**DATE**

8/24/21

**PRESENTING CLINICAL SIGNS**

History: History: Watery diarrhea started Monday. O dropped of fecal sample, and it was negative. P is waking O up crying in the middle of the night having to defecate. NT and AG. No CS. Vomited 2x yesterday yellow phlegm with a few peas in it. ED normal. Acting normal at home. Energy Level is normal, no know FB ingestion, but they think it could be possible, no known toxin ingestion, no meds dropped on the floor and missing, No house treatment for rodents or insects, restless, not sleeping through the night, diarrhea greatly improved after Metronidazole, SC fluids and a Cerenia injection T: 103.5 P:130 R: Pant PE: Heart auscults with a normal rhythm and no murmurs, lungs auscult with normal bronchovesicular sounds, hyperemic mm, tense on abdominal palpation, severe dental disease,

**SPECIES**

Canine

Current Medications: Meds started on 8-11-21 - LRS 300 ml SC, Metronidazole 250 mg tablets #7 1 PO BID, Cerenia 11 mg SC.

**BREED**

Dachshund Mix

Lab Results:

Radiographs: VD and Lateral Abdomen-stomach is displaced to the left on the VD, enteritis, long grey scale, ingesta in the stomach with a small amount of gas, formed stool in the colon, pylorus is thickened, intestines are fluid filled. VD Thorax: lung fields have a normal old age bronchial pattern; cardiac silhouette appears normal.

**SEX**

Spayed Female

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Trazodone 50 mg PO the night before and at 6 am the morning of the ultrasound.

Stat Report: STAT report not requested by the veterinarian.

**AGE**

6/15/09

**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.

**WEIGHT**

24.5 lbs

The left kidney has a normal shape and size (4.57 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)

The right kidney has a normal shape and size (4.2 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.

**HOSPITAL NAME**

Fullerton AH

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.66 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.

**REFERRING VET**

Dr. Baker

The right adrenal gland is normal in size measuring 0.66 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.

**INVOICE**

91445

**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 heterogenous in echotexture with subtle, indistinct focal mottling. The visible portions of the vasculature and biliary tract appear normal. There are rare, ill-defined, hyperechoic nodules visualized measuring 0.2-0.45 cm. These do not appear to deviate the hepatic margins. 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 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. The duodenum measured as normal and the jejunum measured as normal (0.27 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 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**

### **PRIMARY FINDINGS:**

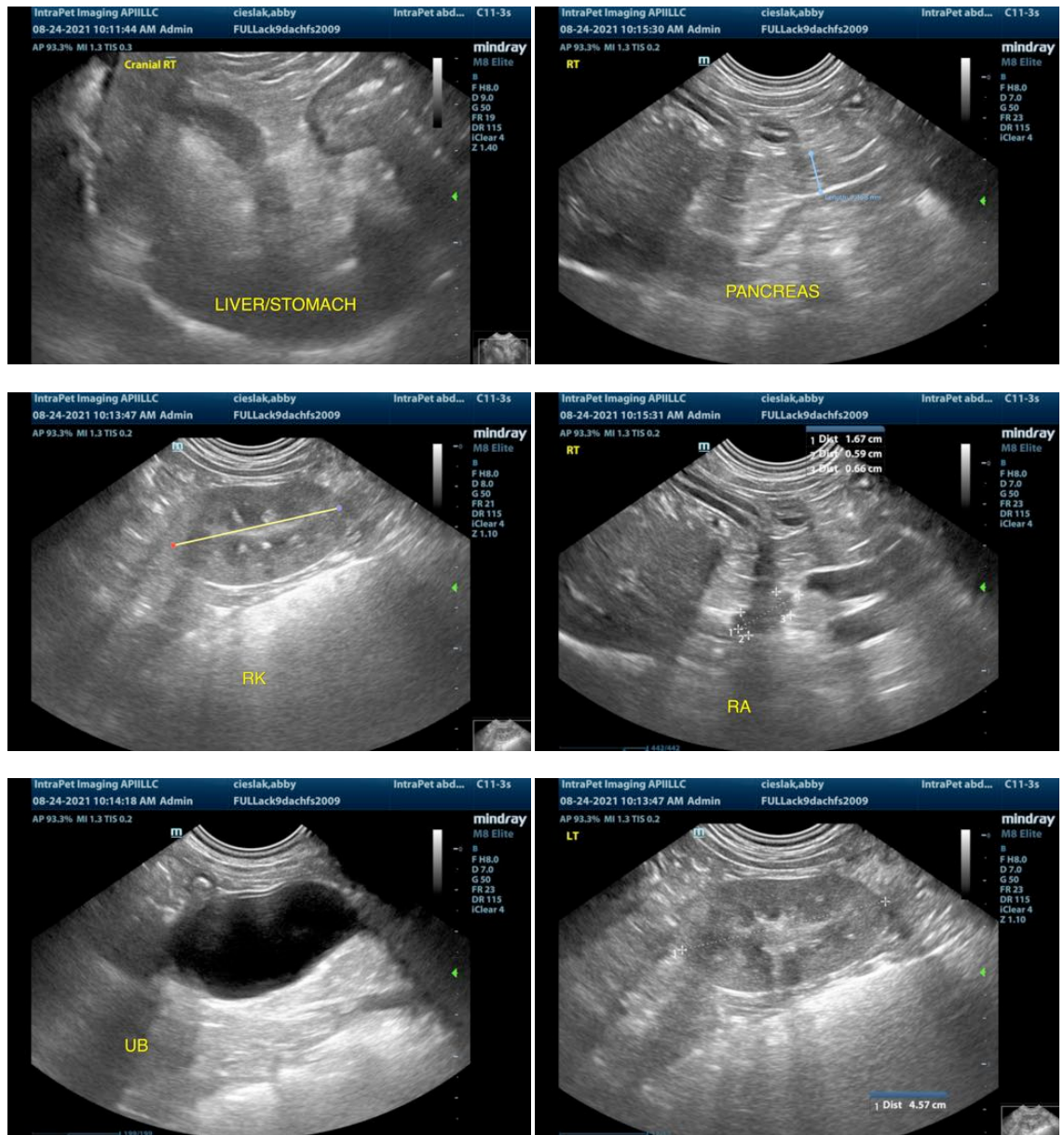
- Mildly heterogenous liver with ill-defined, hyperechoic nodules. The diffuse hepatic changes are non-specific and could be consistent with vacuolar hepatopathy, nodular hyperplasia, inflammatory/immune-mediated disease, fibrosis, extramedullary hematopoiesis, toxic hepatopathy (e.g., copper), infiltrative neoplasia (less likely) or other hepatopathy.

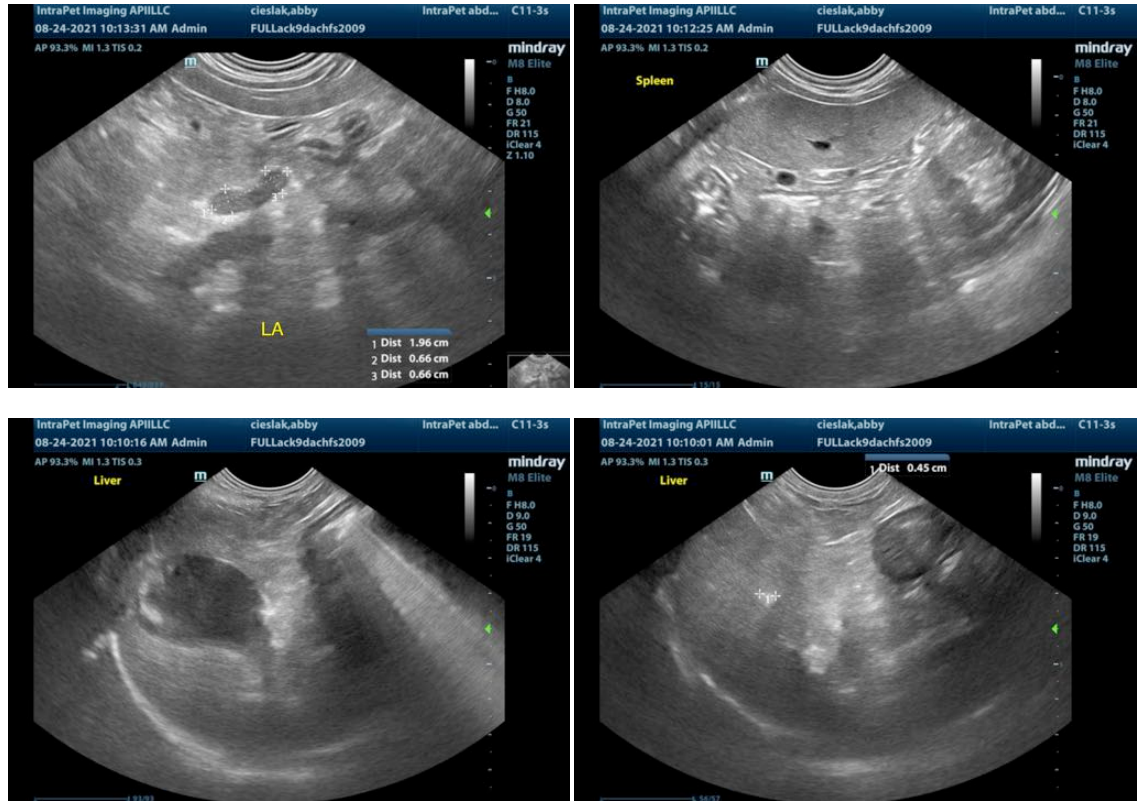
## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The ultrasonic lesions observed were relatively mild and non-specific. There are no focal bowel lesions observed and there is no evidence of foreign material or thickening of the pylorus as suspected from radiographs. Correlate findings with abdominal radiographs as ultrasound can sometimes be insensitive to pick up foreign material. Based on history I suspect gastroenteritis. If symptoms persist then consider a GI panel with quantitative PLI, B12 and folate levels. I recommend starting a probiotic.

The liver changes are relatively non-specific. If the ALT continues to rise then consider testing for

Leptospirosis, liver function test and a FNA of the liver.





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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)  
kathleen.sennello@sonopath.com