

**DATE PRESENTING CLINICAL SIGNS**

5/10/22

Went on a walk with this owner earlier today, was fine at this time - did eat some grass while on a walk - went they got back to the house she jumped out of the car ok A bit later: was standing at the bottom of the deck stairs and was shaking - didn't want to move from the spot - would take a few steps then lie down Yelped when the owner rubbed her belly When finally back inside: was shaking while lying in her dog bed - was noted interested in treats - when asleep shaking seemed to stopped but owner believed she was breathing more shallow Friday has an episode of diarrhea in the house - has normal stool on walk - owner noted that he was seeing white specs in the feces Owner was giving dried chicken feet as a treat but the store ran out - tried frozen treats what were thawed over the past week - giving 1/day

**PATIENT**

Toki Hartsock

**SPECIES**

Canine

**BREED**

Pit Bull

Current Medications: Gabapentin, Omeprazole, Amoxicillin, Cerenia.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

6/13/10

**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.

**WEIGHT**

66.6 Pounds

The left kidney has a normal shape and size (7.06 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.

**INTERPRETED BY**

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

The right kidney has a normal shape and size (6.05 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.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.76 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.

**HOSPITAL NAME**

Animal Emergency  
Hospital

The right adrenal gland is normal in size measuring 0.66 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.

**REFERRING VET**

Dr. Nacke-Horney

**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.

**INVOICE**

37582

**Liver**

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is heterogenous in echotexture with subtle, indistinct focal mottling. 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 uniform diameter with minimal fluid distension. Wall thickness is increased. Jejunum wall measured 0.46 cm. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering. Visualized peristalsis appears appropriate. There is a focal area of jejunum with severe asymmetrical/irregular wall thickening and complete loss of layering, most consistent with a bowel mass. The diameter of this bowel lesion is 2.13 cm. It is approximately 2.71 cm in length, and the maximal bowel thickness is 1.42 cm.

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. There are occasional prominent mesenteric lymph nodes visualized. One measures at 0.53 cm. The omentum is hyperechoic around the bowel mass.

## **PRIMARY FINDINGS**

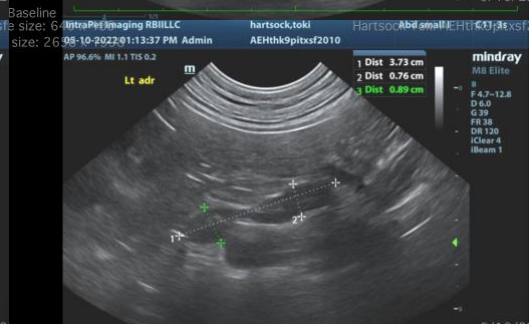
- Focal irregular thickening of the small intestine with complete loss of layering – most consistent with a bowel mass. Primary differential would be round cell neoplasia, carcinoma, other.
- Prominent mesenteric lymph nodes – The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

## **SECONDARY FINDINGS**

- Prominent, mottled pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis.
- Mildly heterogeneous liver – The hepatic changes are consistent with age-related parenchymal remodeling and are not considered clinically significant at this time.

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

There is a focal bowel mass visualized as well as generalized small intestinal thickening and prominence. Recommend a fine needle aspirate of the focal area of abnormal bowel and 3-view thoracic radiographs. If a cytologic diagnosis cannot be obtained, recommend surgical resection with histopathology.





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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