**DATE**

8/10/21

PRESENTING CLINICAL SIGNS

Shaking Body, Fever.

History: Date: 08-08-2021 Notes: Was normal earlier this morning; ate dinner tonight; then was asleep on couch and when she woke up she seemed uncomfortable and was reluctant to walk. Owner tried to look at her gums/in her mouth and that seemed very painful.

PATIENT

Coco Wargo

Current Medications: Ketamine 100mg/mL, Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Buprenorphine 0.6mg/mL, Dexmedetomidine (Dexdomitor) Solution 0.5mg/mL Injection (Per mL)

SPECIES

Canine

Lab Results: Attached

Radiographs: Skull 2 Views- Normal.

Date of Previous IntraPet Ultrasound: No previous

Sedation: not needed

Stat Report: not requested

BREEDMiniature Schnauzer
mix**SEX**

Spayed Female

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

9/8/20

The left kidney has a normal shape and size (4.36 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

12.3 lbs

The right kidney has a normal shape and size (4.41 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.

HOSPITAL NAME

Animal Emergency
Hospital

The right adrenal gland is normal in size measuring 0.67 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. Martinoli

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

91111

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 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, 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. The jejunum measured as normal (0.24 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 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 is a (mild) lymphadenomegaly present (mesenteric lymph nodes are prominent, largest measured 0.59 cm). There was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Mildly 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.
- Moderately dilated stomach. Correlate with feeding history. If the patient recently ate or drank this may be normal. If the patient was fasted then consider delayed gastric emptying or a partial gastric obstruction (none visualized).
- Mild, mesenteric lymphadenopathy. This is very mild and likely normal for this young dog.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause for the symptoms described is not observed. I recommend chest radiographs to rule out aspiration pneumonia. Consider PLI to get more information about the pancreas. If fever persists consider looking for source such as culture in the urine, tick borne testing, etc.

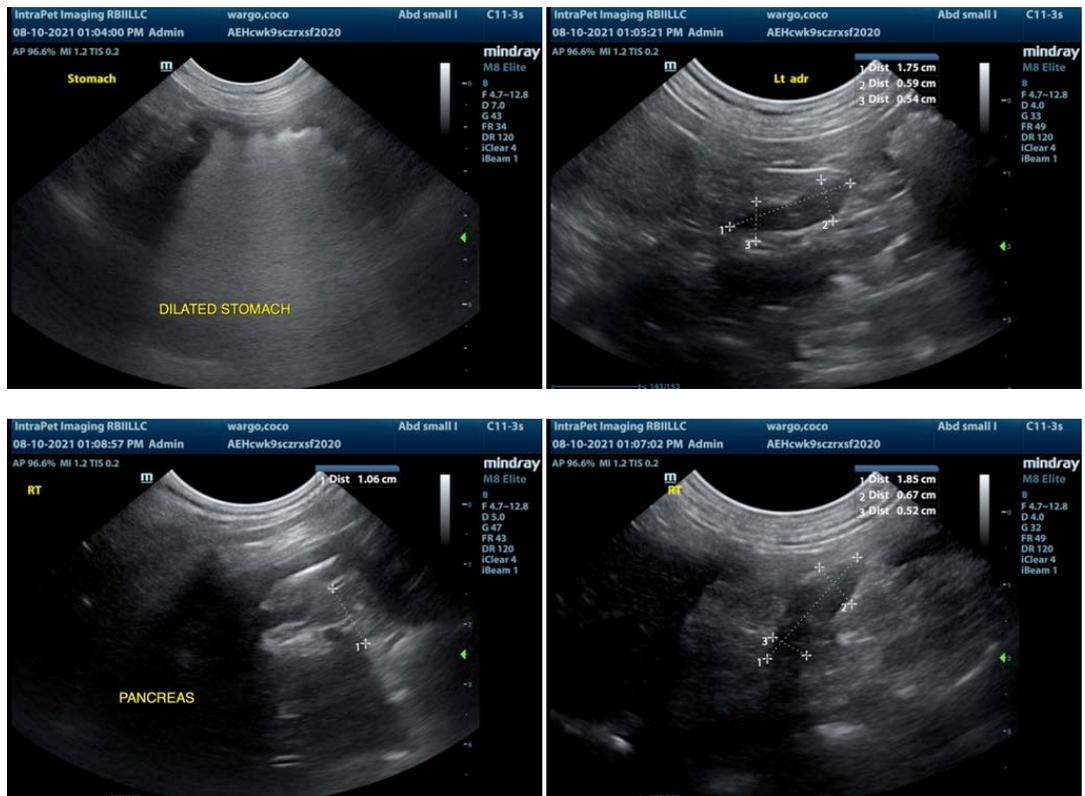
I do not see any clear evidence of a foreign body or obstruction. Nonetheless this is always a concern for puppies. Unfortunately, many causes for gastrointestinal signs cannot be definitively diagnosed by

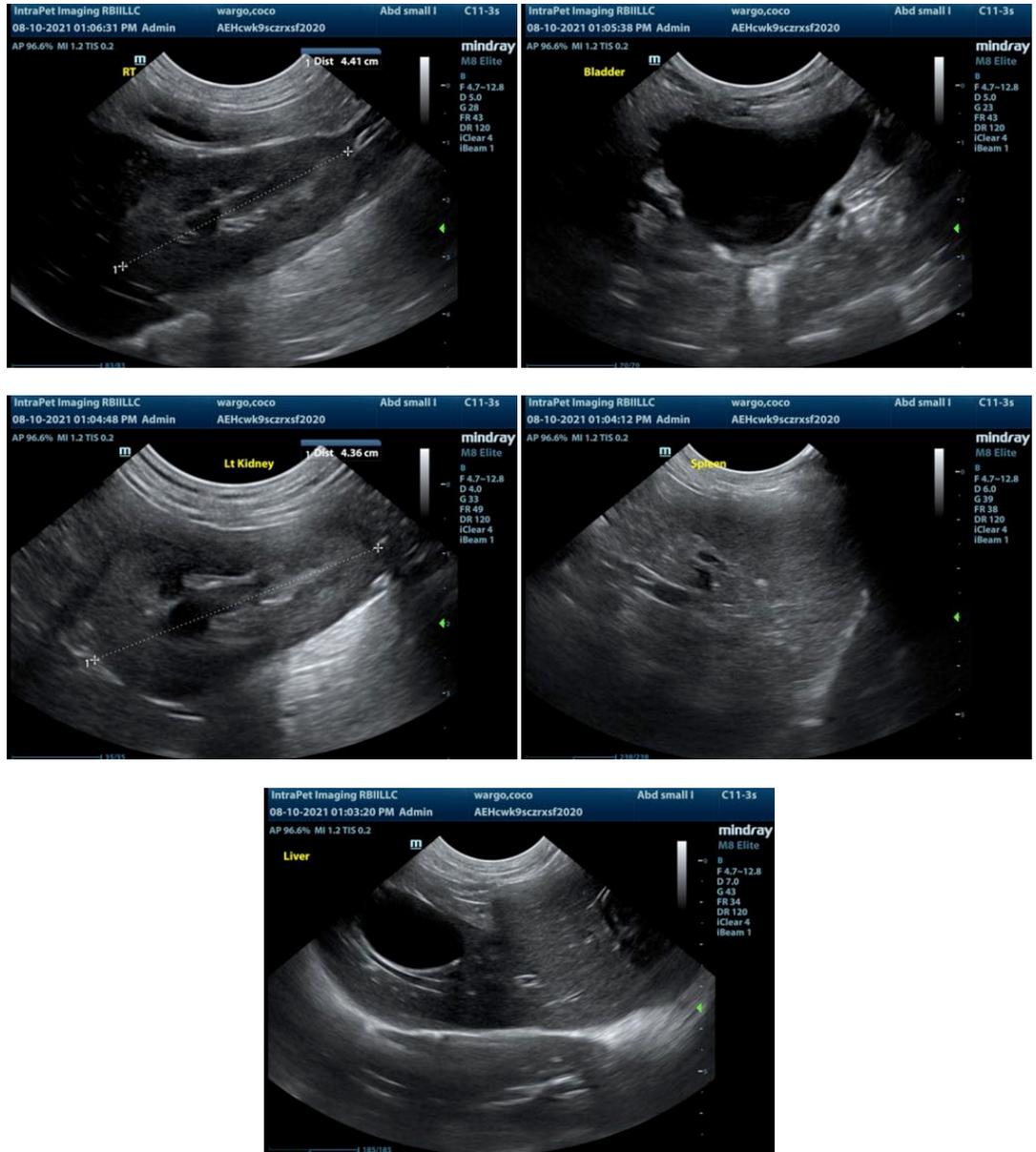
ultrasound alone.

- Consider metabolic causes based on bloodwork, ACTH stim results, Liver function testing, Gi panel (TLI/PLI, folate, cobalamin.)
- Consider primary GI causes: Gi parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD and less likely intestinal neoplasia.

If primary GI disease is suspected In young patients with acute signs I would most strongly consider dietary indiscretion, ingestion of foreign material, Gi parasitism, Addison's disease and pancreatitis, acute colitis/gastroenteritis. Serial radiographs for evaluation of progressive obstruction/partial obstruction/foreign material is warranted.

Recommend symptomatic therapy and close monitoring, if symptoms persist, re-evaluate and consider surgery/endoscopy to obtain biopsies and evaluate for foreign material.





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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