



**PATIENT**

Teddy Jones

**SPECIES**

Canine

**BREED**

Bichon Frise X

**SEX**

Neutered Male

**AGE**

8 Years 9 Months

**WEIGHT**

7.35 kg

**INTERPRETED BY**

Lisa Carioto, DVM,  
DVSc, Diplomate  
ACVIM

**IMAGING PERFORMED BY**

Dr. Donna Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Prevost Vet Clinic

**INVOICE**

36475

**DATE**

3/25/22

**PRESENTING CLINICAL SIGNS**

Painful abdomen for about about 2 weeks. Hiding at home. Teddy has a history of episodic pancreatitis, but has not had any trigger foods lately. PE unremarkable other than abdominal splinting. One incident of straining to defecate is reported. Radiographs showed ventrally-deviated colon. Snap cPL is normal. CBC/Chem are unremarkable. On cerenia, buprenorphine, omeprazole, and enteroid with no improvement noted. Started metacam one day prior to scan- no better. During the scan, Teddy was most sensitive in the cranial right quadrant.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder is adequately filled. The wall is smooth and regular. No abnormalities are present with the trigone or proximal urethra, and there is no evidence of sediment, cystoliths, polyps or a mass.

The prostate is homogenous and measures 0.76 cm, which is within normal limits for a neutered male.

The left kidney is within normal limits in size for the patient's weight (4.54 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. Very small, punctate, mineralizations of the diverticulae are present; there are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. Blood flow is excellent.

The right kidney is within normal limits in size for the patient's weight (4.00 cm). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic. Blood flow is excellent.

**Adrenal Glands**

The left adrenal gland measures 0.54 cm at the cranial pole, 0.47 cm at the caudal pole, and 1.32 cm in length. The cranial pole is slightly "pudgy", but there is no evidence of a mass or nodule. No abnormalities are noted with the gland's echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

The right adrenal gland measures 0.53 cm at the cranial pole, 0.50 cm at the caudal pole, and 2.06 cm in length. No abnormalities are noted with the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.

**Spleen**

The spleen is within normal limits in size, architecture, echotexture, and echogenicity. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.

**Liver**

There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity. No abnormalities are observed with the hepatic vessels.

A trivial amount of echogenic material is visualized within the gallbladder, which is considered clinically insignificant. The biliary system is otherwise within normal limits.



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**Gastrointestinal**

The gastric wall is normal in thickness. There is no loss of definition of the normal architecture of the wall layers. Presence of food within the lumen prevents a thorough examination, but no obvious abnormalities are observed. Peristalsis is considered normal.

The small intestinal wall thickness, including the duodenum, is within normal limits and there is no evidence of dilation. The definition of the wall layers is preserved. The ileo-cecal-colic junction and the surrounding mesentery are unremarkable. The colonic wall is not thickened and mural detail is preserved. There are no obvious signs of a mass, infiltrative disease, foreign body, or an obstruction.

**Pancreas**

No overt abnormalities are observed with regard to the left pancreas' echogenicity or echotexture. There is no evidence of hyperechogenicity of the surrounding mesenteric fat.

The right limb is mildly heterogeneous with hyperechoic areas dispersed haphazardly throughout its parenchyma. Differential diagnoses include fibrosis due to previous episodes of pancreatitis, possible ischemia or amyloid deposition. The surrounding mesentery is not hyperechoic, i.e., there are no signs of active pancreatitis.

**Other**

Lymph nodes: No abnormalities observed.

Abdominal effusion is not visualized.

**ULTRASONOGRAPHIC FINDINGS**

- There are no abnormalities on today's abdominal ultrasound to explain Teddy's abdominal pain. Having said that, the absence of sonographic signs of pyelonephritis does not rule it out. Therefore, a urine culture and sensitivity is suggested.
- There are also no signs of pancreatitis.
- Based on Teddy's physical exam, he is most likely suffering from referred back pain.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A urine culture and sensitivity is suggested to exclude pyelonephritis, as the absence of sonographic signs does not exclude its presence.

A neurological exam is suggested, including the assessment of his proprioception and gait. The evaluation of his joints for swelling, decreased range of motion and/or pain on extension and flexion may be considered.

Analgesia with gabapentin recommended.

Laser therapy, if available, may also be a therapeutic option.

It may also be worthwhile having Mrs. and Mr. Jones monitor Teddy for a fever (axillary temperature to avoid undue stress).

If Teddy does not respond to any of the above treatments, if he develops a fever, or if his signs worsen, a CBC, serum biochemical profile and a baseline cortisol are recommended. Although rare,



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hypoadrenocorticism can present as abdominal pain. Another, albeit, less likely differential diagnosis, is diskospondylitis.

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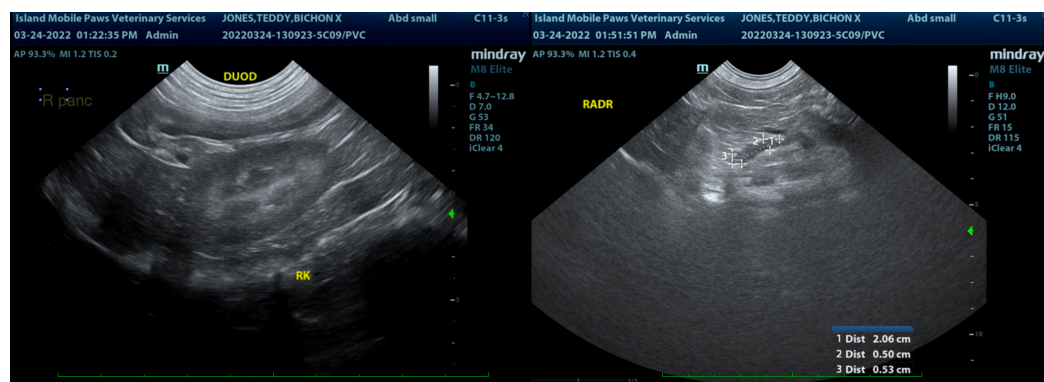
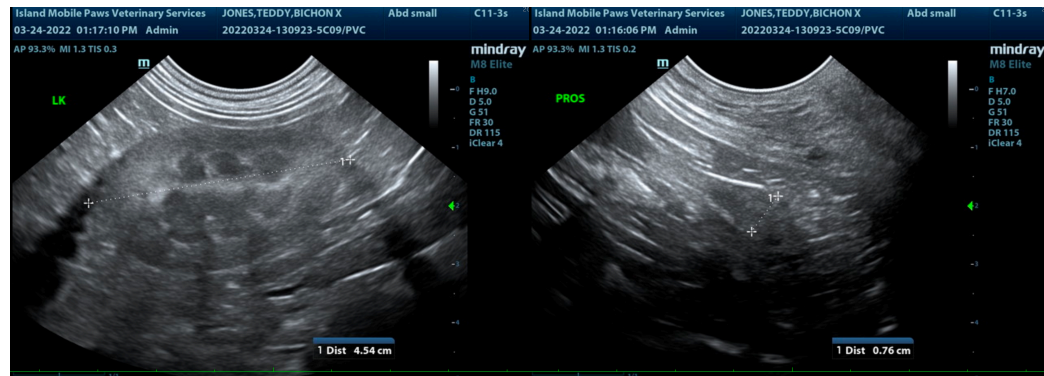
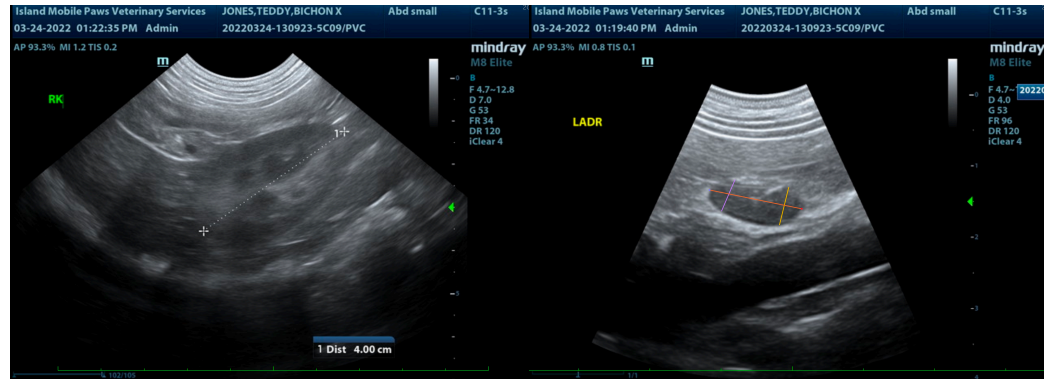
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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