

**DATE**

9/16/22

**PRESENTING CLINICAL SIGNS**

History: Diarrhea/vomiting, Appetite Decreased, Lethargic. Rads and repeat , no obvious fb. Original chemistry and hct/ts wnl; after 1 day on IVF and diarrhea-- solids and albumin dropped. Got fecal tonight; was eating little bits tonight, but stopped eating well, now NPO for US. Solids dropped last 24 hours- 48/6.2 to 46/3.6 to 51 /3.8 and 50/4.0, alb 1.8. Plan for US, ensure no underlying cause for PLE/other. Deworm with panacur

**PATIENT**

Oodle Pyfer

**SPECIES**

Canine

**BREED**

Corgi Mix

Current Medications: Gabapentin, Cerenia, Proviale, Metronidazole, Fenbendazole, Entyce.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****AGE**

5/4/21

**Urinary System**

The urinary bladder is moderately distended with anechoic urine. The bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2.0 cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

The visualized areas of prostate and surrounding tissue appear normal. Unfortunately, the prostate is not fully visualized likely due to its intrapelvic location. Correlate with rectal exam findings.

**WEIGHT**

22.4 Pounds

The left kidney has a normal shape and size (4.88 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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 (5.14 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal 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)

**HOSPITAL NAME**

Animal Emergency  
Hospital

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.47 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. Martinoli

The right adrenal gland is normal in size measuring 0.49 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**

17320

**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 mildly thickened and smooth, measuring 0.36 cm. Luminal contents are primarily anechoic. The cystic and common bile ducts are normal/not visible.

### ***Gastrointestinal***

The stomach is mildly dilated with fluid. It measures at a slightly increased thickness of <0.72 cm 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 (0.34 cm in wall thickness) and the jejunum measured as normal (0.28 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 nonformed fecal material and gas shadowing distally. 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 (mild/moderate or severe) pancreatitis.

### ***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.

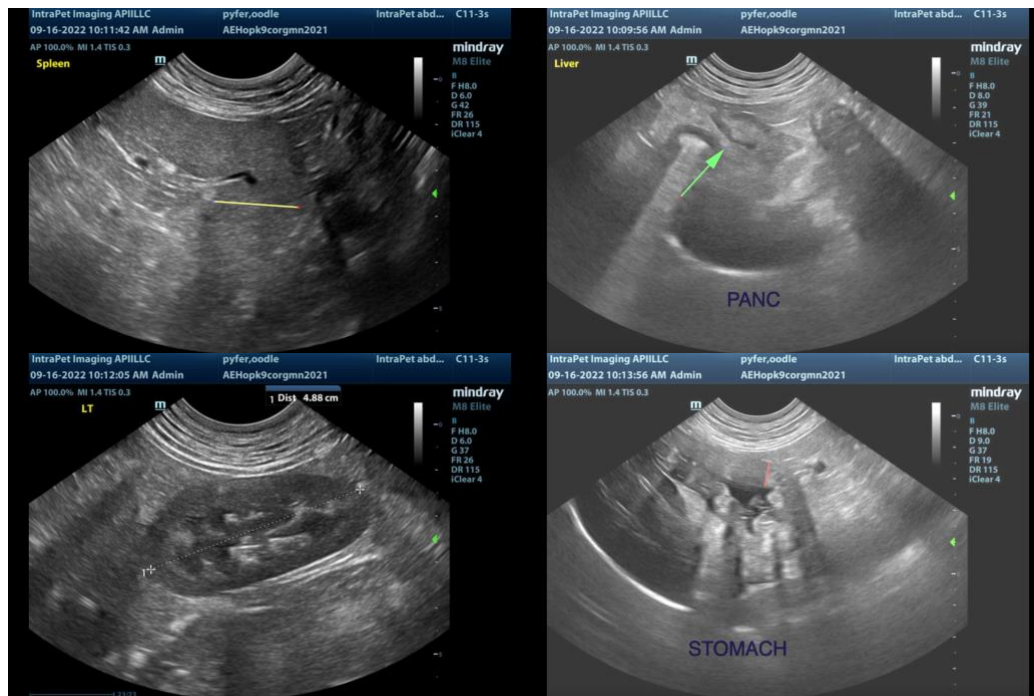
## **ULTRASONOGRAPHIC FINDINGS**

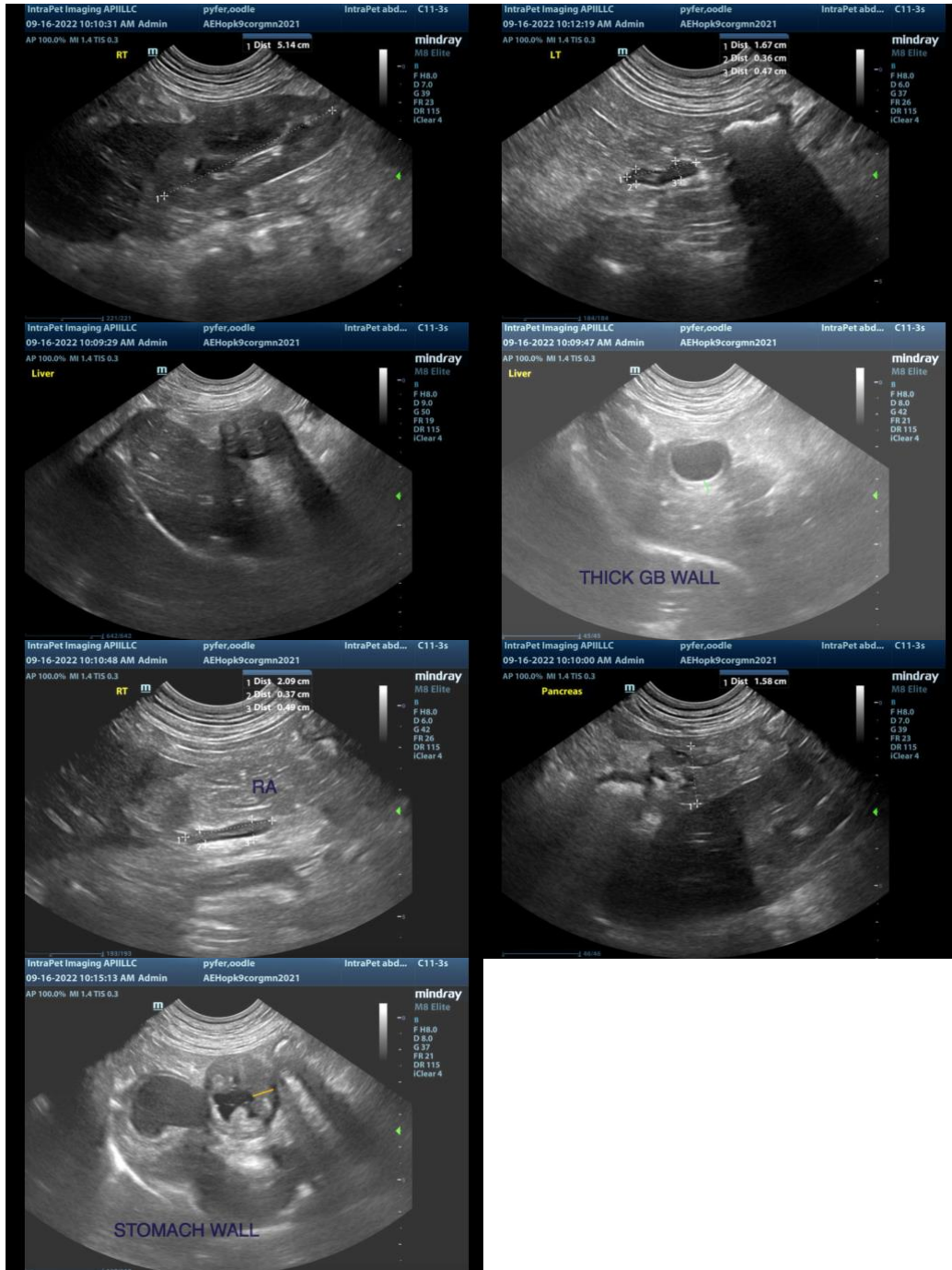
- Hypoechoic prominent pancreas with surrounding mild inflammation. The pancreatic changes are most consistent with (mild/mod/severe) pancreatitis/pancreatic infiltration. Recommend fPLI testing and continued monitoring for improvement or possible development of a pancreatic abscess. Consider fine needle aspirate if not improving.
- Mild gallbladder wall thickening. This could be due to edema with the hypoproteinemia reported.
- Mild gastric wall thickening. The stomach wall thickening could be consistent with inflammation, edema, infiltrative neoplasia, imaging artifact due to rugal folds, other.

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

No focal lesions are visualized in the gastrointestinal tract to explain the vomiting and diarrhea reported. The pancreas does appear somewhat inflamed, and the gastric wall appears somewhat prominent. This is likely most consistent with gastritis. Recommend continued treatment for pancreatitis/gastroenteritis and deworming as reported. Additionally, consider:

- Consider a novel protein/hydrolyzed protein prescription diet.
- 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.
- Recommend chronic probiotic therapy
- Recommend screening for Addisons disease
- If symptoms persist, consider repeat imaging of the pancreas and possible GI biopsies.
- Additionally, consider evaluation of the urine protein/creatinine ratio and a liver function test to evaluate for concurrent protein loss from other sources.
- Consider three view thoracic radiographs to rule out concurrent thoracic disease/involvement.





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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