severely fluid distended stomach – No focal lesions are observed. Consider such differentials as delayed gastric emptying or a partial gastric outflow tract obstruction (none observed).

SECONDARY FINDINGS

- Diffusely thickened urinary bladder wall – The bladder mucosal changes could be consistent with cystitis or artifactual due to lack of adequate luminal distension. Bladder neoplasia cannot be ruled out but is considered unlikely in this patient.
- Borderline enlarged prostate – The prostate appears normal in shape and echogenicity, but is large for a dog of this size. This could be normal in an individual that was neutered after puberty. Correlate with history.
- Borderline bilateral adrenomegaly – The bilateral adrenomegaly could be consistent with bilateral hyperplasia (e.g., secondary to pituitary-dependent hyperadrenocorticism), bilateral infiltrative

neoplasia, inflammatory adrenal disease, other. Correlation with clinical findings is recommended. If no signs of Cushing's are present, these could be normal in this individual.

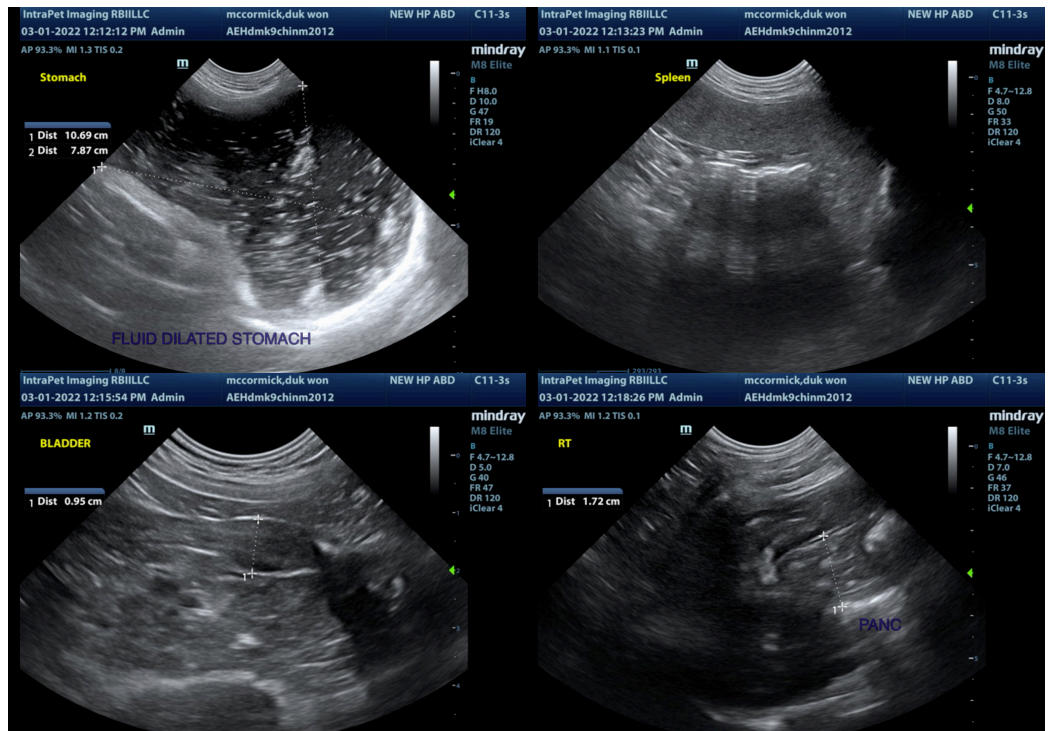
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

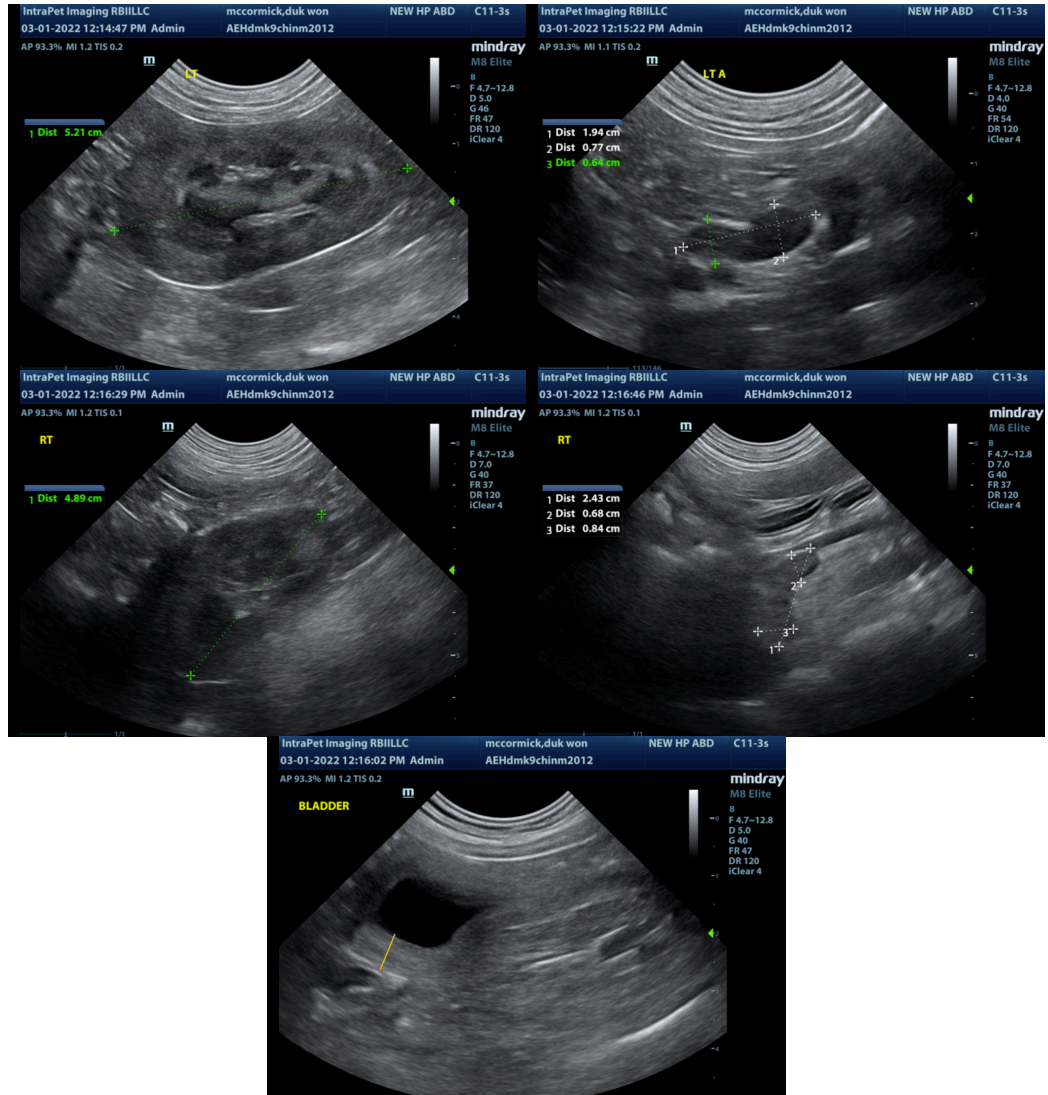
No mass lesions or definitive obstructions were noted in the gastrointestinal tract. The stomach is very fluid dilated, which is concerning for either gastric ileus or an outflow tract obstruction. Correlate findings with feeding/drinking history and abdominal radiographs, as an outflow tract obstruction cannot 100% be excluded as a possibility.

The pancreas appears somewhat prominent. Consider GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

Based on the acute nature of this process and the change in diet, I would initially treat as a pancreatitis/gastroenteritis. If symptoms persist, more invasive evaluation may need to be considered (surgical biopsies, endoscopy, etc.).

The urinary bladder appears somewhat thickened. This could be due to a lack of distention or a urinary tract infection. Recommend urinalysis and culture to further evaluate.





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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