

IMAGING PERFORMED BY

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Clinical Sonography & Telecytology

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**DATE PRESENTING CLINICAL SIGNS**

6/7/11 Recheck AUS from 6/3/22. Pet no longer admitted in hospital.

**PATIENT**

Theлма Hoderfield

History: Here for pyometra surgery about a month ago; fully recovered. Presented to rDVM this morning for decreased appetite and history of 4 days of diarrhea although D+ seems to be improving ATO. Ultrasound-mottled pancreas; prominent uterine stump; fluid bowel loops

**SPECIES**

Canine

Current Medications: None listed.  
Date of Previous IntraPet Ultrasound: 6/3/22. See attached.  
Sedation: Not required to complete full diagnostic ultrasound.  
Stat Report: Not requested.

**BREED**

Chinese Crested

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

Spayed Female

**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**

2/6/10

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.

**WEIGHT**

21.3 Pounds

The right kidney has a normal shape and size (4.63 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)

**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.

**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

The right adrenal gland is normal in size measuring 0.55 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.

**HOSPITAL NAME**

Animal Emergency  
Hospital

**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.

**REFERRING VET**

Dr. Martinoli

**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.

**INVOICE**

38451

The gall bladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. There is a mild amount of non-organized echogenic debris. 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 measured 0.37 cm. Jejunum wall measured 0.21 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 prominent and hypoechoic as 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***

There is a scant amount of free abdominal fluid. There is no lymphadenopathy visualized. The omentum appears hyperechoic in the caudal abdomen, but slightly improved from previous scan on 6/3/22.

### ***Other***

The uterine stump is visualized on today's exam and appears less fluid distended, and there is less surrounding inflammation than on the previous scan on 6/3/22.

## **PRIMARY FINDINGS**

- Prominent, hypoechoic pancreas – The pancreatic changes are most consistent with age-related parenchymal remodeling, potentially secondary to a prior inflammatory episode, early fibrosis or chronic pancreatitis. The pancreas appears similar to the previous scan. No progression noted.
- Hyperechoic mesentery in the caudal abdomen – This appears less focused around the uterus and more generalized caudal abdominal inflammation.

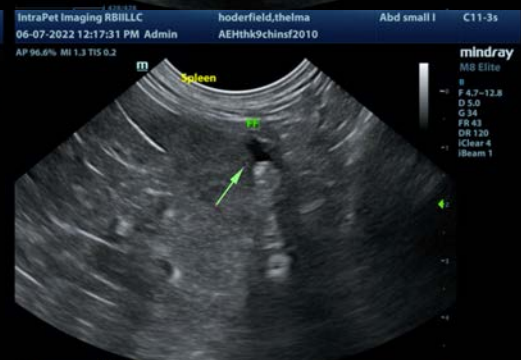
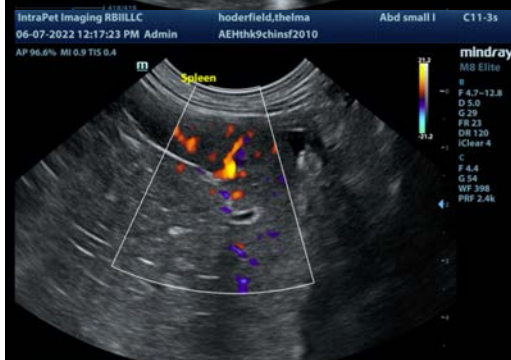
## **SECONDARY FINDINGS**

- Mild gallbladder debris – The significance of the aggregated gallbladder sludge is unclear. This could represent an early mucocele, cholestasis, or may be secondary to fasting.

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

The uterus is less prominent on today's scan, and the caudal abdominal inflammation seems less localized to this area. Additionally, the small and large bowel appear less fluid filled than on the previous scan. A small amount of free abdominal fluid and generalized caudal abdominal inflammation persists, and the pancreas is persistently prominent, but no worse than the previous scan. These changes could be consistent with active inflammation or with remodeling, fibrosis, and previous inflammation.

If the patient seems to be clinically improving, I would continue the current treatment for a bit longer. A recheck ultrasound could be considered in 4-6 weeks, depending on how the patient is doing.





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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