

**DATE PRESENTING CLINICAL SIGNS**

4/6/23

Per Client Online From: - He Hasn't Eaten Or Drank Water In 3 Days, Vomiting Bile, Only Pooped Once In 3 Days. - Had Blood His Poop On 31 March 2022. - He Has Vomited 4 Times In The Last 2 Days. No Blood Present. ATO in exam room (Mrs in room, Mr on speaker) - P was at the Kennel Thursday - Sunday - Kennel reported that P had diarrhea on Friday, with blood - P did not eat well in kennel - P has vomited bile twice today and twice yesterday - was eating grass prior to going to Kennel - No new food/treats that Os know of (told Kennel no treats) - no known FB ingestion

PATIENT

Frost Charleston

SPECIES

Canine

Current Medications: Omeprazole, Gabapentin, Trazodone, Famotidine, Ondansetron.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Full: IV and gas.

BREED

Stat Report: Not requested.

Cane Corso

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Intact Male

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.

AGE

1/9/22

The prostate is large, hyperechoic, and mildly heterogenous, measuring 2.58 cm in height in the sagittal view. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

WEIGHT

134 Pounds

The left kidney has a normal shape and size (9.41 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.

INTERPRETED BY

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

The right kidney has a normal shape and size (8.04 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.

HOSPITAL NAME

Animal Emergency
Hospital

Adrenal Glands

The left adrenal gland is normal/borderline "flat" at 0.51 cm. 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. Hicks

The right adrenal gland is normal/borderline "flat" at 0.66 cm. 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

46459

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

On initial evaluation, the stomach is severely distended with fluid. The gastric wall appears relatively normal with intact wall layering. As the exam progresses, the stomach is decompressed, and the fluid removed. No focal lesions are visualized associated with the stomach. No foreign material is appreciated.

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 measures 0.63 cm. Jejunum wall measures 0.43 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 mild pancreatitis.

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 testicles are imaged and appear within normal limits.

PRIMARY FINDINGS

- Large, hyperechoic, heterogeneous prostate – Findings are most consistent with benign prostatic hypertrophy +/- prostatitis.
- Prominent, mottled hypoechoic pancreas with mild surrounding inflammation – The pancreatic changes are most consistent with mild 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.
- Severe fluid distention of the stomach – This was decompressed during the exam. Likely differentials would be severe gastric ileus or partial outflow tract obstruction (none observed).

SECONDARY FINDINGS

- Borderline “flat” adrenal glands – Recommend screening for Addison’s disease.

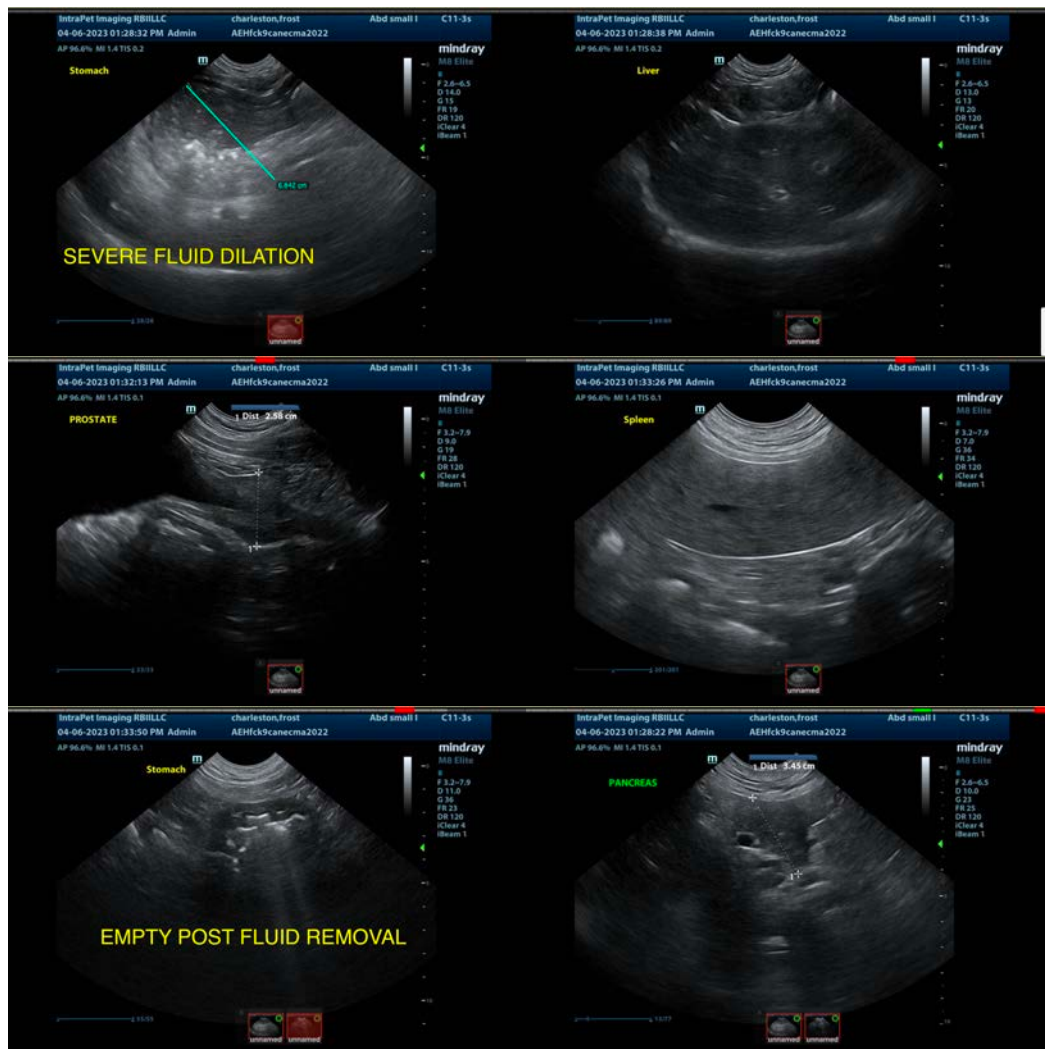
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

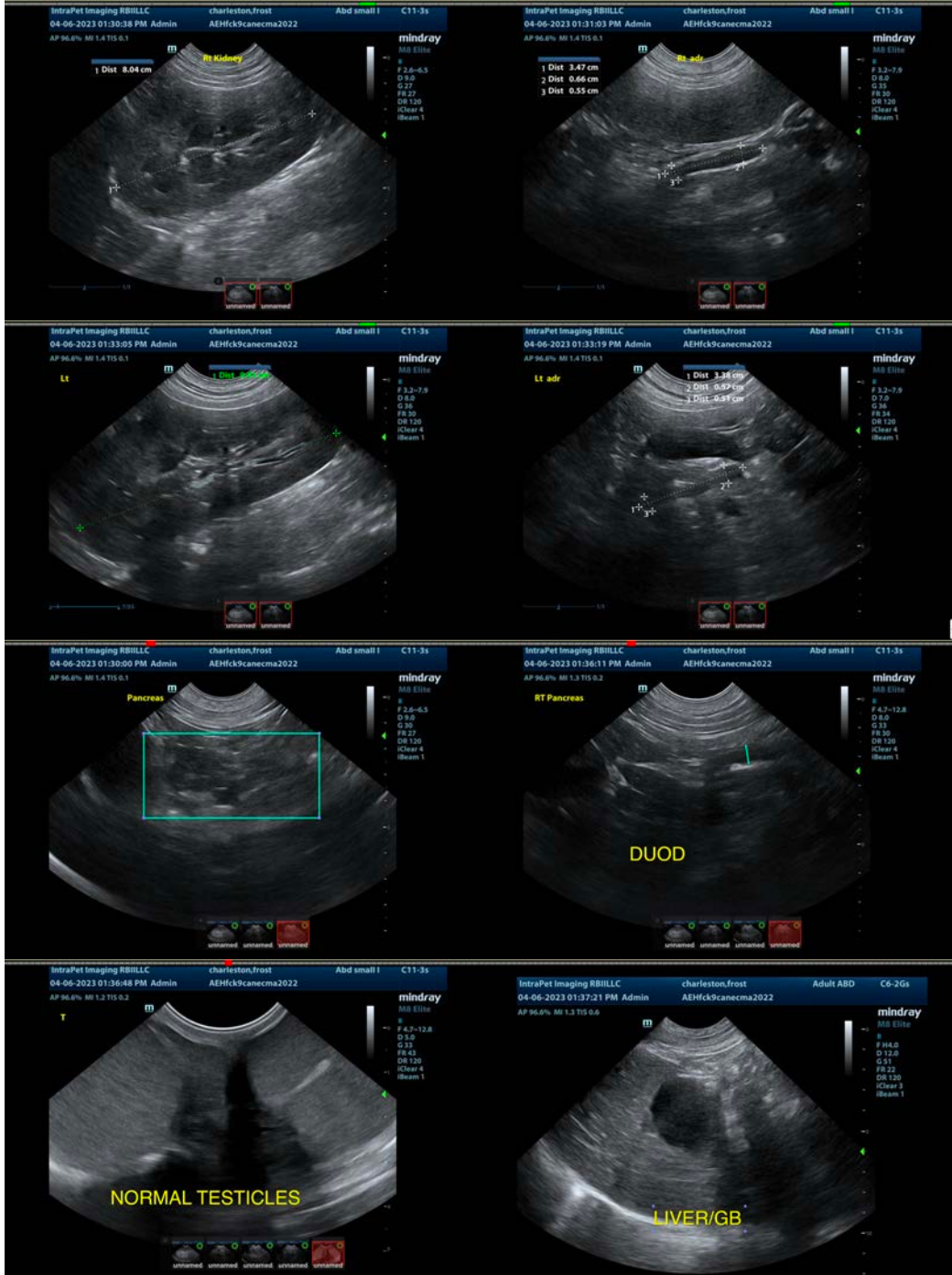
The pancreas is mottled and hypoechoic with some surrounding hyperechoic mesentery. These changes could be consistent with mild pancreatic inflammation. Correlate these findings with a quantitative cPLI level and consider empirical treatment for gastroenteritis/pancreatitis.

The stomach was severely distended with fluid at the beginning of the scan. This could be due to delayed gastric emptying/ileus secondary to the pancreatitis, but a partial outflow tract obstruction cannot be definitively ruled out.

Additionally, I would recommend screening for Addison's disease, as the adrenals subjectively appeared somewhat "flat".

Consider serial imaging (radiographs +/- ultrasound) along with medical management. If symptoms are not improving, consider reevaluation, as it is difficult to definitively rule out foreign material, etc.





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