

**DATE PRESENTING CLINICAL SIGNS**

7.7.2023 Abdominal pain, splinting and inappetence for several weeks. Fecals all negative and bloodwork within normal limits.

**PATIENT**

Ziggy Intano

Current Medications: Omeprazole, Cerenia Metronidazole.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**SPECIES**

Canine

Imaging Performed By: Andi Parkinson, BS, RDMS.

**BREED**

Chinese Crested

**SEX**

Neutered Male

**AGE**

7/1/2015

**WEIGHT**

13.5 lbs

**INTERPRETED BY**

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

**HOSPITAL NAME**

Homeward  
 Bound Vet

**REFERRING VET**

Dr. Sorum

**INVOICE**

13611

**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 prostate is normal in size (1.00 cm) and shape for this neutered male dog. The parenchyma is homogenous and the external margins are smooth. The prostatic urethra appears normal with no evidence of irregularity, invasion, mass effect or calculi.

The left kidney has a normal shape and size (4.21 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 (4.16 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 (0.10 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 (0.63 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 gall bladder 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 moderately dilated with fluid and irregular shadowing material most consistent with normal ingesta and gas. 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 layering is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

The visualized areas of duodenum (0.48 cm), jejunum (0.42 cm) and ileum have a uniform diameter with minimal fluid distension. Wall thickness is increased. Bowel loops follow a typical curvilinear path. Some areas have reduced detail of wall layering with significant mucosal speckling visualized. 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 free fluid. There are occasional prominent mesenteric lymph nodes (one such node measures 0.56 cm). The omentum is of normal echogenicity.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary Findings**

- Diffuse mucosal speckling observed associated with the small intestine - Bright mucosal speckling has been postulated to represent dilated lacteals or focal accumulations of mucus, cellular debris, etc. in the mucosal crypts.
- Occasional prominent mesenteric lymph nodes - The prominent abdominal lymph nodes are most consistent with reactive lymphadenitis or lymphoid hyperplasia. Neoplastic infiltration is considered less likely.

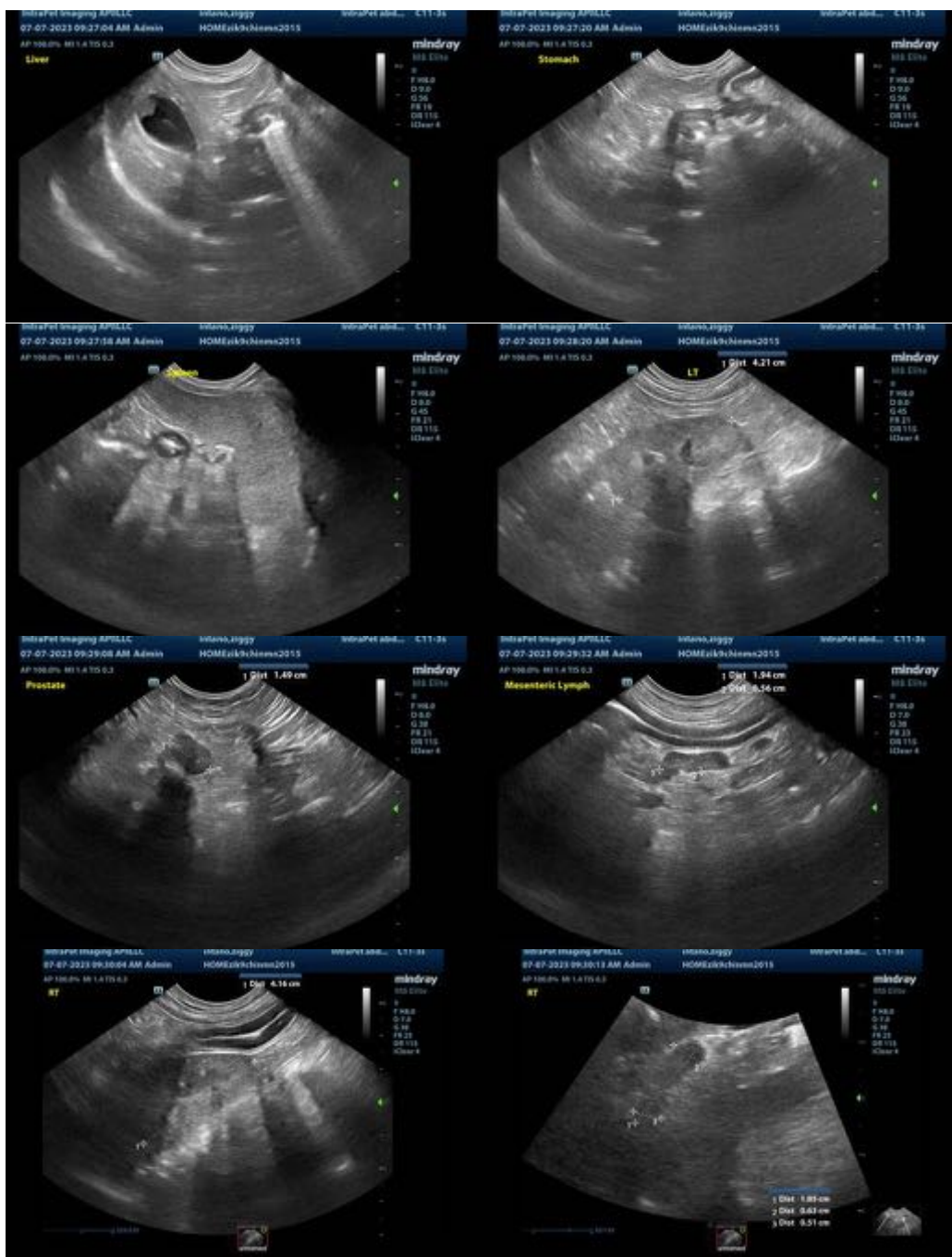
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No focal mass lesions are observed. There is no evidence of significant focal inflammation to associate with the pain and discomfort noted in the history. There is diffuse, significant mucosal speckling observed. This can be consistent with a primary enteropathy (often associated with diarrhea, weight loss, etc.). It is unclear if this is a significant finding or not, as it is not typically associated with significant pain/discomfort. To further evaluate, you could consider:

- 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.
- Recommended chronic probiotic therapy.

If primary gastrointestinal is suspected, and there is no evidence of metabolic disease, GI biopsies could be considered.

Additionally, consider the possibility of referred abdominal pain due to back, neck pain, etc.





The information and recommendations provided are based on the images presented by the referring veterinarian. 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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