

**DATE PRESENTING CLINICAL SIGNS**

3/24/23

Known IBD - owner notes this is the worst he's ever been - typically supportive care from rdvm works (cerenia, SQ fluids, B12 inj, DexSP) - didn't have DexSP inj so tried pred instead Has been laying around has not been interested in eating, drinking a small bit - vomited after drinking yesterday - had 2 episode yesterday On tuesday: rdvm did rectal exam and stool was black. Has not been interested in eating since friday - was evaluated on tuesday, bw was WNL, outpatient supportive care was administered Known KCS. Currently meds: - Prednisone 10 mg 1 tab q24 for 3 days then 1 q48 for 3 days - last given yesterday 10-11a - vomited after getting yesterday and drinking water - Neopolydex ointment 1/4 inch q12 - unsure if he got it last night or this AM

**PATIENT**

Rocket Hernandez

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Neutered Male

**AGE**

8/13/18

**WEIGHT**

28.9 Pounds

**INTERPRETED BY**

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

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Nacke-Horney

**INVOICE**

46169

Current Medications: Cerenia, Protonix, Buprenorphine, Metronidazole.  
Date of Previous IntraPet Ultrasound: No previous.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.  
Imaging Performed By: Rachel Brillhart, RDMS.

**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.

The prostate is normal in size (0.81 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.

The left kidney has a normal shape and size (5.63 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 (5.64 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 in size measuring 0.59 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 0.58 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 mild and primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach is mildly distended with fluid. The gastric wall is diffusely thickened and slightly irregular, measuring at 0.84 cm. Wall layering remains intact, and there is significantly hyperechoic mesentery surrounding the stomach. Peristalsis appears adequate. No focal lesions were observed.

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal to moderate fluid distension (duodenum is moderately fluid distended). 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 0.41 cm. Jejunum wall measures 0.31 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 large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

### ***Free Abdomen***

There is a scant amount of free fluid noted. No lymphadenopathy. The omentum is significantly hyperechoic around the stomach and the pancreas.

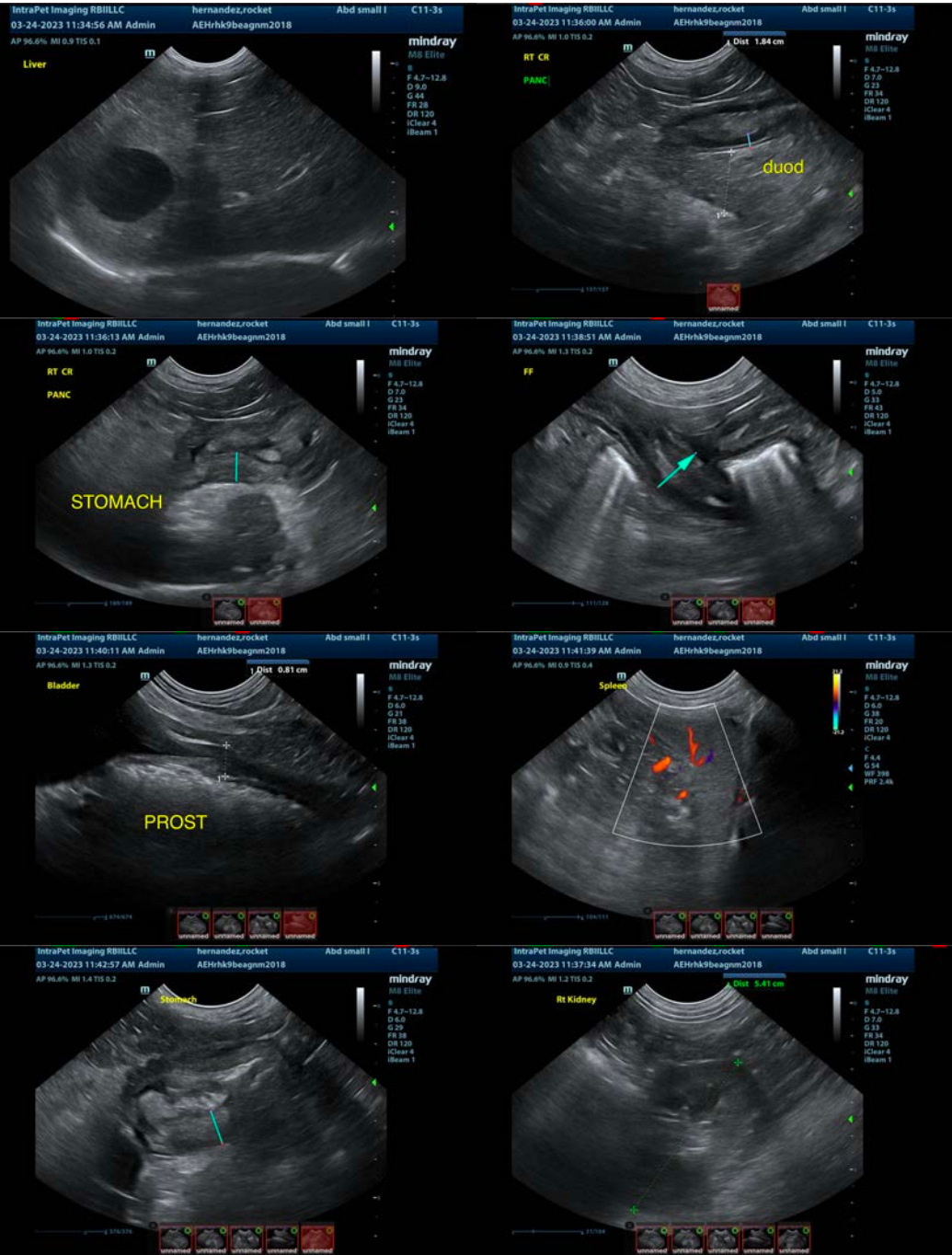
## **ULTRASONOGRAPHIC FINDINGS**

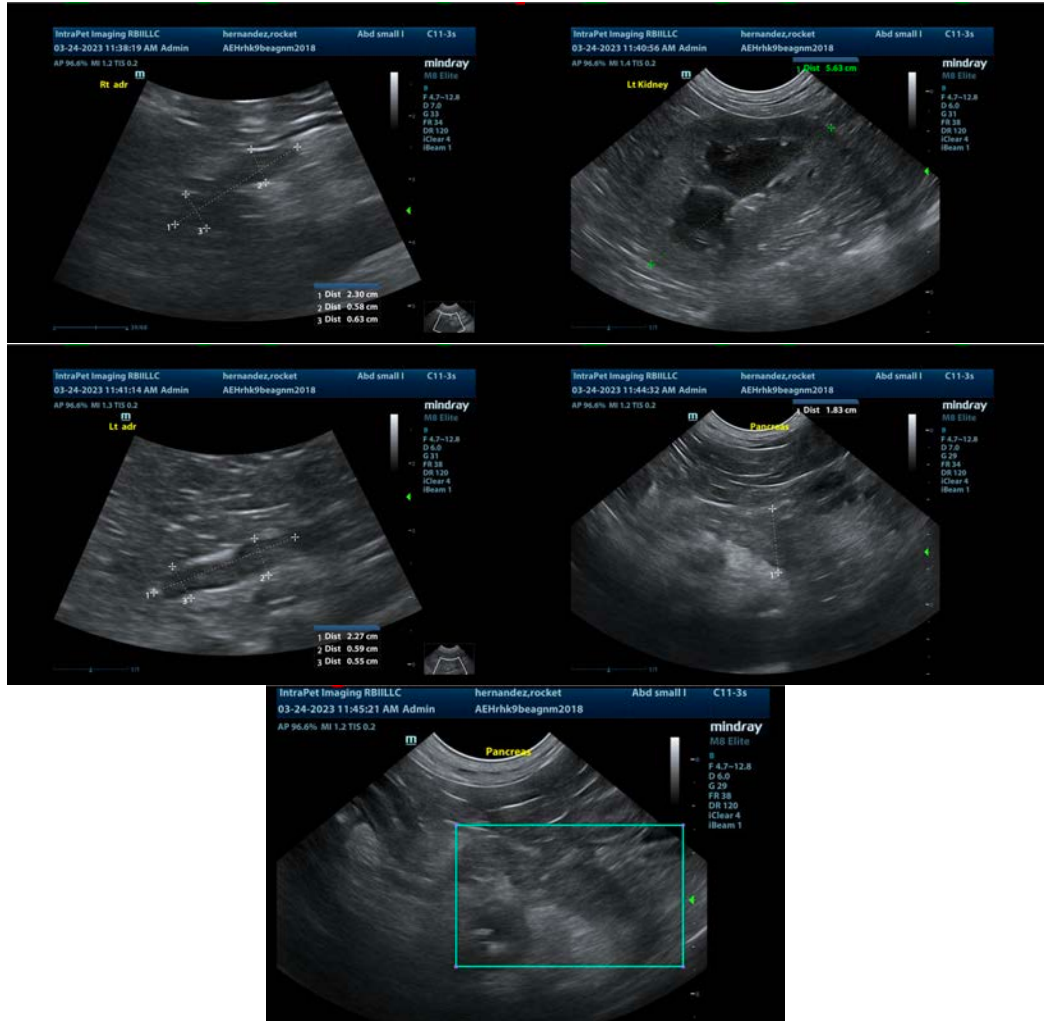
- Large, hypoechoic, irregular pancreas with surrounding hyperechoic mesentery – The pancreatic changes are most consistent with moderate pancreatitis/pancreatic inflammation. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Diffusely thickened gastric wall with intact wall layering – The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.
- Mild fluid distention of the small bowel – Findings are most consistent with mild ileus. Ingested foreign material cannot be definitively ruled out.
- Scant free abdominal fluid.

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

The cranial abdomen is very inflamed. This appears concentrated around the pancreas and stomach. The pancreas is large and hypoechoic. Findings are consistent with acute pancreatic inflammation. Additionally, the stomach wall is severely thickened. Subjectively, the gastric wall thickening seems more prominent than

expected for this degree of pancreatitis, but I would consider aggressive medical management for pancreatitis, and reevaluation of the stomach wall with ultrasound either once the pancreas has improved significantly to ensure it is normalizing in thickness, or if this patient is not responding to medical therapy, consider reevaluation, as the gastric wall may need sampling (secondary gastritis is the most likely differential).





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)  
 kathleen.sennello@sonopath.com