

**DATE PRESENTING CLINICAL SIGNS**

9/7/21

Chronic, intermittent vomiting of approximately 2 weeks duration. Initially seen on 8/19/21 for vomiting multiple times overnight and not keeping any food down. At that time unremarkable lab work and radiographs. Coco was given an injection of Cerenia and omeprazole was started. She had a decreased appetite for a few days after being seen, thus ~1T canned SO has been mixed in with her dry food to entice her to eat. Her appetite has seemed back to normal, though Coco does still seem to be eating more slowly. Since 8/19/21 Coco has had days that she keeps her food down and then other days that Coco vomits 4-5 hours after eating, and the vomitus is undigested. This morning (and some other morning), Coco vomited up bile after getting her morning meds, and then ate for food as normal but then omitted it up after 4-5 hours. Occasionally, will vomit after drinking a lot of water.

**PATIENT**

Coco Tingler

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed Female

**AGE**

2018

**WEIGHT**

51.6 Pounds

On Incurin and Cranadin. Historic ectopic ureters. On Royal Canin SO diet. Was on Denamarin Advanced for mildly increased ALT starting in June 2021, but when chemistry rechecked on 8/19/21 ALT was back within the reference range.

Current Medications: Incurin 1mg PO q 24hours ongoing since 8/31/2020. Denamarin Adv Jube - August 2021. Cranadin ongoing since 2018.

Lab Results & Radiographs: attached

Date of Previous IntraPet Ultrasound: 06/26/2018 & 02/15/2019

Sedation: utilized for AUS

Stat Report: not requested

**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.

**INTERPRETED BY**

Kathleen Sennello DVM,  
MS, Diplomate ACVIM  
(Small Animal Internal  
Medicine)

The left kidney has a normal shape and size (5.33 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 hydronephrosis. Renal vasculature is normal.

**HOSPITAL NAME**

Bel Air Vet Hospital

The right 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 hydronephrosis. Renal vasculature is normal.

**REFERRING VET**

Dr. Stevenson

**Adrenal Glands**

The left adrenal gland is normal in size measuring 0.61 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.

**INVOICE**

25205

The right adrenal gland is normal in size measuring 0.64 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.

**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/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 contains minimal luminal contents. It measures at a normal thickness of 0.19 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. Duodenum wall measured 0.52 cm. Jejunum wall measures 0.37 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, 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.

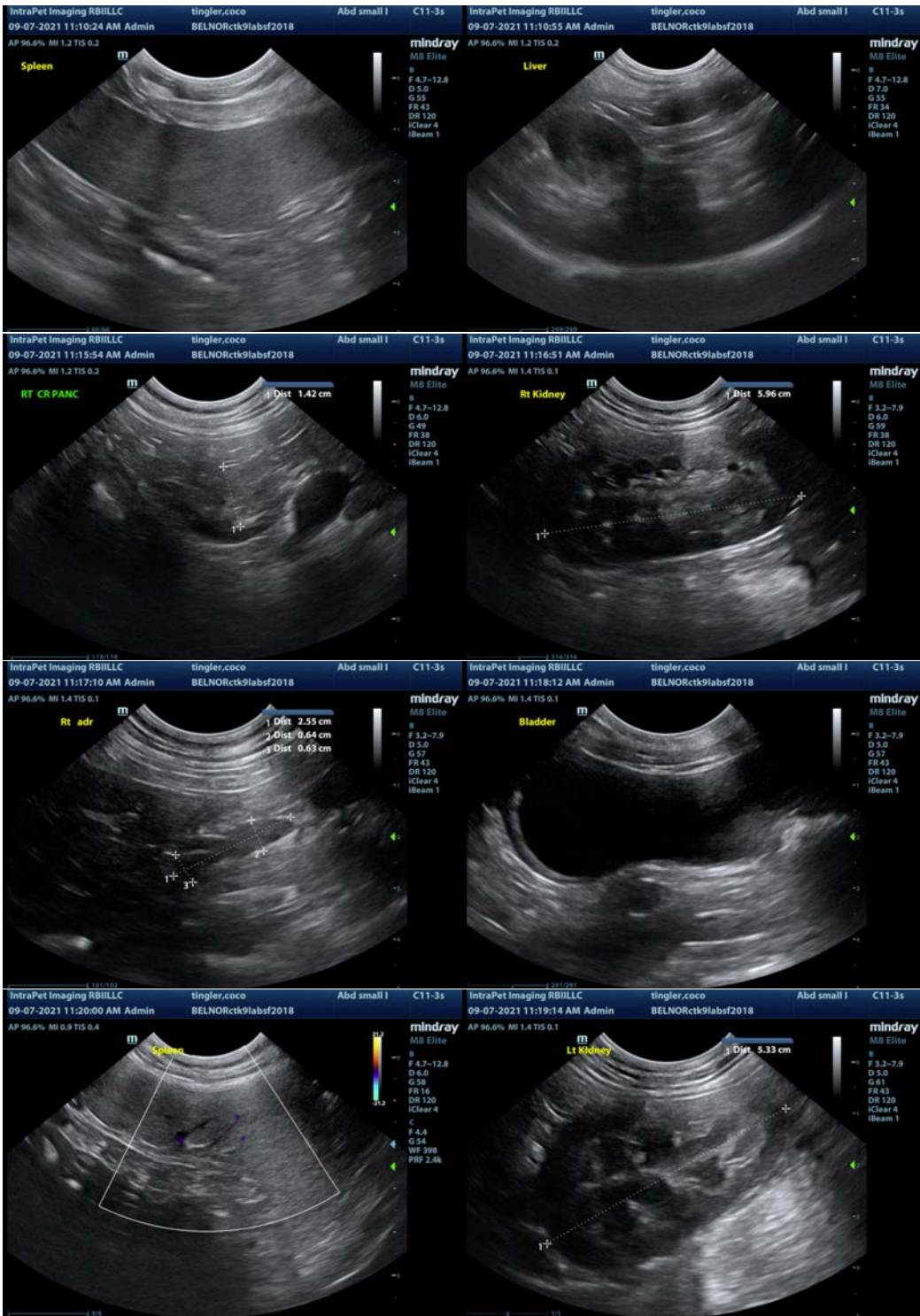
## **ULTRASONOGRAPHIC FINDINGS**

- 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.
- Subjectively small liver – This may be normal for this individual. Gastric axis on radiographs is suspicious for a small liver as well.

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

This scan is relatively normal. The pancreas appears very mildly prominent, but sometimes there could be more inflammation and more clinical signs associated with pancreatitis than are evident ultrasonographically. Consider a GI panel with a quantitative PLI, B12 and folate level to look for evidence of pancreatic disease and small intestinal disease. Additionally, the liver is subjectively small. You could consider a liver function test to rule out any possible abnormalities there (liver enzymes are normal). The stomach and small intestine appear very normal, but there are many gastrointestinal conditions that do not cause significant ultrasonographic lesions. Consider GI parasitism, dietary indiscretion, mild pancreatitis, bacterial dysbiosis, food allergy, IBD, and less likely intestinal neoplasia. I did not see any evidence of foreign material. If this seems unlikely, I would recommend deworming with Panacur, and a diet trial with a novel protein/hydrolyzed

protein prescription diet for food allergy/hypersensitivity and IBD. Recommend ACTH stimulation test or baseline cortisol to screen for atypical Addisons disease.





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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