

**DATE PRESENTING CLINICAL SIGNS**

3/1/22

P was seen on 11/18/21 with concerns that P stool has been soft, 2 days decreased appetite, eating small amount of regular food. P ate grass last week and vomited, otherwise no vomiting. P was prescribed Metronidazole and Famotidine. P was seen on 12/14/21 with reports that P's "stomach or butt making a squeaking noise all the time." Bloodwork and radiographs were performed and both were WNL. O showed video to DVM at time of pick up so that she could hear what the squeaking was. The squeaking heard sounded like flatulence. O was instructed to feed PPP Sensitive skin and stomach, no more human food as treats. Recommended Fortiflora to help with flatulence. O was seen back on 2/23/22 with concerns that P has been having soft stool for the past few months. O had been giving probiotics. O admits to feeding regular diet with some table scraps. O has also noticed increased abdominal sounds. There were no abnormalities seen on PE.

PATIENT

Teddy Weber

SPECIES

Canine

BREED

Chihuahua

SEX

Neutered Male

Current Medications: From 11/18/21- Metronidazole 250mg ½ BID for 7 days, Famotidine 10mg ½ BID for 7 days. From 2/23/22- Pro-Pectalin Anti Diarrhea Chew- 1 TID for 14 days.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

7/2/15

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

8.48 kg

The prostate is normal in size (0.77 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 DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The left kidney has a normal shape and size (4.02 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

IMAGING PERFORMED BY

Stephanie Pearce
RDMS, RVT

The right kidney has a normal shape and size (4.16 cm) with pinpoint non-obstructive nephroliths. 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, infarcts or hydroureter. Renal vasculature is normal.

HOSPITAL NAME

Banfield Abingdon

Adrenal Glands

The left adrenal gland is normal in size measuring 0.58 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. Hatchett

The right adrenal gland is normal 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

35974

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 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. Duodenum wall measured 0.31 cm. Jejunum wall measured 0.27 cm, 0.27 cm, 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 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

- Hypoechoic prominent pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.

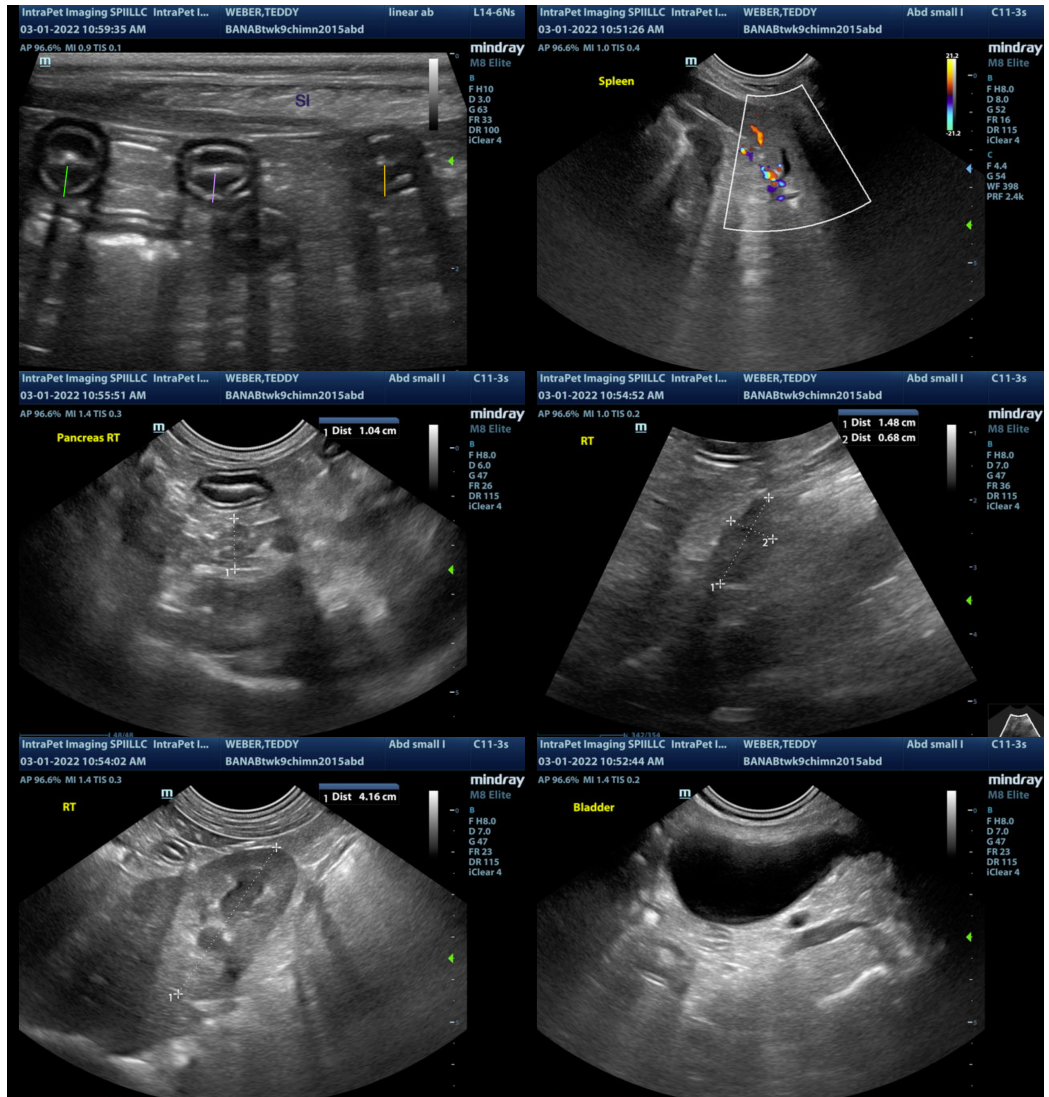
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

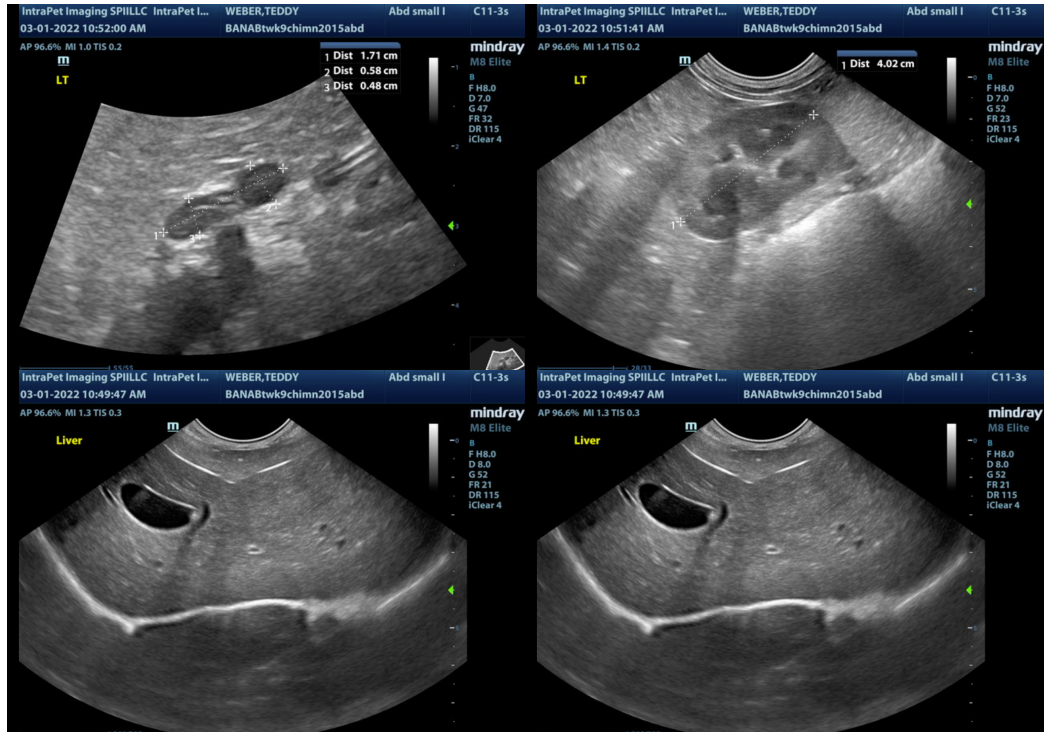
Today's scan is relatively normal. The spleen appears somewhat prominent with minimal surrounding inflammation. Findings are most consistent with chronic mild pancreatic disease or a previous episode of pancreatitis. No focal lesions are observed in regards to the gastrointestinal tract. Based on the information provided in the history, gastrointestinal disease seems most likely.

Consider metabolic causes for gastrointestinal signs. Recommend full routine bloodwork including calcium and electrolyte levels, recommend an ACTH stimulation test or baseline cortisol to rule out Addison's disease, and consider a GI panel to Texas A&M with a qualitative PLI, TLI, cobalamin and folate to further evaluate the pancreas and small intestine.

If metabolic disease is thought unlikely based on test results, then consider primary GI disease such as dietary intolerance/food allergy, GI parasitism, pancreatitis, dysbiosis, IBD, and less likely intestinal neoplasia.

- Consider a hydrolyzed protein/novel protein prescription diet.
- Consider chronic probiotic therapy.
- Recommend the aforementioned GI panel for Texas A&M.
- If symptoms persist, 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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