

**DATE PRESENTING CLINICAL SIGNS**

6/21/23 Vomiting and Diarrhea since 6/7. Will improve for a few days then symptoms return. O' is seeing blood and mucous in stool and occasional flecks of blood in vomit. Pet is lethargic and inconsistent appetite. Mild dehydration on exam 6/19.

PATIENT

Lolli Morris Current Medications: Hospitalized IV fluids 6/7, 6/8, 6/9 & 6/14 Cerenia 24mg 6/9 & 6/19, Panacur 6/14 (o' didn't start) Metronidazole 250mg 5 day course 6/8 & 6/14, Sucralfate 1g 6/19, Bland diet (combination of chicken and Purina EN).

SPECIES

Canine

Lab Results: Chem/CBC 6/7 mild neutrophilia. NEG fecal, giardia, parvo, cPL.
Radiographs: 6/7 and 6/8: mild gas pattern on 6/7, improved on 6/8.

BREED

Mixed

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Patient sedated with Torbugesic.
Stat Report: Not requested.
Imaging Performed By: Andi Parkinson, BS, RDMS.

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is not clearly visualized.

AGE

4/15/22

The left kidney has a normal shape and size (5.19 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.

WEIGHT

34 Pounds

The right kidney has a normal shape and size (6.18 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
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Adrenal Glands

The left adrenal gland is normal/borderline "flat" measuring 0.38 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

Frederick Road VH

The region of the right adrenal (between right cranial kidney and vena cava) is unremarkable, but the adrenal is not distinctly visualized. No evidence of a mass effect is visualized.

REFERRING VET

Dr. Cannon

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

43337

Liver

The liver is normal/borderline small in size, and normal in 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 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 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 0.40 cm. Jejunum wall measures 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 area of 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.

ULTRASONOGRAPHIC FINDINGS

- Borderline small left adrenal gland with right adrenal not clearly visualized – Sedation would likely be necessary to visualize the right adrenal gland. Consider screening for Addison's disease.
- Borderline small liver – This could be within normal limits for this individual, but subjectively it appears slightly small. Consider a liver function test.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

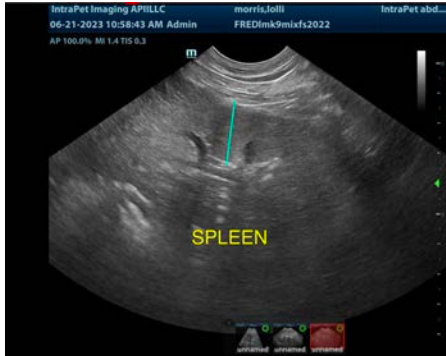
No definitive lesions are visualized on today's exam to explain the vomiting and diarrhea reported. Unfortunately, there are many causes for vomiting and diarrhea that cannot be definitively diagnosed by ultrasound alone.

If metabolic differentials are thought unlikely or are ruled out, then consider the following:

Consider such differentials as food allergy/dietary intolerance, GI parasitism, acute pancreatitis, dietary indiscretion, non-specific gastroenteritis, ingested foreign material, and much less likely IBD or intestinal neoplasia.

- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

If the above therapies and diagnostics are not helpful and symptoms persist and a primary enteropathy is thought very likely, consider obtaining GI biopsies.



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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