

**DATE PRESENTING CLINICAL SIGNS**

3/1/22

2/27/22- Was here in October for same issue- discussed if condition persists US is recommended. Started having vomiting and diarrhea again so presented to the rdvm on the 15<sup>th</sup> and 17<sup>th</sup>. 15<sup>th</sup> x-rays, SQ fluids, cPL, Cerenia, Famotidine- sent home with Provable and Metronidazole (250mg). 17<sup>th</sup>- day of hospitalization on fluids, Buprenorphine, Cerenia, Famotidine. After rdvm- was a bit lethargic but seemed pretty normal otherwise. Recently switched to hill's I/D- feces started to get mushy on this Monday- progressed to watery diarrhea Friday into Saturday. Sat: ate in the AM, afternoon continued to have diarrhea and was lethargic. Yesterday- 1 episode of vomiting, hasn't eaten since sat AM.

**PATIENT**

Shea Blohn

**SPECIES**

Canine

Current Medications: Buprenorphine, Amp/Sulb, Cerenia, Protonix.  
Lab Results: See attached.

**BREED**

Mixed

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

4/25/21

**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.

**WEIGHT**

42.5 Pounds

The left kidney has a normal shape and size (5.64 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (6.17 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**

The left adrenal gland is normal in size measuring 0.55 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**

Animal Emergency  
Hospital

The right adrenal gland is normal in size measuring 0.62 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. Nacke-Horney

**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**

35795

**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 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 measured 0.28 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***

Evaluation of the peritoneal cavity did not reveal any evidence of effusion. There is a mild mesenteric lymphadenopathy present with lymph nodes measuring 0.76 cm, 0.86 cm visualized at the mesenteric root. The omentum is of normal echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

- Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

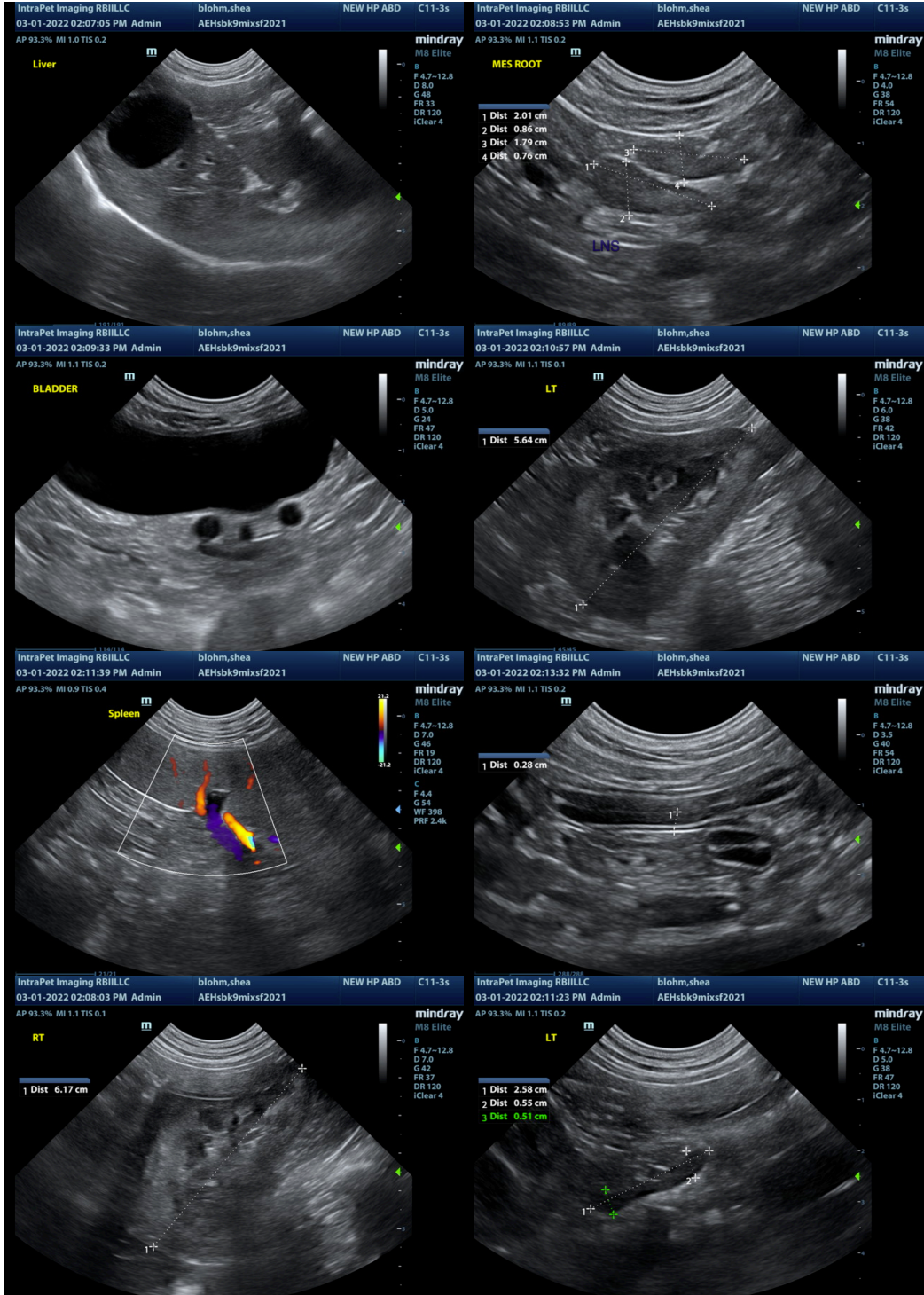
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

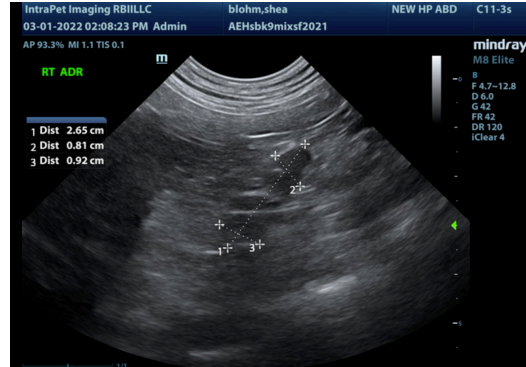
No focal bowel lesions are observed. There is a mild mesenteric lymphadenopathy, which could be normal in a young dog.

Consider possible metabolic diseases for intermittent GI signs. Recommend screening for Addison's disease. Correlate with blood work and consider liver dysfunction. Recommend GI panel to Texas A&M for a qualitative PLI, TLI, cobalamin and folate to look for evidence of exocrine pancreatic insufficiency, etc.

If metabolic causes are thought unlikely, then consider primary GI causes such as dietary intolerance/food allergy, GI parasites, dietary indiscretion, etc.

- Consider a novel protein/hydrolyzed protein prescription diet.
- Consider chronic probiotic therapy.
- Recommend the above mentioned GI panel.
- Recommend empirical deworming and parasite testing.
- Recommend 3-view thoracic radiographs to further evaluate the esophagus and thoracic cavity.
- If symptoms persist, you could consider obtaining GI biopsies.





**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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