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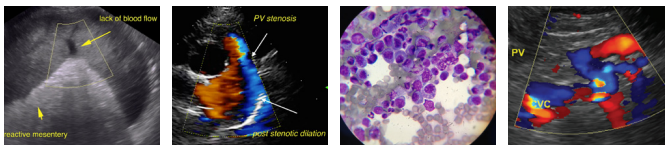



**PATIENT**
Calico Riozzi

**SPECIES**
Canine

**BREED**
French Bulldog

**SEX**
Intact Female

**AGE**
11 Months

**WEIGHT**
N/A

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

**IMAGING PERFORMED BY**
Kelly Vazquez

**HOSPITAL NAME**
The Venturing Vet

**REFERRING VET**
Dr. Marisa Herzog

**INVOICE**
36642

**DATE**
4/1/22

## PRESENTING CLINICAL SIGNS

Patient presents for prolonged heat signs and intermittent vomiting and diarrhea. Last meal yesterday evening. Current meds: Cerenia when needed and metronidazole liquid.
Abnormal PE/Chem/CBC/UA Results: Bloods unremarkable except HCT 68% (on 3/31/22), PLI pending.

## 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 left kidney has a normal shape and size (4.26 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.

The right kidney has a normal shape and size (4.76 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.

### *Adrenal Glands*

The left adrenal gland is normal in size measuring 0.39 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 0.39 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.

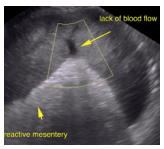
### *Liver*

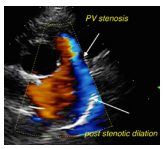
The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

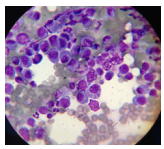
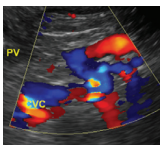
The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### *Gastrointestinal*

The stomach is dilated with a moderate to large amount of fluid and irregular shadowing material most consistent with normal ingesta and gas. Stomach wall measures at 0.32 cm. The distinction of the gastric



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wall layering 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 0.50 cm. Jejunum wall measured 0.37 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, 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.

### *Other*

Both ovaries are visualized and appear within normal limits. Additionally, the uterus is visualized. It appears prominent and somewhat thick walled with a very small amount of intraluminal fluid. There is no surrounding fluid or inflammation in the area of the uterus.

## ULTRASONOGRAPHIC FINDINGS

- Moderate gastric distention with fluid and ingesta - Based on the history, there has been at least a 12 hour fast prior to imaging. If this is correct, correlate with abdominal radiographs and consider such differentials as delayed gastric emptying or a partial outflow tract obstruction (none observed on today's scan).

- Prominent, thick-walled uterus with a small amount of intraluminal fluid – This could be consistent with the current heat cycle, metritis, or an early pyometra. There is no evidence of surrounding inflammation.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appears relatively normal. There is no evidence of fluid distention, thickening, or focal lesions. The stomach is dilated with ingesta. This is persistent after a significant fast. Consider delayed gastric emptying (can be seen secondary to primary GI disease), dysmotility issues, etc., or a pyloric outflow tract obstruction, unseen foreign material, pyloric hypertrophy, etc. Given the breed, this is a common finding and can be exacerbated by brachycephalic airway syndrome. Additionally, other causes of vomiting such as food allergy, GI parasites, etc. cannot be diagnosed by ultrasound.

There is also the possibility that vomiting is secondary to metabolic illness. Based on the history, this patient has been in a prolonged heat cycle. This is likely an incidental finding, but consider the possibility of a secondary metritis, etc. Recommend 3-view thoracic radiographs to evaluate the esophagus and thoracic structures.

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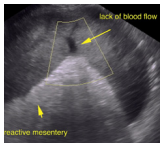

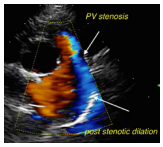

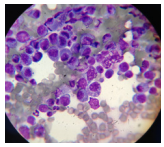
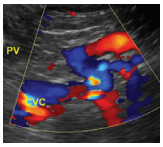


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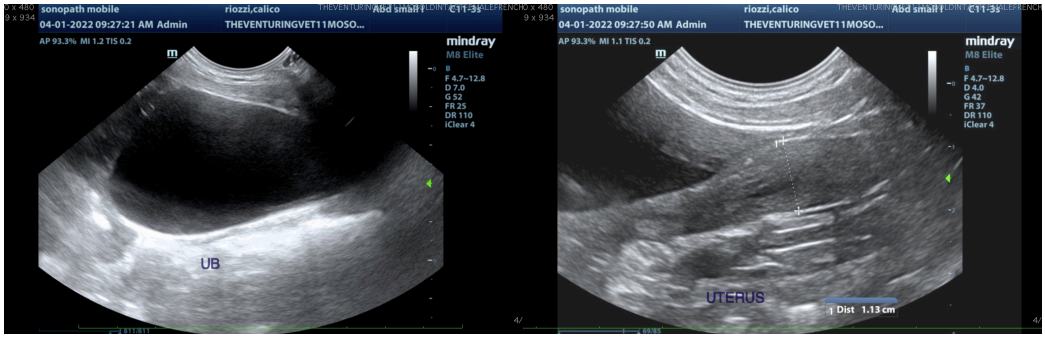


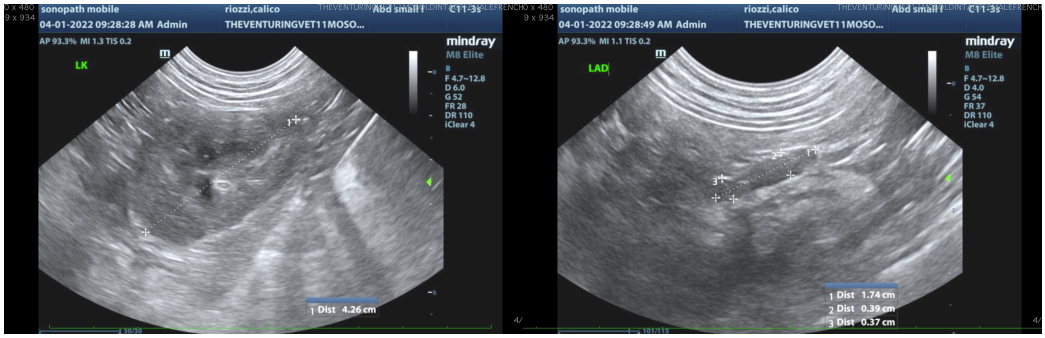


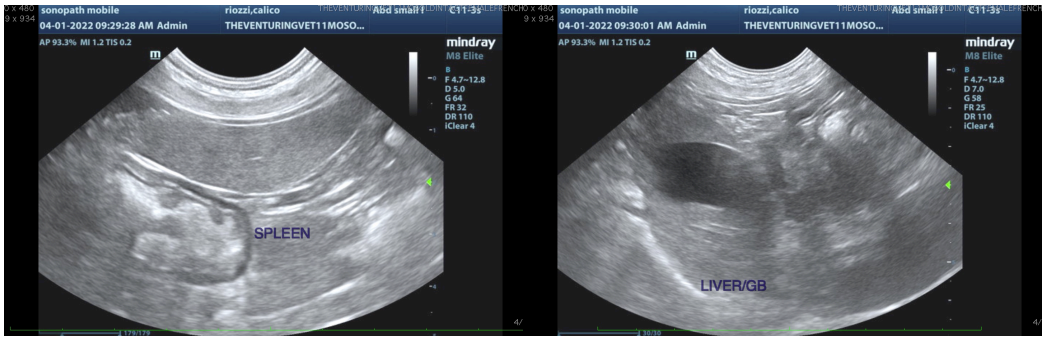


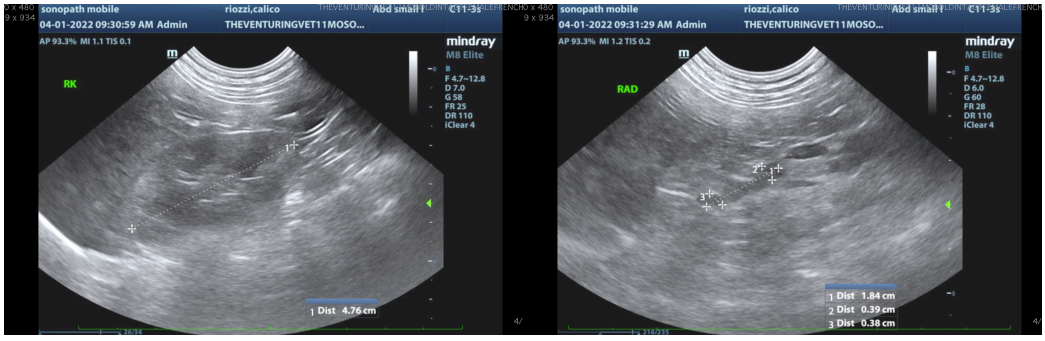

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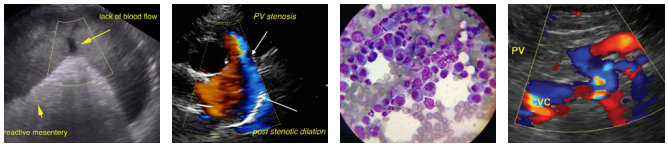


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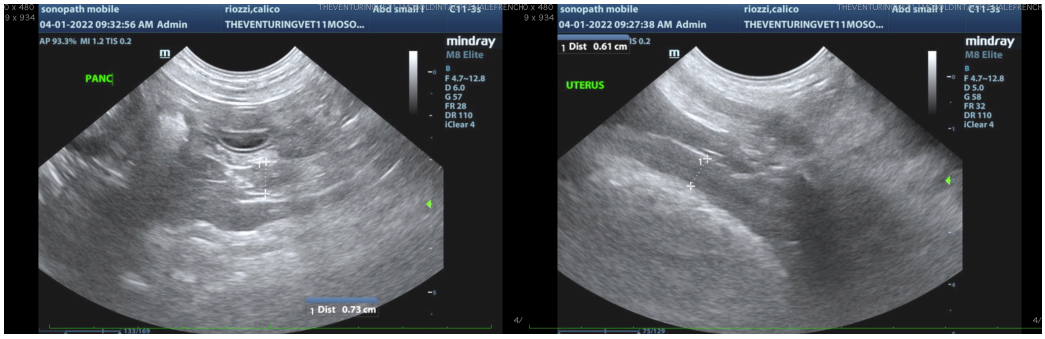


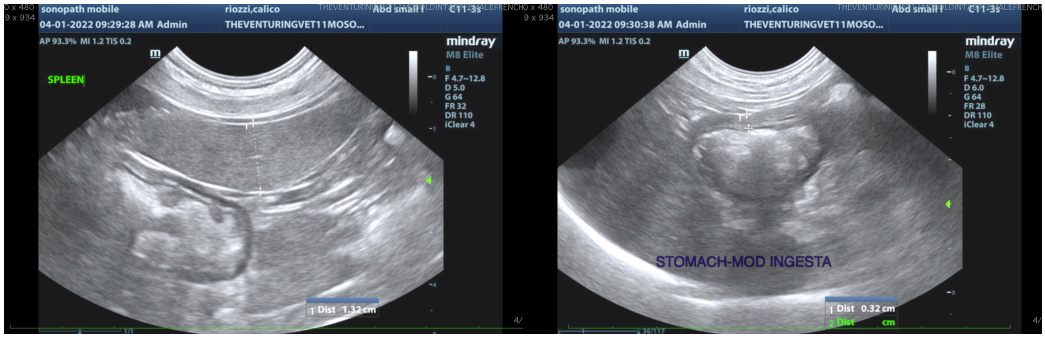


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)

kathleen.sennello@sonopath.com