

**DATE PRESENTING CLINICAL SIGNS**

3/15/22
PATIENT Seen on 3/8 for bloody diarrhea, decreased appetite discharge on 3/9 has not had a bowel movement since being home starting yesterday-vomiting frequently- not able to hold down food or water has always had difficulty with defecation. Chronic eye issues.

Sophie Goodson
 Current Medications: Cerenia, Ondansetron, Diphenhydramine, BNP Dex.

Lab Results: See attached.

SPECIES Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Canine
 Stat Report: Not requested.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Chihuahua 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.

SEX

Spayed Female

AGE

8/18/18

WEIGHT

11.7 Pounds

INTERPRETED BY

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 MS, Diplomate ACVIM
 (Small Animal Internal
 Medicine)

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
 Hospital

REFERRING VET

Dr. Willer

INVOICE

36195

Adrenal Glands

The left adrenal gland is normal in size measuring 0.48 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 0.51 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 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 0.24 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.

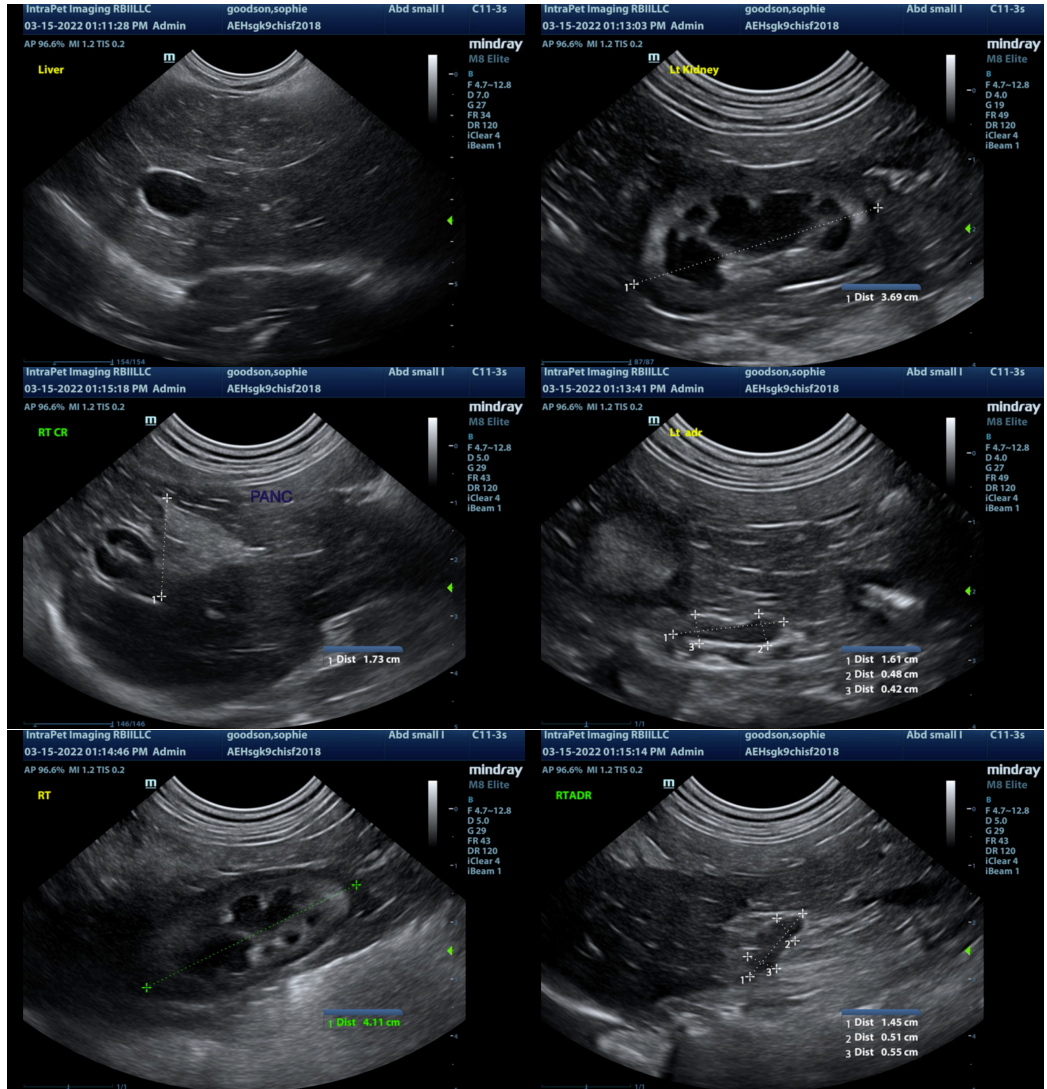
SECONDARY FINDINGS

- Corticomedullary rim sign observed in both kidneys – Clinical significance uncertain, can be seen in normal patients and in cases of ethylene glycol toxicity, chronic interstitial nephritis, and leptospirosis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There are no major focal lesions observed involving the gastrointestinal tract. There are no masses and no evidence of significant obstruction. The pancreas is somewhat prominent. Consider a quantitative PLI to further evaluate. There are many causes for vomiting and diarrhea that cannot be definitively diagnosed by ultrasound along.

- If not already done, recommend full CBC/Chem.
- Recommend an ACTH stimulation test to screen for Addison's.
- Recommend parasite evaluation and possible empirical therapy.
- Consider parvo testing if clinically appropriate.
- Recommend symptomatic treatment for hemorrhagic gastroenteritis.
- Correlate these findings with abdominal radiographs.



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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