

**DATE**

8/12/21

PRESENTING CLINICAL SIGNS

Patient presented on emergency basis for vomiting blood and bloody diarrhea - sudden onset. No history of GI issues but does have a history of eating things she shouldn't. Radiographs showed no obstruction. Ran chem/CBC/lytes in clinic and sent out UA, fecal, and spec CPL.

PATIENT

Luna Walsh

Current Medications: supportive care: RC GI low fat wet - feed exclusively. RC GI low fat dry - feed exclusively. Cerenia 60mg - give 1T sid. Rebound - 70ml PO throughout the day. Tramadol 50mg - 1T q8-12h. Sucralfate tabs - 1T q8h on empty stomach. Pro-Pectalin - 5ml q8h. Visbiome - 1c bid.

SPECIES

Canine

Lab Results: Chem- elevated amy and lipase and low chl, NOSF.

CBC- wnl. UA, free catch, fecal, spec cpli - pending idexx.

Date of Previous IntraPet Ultrasound: No previous

Sedation: oral meds, then injectable torb & midazolam.

Stat Report: not requested

BREED

Husky Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Spayed Female

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

2017

The left kidney has a normal shape and size (6.26 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

69.3 lbs

The right kidney has a normal shape and size (6.54 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

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Adrenal Glands

The left adrenal gland is normal in size measuring 0.6 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

Happy Tails VH

The right adrenal gland is normal in size measuring 0.74 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. Calpeno

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

91167

Liver

The liver is subjectively normal/small 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 <0.43 cm 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 uniform diameter with minimal fluid distension. Wall appears subjectively, mildly increased. The jejunum measured 0.24 cm. Bowel loops follow a typical curvilinear path with distinct wall layering. 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 and are empty of any fecal material. The distal portion of the colon appears thickened up to 0.59 cm with intact wall layering, but surrounding, hyperechoic mesentery. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The pancreas is large and hypoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is evidence of regional mesenteric inflammation. Consistent with moderate pancreatitis.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any lymphadenomegaly. Scant anechoic free fluid is present. The omentum is of normal uniform echogenicity, but around the distal colon it is hyperechoic.

ULTRASONOGRAPHIC FINDINGS

PRIMARY FINDINGS:

- Large hypoechoic pancreas with surrounding, hyperechoic mesentery. The pancreatic changes are most consistent with moderate pancreatitis/pancreatic infiltration. I recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider FNA if not improving.
- Subjective thickening of the small intestine. The mild small intestinal wall changes may be a normal variant in this patient or could be consistent with an inflammatory process (e.g., inflammatory bowel disease).
- Thickening of the colon with surrounding inflammation. The findings are most consistent with colitis, yet infiltrative disease cannot be excluded, but is thought unlikely.

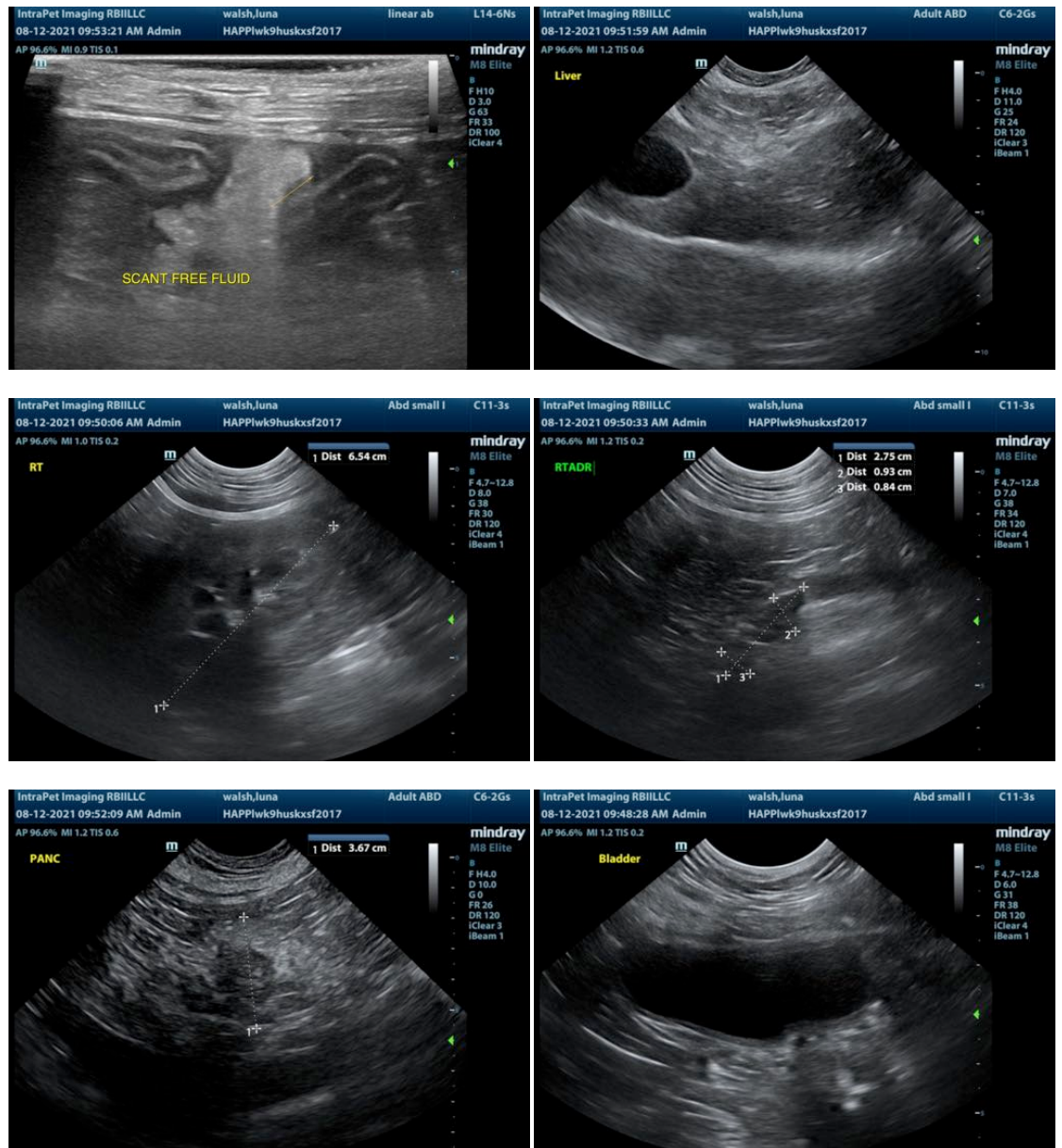
SECONDARY FINDINGS:

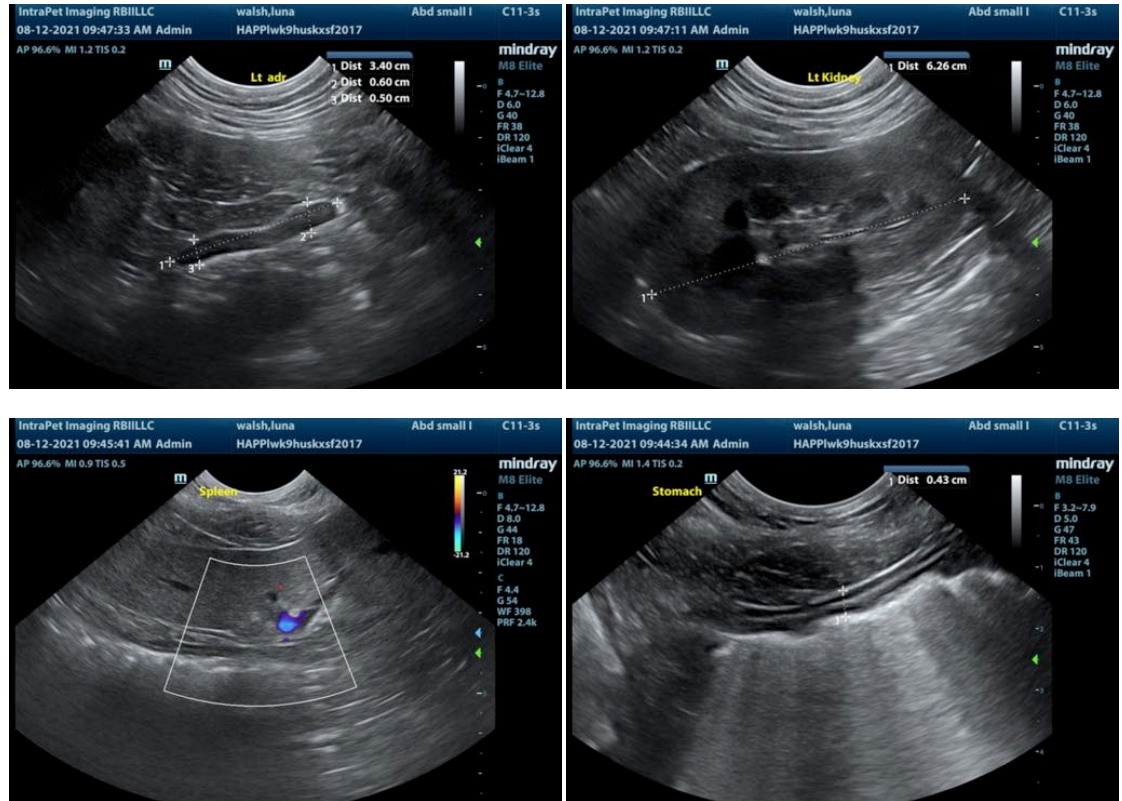
- Subjectively small liver- supported by radiographic findings- recommend liver function test
- Fluid and gas dilation of the stomach. Visualization of the stomach in its entirety is difficult due to gas shadowing and possibly foreign material/ingesta. Correlate with abdominal radiographs. I suspect ileus, but cannot rule out a gastric foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The findings are most consistent with pancreatitis and hemorrhagic gastroenteritis/colitis. Finding a cause for these episodes is often difficult, but consider fecal parasite testing. Screening for clostridium and testing for Addison's disease. Supportive therapy with IV fluids, nausea medications, antibiotics, etc. with probiotics

will likely be helpful. If symptoms persist then reevaluate the colon as you can consider obtaining biopsies, but I suspect this is an acute inflammatory/infectious episode.





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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