

**DATE PRESENTING CLINICAL SIGNS**

9/3/21 Vomiting, Shaking Body, Appetite Decreased, Defecation Abnormal - Decreased Frequency. History: Date: 09-01-2021 Notes: Vomiting for 6 days, elevation in Liver enzymes, improved after 24 hours on IVF and supportive care.

PATIENT

Bella Burner

Current Medications: Denamarin Advanced Chewable - 215mg (Over 50lbs), Pantoprazole (Protonix) 40mg/vial Injection (Per mL), Amp/Sulbactim (Unasyn) 1.5gm Injection (Per mL), Gabapentin Capsules 100mg, Maropitant Citrate (Cerenia) 10mg/mL Solution Injection (Per mL), Buprenorphine 0.6mg/mL. Lab Results: Attached separately.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: not needed

Stat Report: not requested

BREED

American Pit Bull Terrier

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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

2013

The left kidney has a normal shape and size (5.96 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

52.3 Pounds

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

Kathleen Sennello DVM,
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Adrenal Glands

The left adrenal gland is normal in size measuring 0.72 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 0.78 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. Alayon

Spleen

The spleen is large in size and hypoechoic. The spleen echotexture is heterogenous and mottled, the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. While there are no focal lesions observed in the spleen, it is very firm and hypoechoic.

INVOICE

25189

Liver

The liver is large in size, and normal in 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. 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 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 (between 0.3-0.5cm in wall thickness) and the jejunum measured as normal (between 0.2-0.47cm.) 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 area of 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

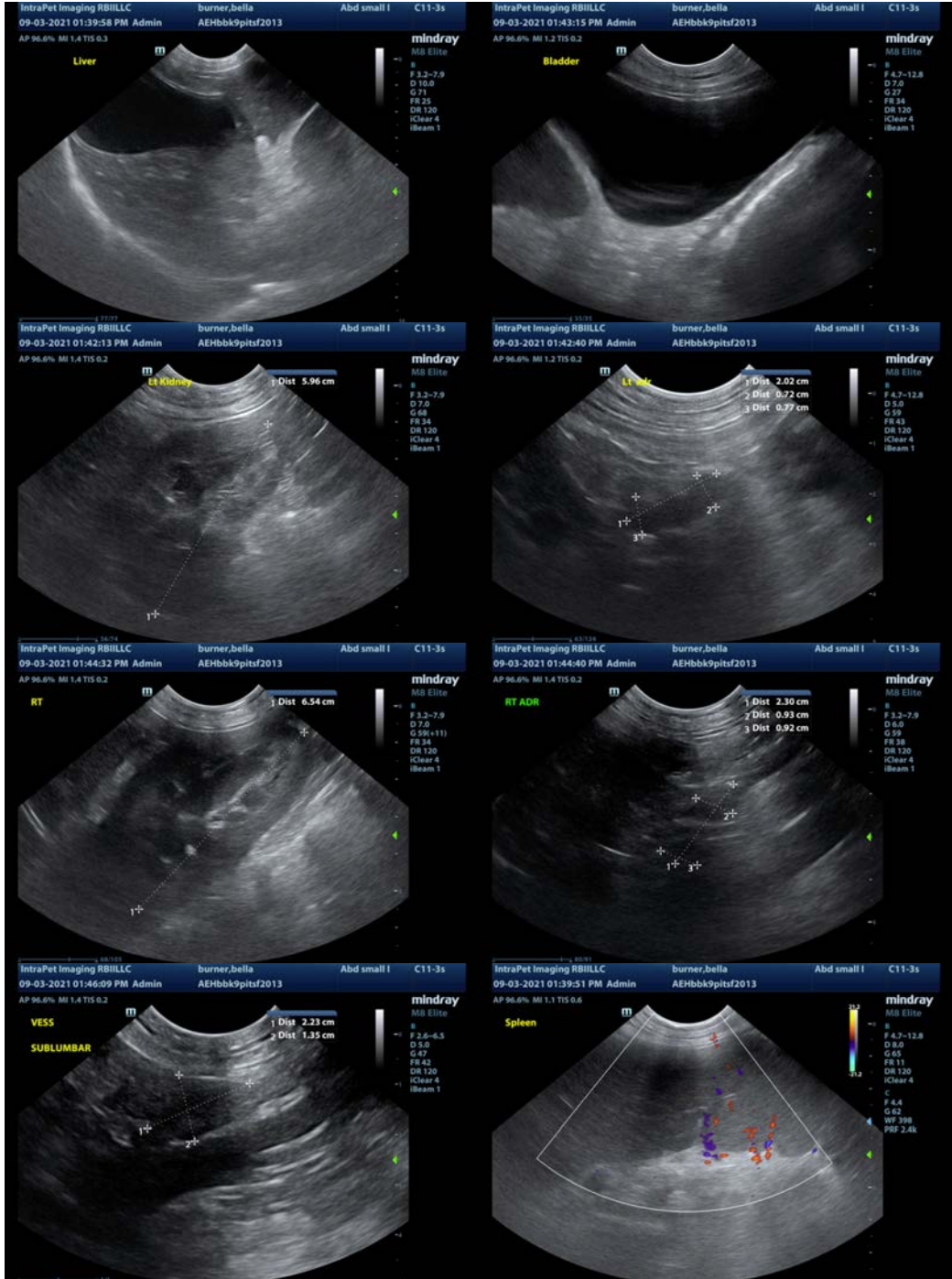
Evaluation of the peritoneal cavity revealed a small amount of anechoic free fluid. Mild mesenteric lymphadenopathy noted. The sublumbar lymph node is prominent measuring 0.83 cm. The omentum is of increased echogenicity around the spleen.

ULTRASONOGRAPHIC FINDINGS

- Large, firm, mottled, hypoechoic spleen – The diffuse splenic changes are non-specific and could be consistent with lymphoid hyperplasia, extramedullary hematopoiesis, infiltrative neoplasia, inflammation, other. Cytology or histopathology would be necessary to get a definitive diagnosis.
- Large, heterogeneous liver – 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.
- Small volume anechoic free fluid – likely reactive/inflammatory. Recommend cytology and fluid analysis (already pending).

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The spleen is very large and firm. It has adequate blood flow, so an infarct seems unlikely. Recommend fine needle aspirate and cytology. I am hesitant to remove the spleen in pit bulls, particularly if they are anemic. Strongly recommend testing for babesia and vector borne diseases. Also recommend a path review on the CBC to look for abnormal cells and potentially blood borne parasites, although splenectomy may very well be necessary. Additionally, recommend fine needle aspirate of the liver, liver function testing (pre- and post-prandial bile acids), potentially testing for Leptospirosis (if seems clinically appropriate), and sampling and analysis of the free abdominal fluid (pending). Recommend 3-view thoracic radiographs.





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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