



**PATIENT PRESENTING CLINICAL SIGNS**

Teddy Bear Ferguson

**SPECIES**

Canine

**BREED**

Bull Mastiff

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

30.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Lynden Animal Clinic

**REFERRING VET**

Dr. Abousamra

**INVOICE**

46051

**DATE**

3/21/23

March 6th: V+, since won't eat, lethargic, no D+, BM was small and hard. lost some weight. Blood work: NSF, Rads: see below. Tx: SC fluid, Cerenia inj, Rx Omeprazole and Sulcrate. March 13th: was at ER, still V+ and won't eat much, O was syringe water/chicken broth, ER vet was also concerned about obstruction, did contrast series w gastrografin, first there was a suspicious area then things looked normal after? March 20th; V+ more. lost wt, still not himself. O concerned about dehydration. A: still concerned about FB vs Pancreatitis was hospitalized yesterday for few hours on IV fluid, Cerenia inj 1 mg/kg iv Notes on hospitalization: did ok, no v+ or d+. better hydration. offered food; ate well ~ 1/3 of gastro can. P: went home, Rx Cerenia 60 mg po sid x 4 ds. Current Medications Cerenia 60 mg sid

Abnormal PE/Chem/CBC/UA Results: Abdominal rads on March 6TH: poor details, especially mid abdomen, couldn't r/i any FB or obstructive gas pattern.

**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. There are pockets of free fluid visualized near the caudal bladder.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

The left kidney has a normal shape and size (6.22 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 (6.96 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**

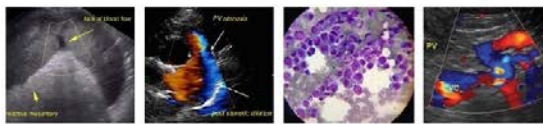
The left adrenal gland is normal/borderline small in size measuring 0.46 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

The right adrenal gland is normal in size measuring 0.61 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**



**PATIENT**  
Teddy Bear Ferguson

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.

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Canine

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.

**BREED**  
Bull Mastiff

**Gastrointestinal**

The stomach contains a moderate to large amount of ingesta/foreign material. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. In some images, the pylorus appears moderately dilated with ingesta/foreign material, and the wall is somewhat prominent at 0.77 cm.

**SEX**  
Neutered Male

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with moderate to large fluid distended areas. 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 0.37 cm. Visualized peristalsis appears appropriate. The stomach and sections of the proximal small intestine appear moderately to severely fluid dilated with no obvious focal shadowing foreign body, although there is some small bits of shadowing material visualized within the ingesta, and no overt focal thickening or mass effects visualized. Findings are concerning for possible partial obstruction or focal ileus.

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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**

**IMAGING PERFORMED BY**  
Kelly Reschny

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**

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There is a small amount of free fluid noted near the caudal aspect of the urinary bladder. There are moderately prominent mesenteric lymph node visualized throughout the abdomen, examples of which measure 0.88 cm and 0.98 cm in width. The omentum is diffusely hyperechoic.

**REFERRING VET**  
Dr. Abousamra

**ULTRASONOGRAPHIC FINDINGS**

- INVOICE**  
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- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with mild pancreatitis or a recent episode of pancreatic inflammation.
  - Significant distention of the stomach and proximal small intestine with ingesta and shadowing material – Correlate with feeding history. Findings are concerning for possible delayed gastric emptying/focal ileus or an obstructive process.
  - Mild mesenteric lymphadenopathy – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.
  - Small volume free abdominal fluid



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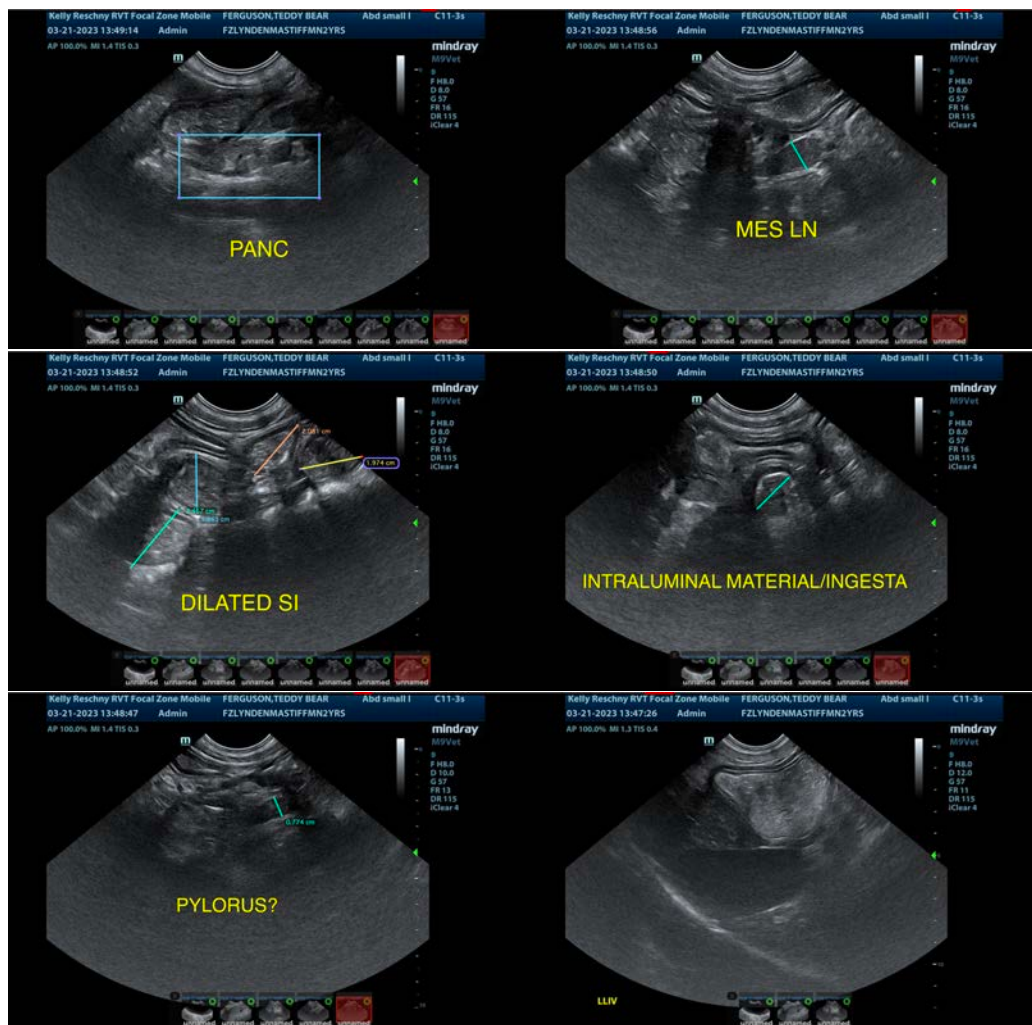
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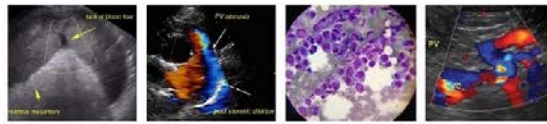
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a large amount of shadowing material and ingesta visualized within the gastric lumen. This appears to extend into the duodenum and several loops of small bowel are significantly dilated with mildly particulate/shadowing material. An obvious focal obstruction (mass effect or large amount of foreign material) is not directly observed, but must be a concern based on the dilation, age of the patient, etc.

Given the chronicity of this problem, I would recommend current evaluation of bloodwork to look for any metabolic causes, including screening for Addison's disease. I would recommend 3-view thoracic radiographs, looking for any esophageal dilation or evidence of concurrent intrathoracic disease. If primary gastrointestinal disease is strongly suspected, I would consider exploratory to obtain GI biopsies and look for any focal lesions.

In some of the images, there appears to be some free fluid around the left kidney and in the region of the caudal urinary bladder. Recommend evaluation of these areas at the time of surgery. Alternately, consider a contrast CT scan to determine if a focal lesion can be identified prior to considering surgery.





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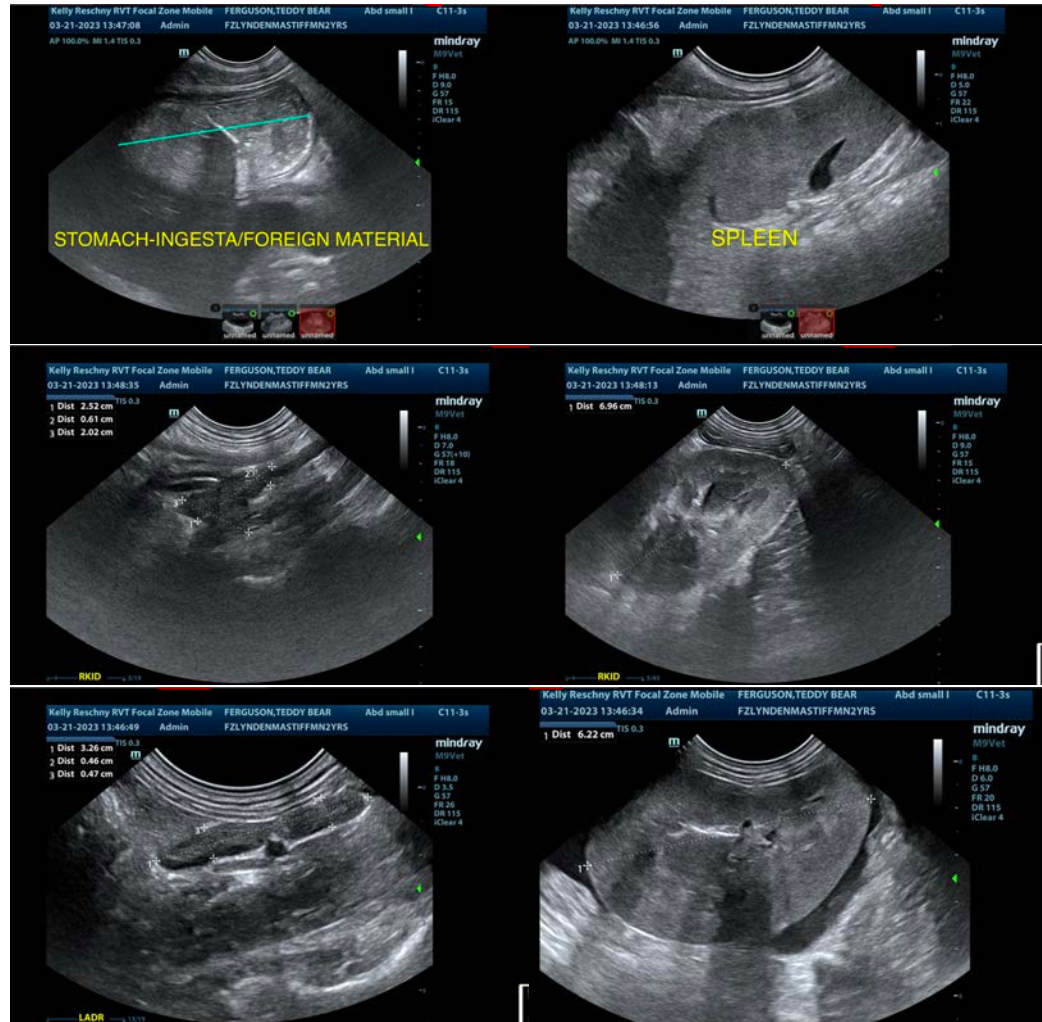
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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