

**DATE PRESENTING CLINICAL SIGNS**

4/8/22

Jackson presents for an exam. Client reports that pet has been vomiting for the last 3 days. Per o vomiting started on Tuesday, he ate food and vomited it right after, has been doing that since Tuesday. Pet likes to chew on things per o. Activity levels are wnl. No diarrhea noted.

PATIENT

Current Medications: None current.

Jackson Alestock

Lab Results: WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Imaging Performed By: Andi Parkinson, RDMS.

Canine

BREED

Pitbull

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder is poorly distended; however, no abnormalities are observed. 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.

SEX

Neutered male

The left kidney measures 6.78 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. The medulla and pelvis are hyperechoic compared to normal, which is attributed to the accumulation of fat. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

AGE

9/7/20

The right kidney measures 6.03 cm (within normal limits). The capsule is smooth. Its overall architecture, including the definition of the cortico-medullary junction, are preserved. The medulla and pelvis are hyperechoic compared to normal due to the accumulation of fat. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.

WEIGHT

70.8 lbs

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM

Adrenal Glands

Both adrenal glands appear normal with regard to their echogenicity and echotexture, however, they are smaller and thinner than what is usually expected. Although this may be normal for this patient, a baseline (random) cortisol is suggested to exclude hypoadrenocorticism.

HOSPITAL NAME

Banfield Towson

The left adrenal gland measures 0.25 cm at the cranial pole, 0.35 cm at the caudal pole and 2.45 cm in length.

The right adrenal gland measures 0.43 cm in diameter (center), the caudal pole measures 0.39 cm.

REFERRING VET

Dr. Chadha

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.

INVOICE

98149

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.

The gall bladder wall is within normal limits in thickness and echogenicity. There is no evidence of echogenic material (sludge) within the GB or edema surrounding it. Although the cystic and common bile ducts are not visualized, there are no signs of an obstruction of the biliary tree.

Gastrointestinal

Gas is present within the stomach. The gastric wall and pylorus is within normal limits in thickness for the majority of the wall. However, certain areas are thickened, and measure up to 0.7 cm. Furthermore, a loss of definition of the wall layers is observed (they appear "blurry") and thickened area is mildly hyperechoic. An obvious foreign body and mass are not noted.

The small intestinal wall thickness is within normal limits and the definition of the wall layers is preserved. Dilated loops of bowel suggestive of an obstruction are not observed. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.

Pancreas

The right pancreatic limb appears prominent. This is most likely due to the hyperechoic mesentery surrounding the cranial abdomen, however, subtle and early signs of pancreatitis cannot be excluded.

Other:

Lymph nodes: Multiple lymph nodes are slightly rounded and increased in volume throughout the abdomen. Although they are mildly hypoechoic, the parenchymal architecture is preserved. Their appearance is most consistent with reactive hyperplasia. Obvious signs of neoplasia are not identified.

The lymph node near the stomach measures 0.93 cm. The mesentery surrounding the stomach and lymph node is moderately to severely hyperechoic. Another lymph node measuring 0.36 cm in diameter x 0.59 cm in length is observed medially to the stomach. It is within normal limits in size, but appears more prominent due to the hyperechoic mesentery surrounding it. Another lymph node is visible in the cranial abdomen that remains within normal limits at 0.52 cm in diameter, however, it is more plump and rounder than usual and the mesentery surrounding it is moderately to markedly hyperechoic.

The falciform fat is hyperechoic and, as previously mentioned, the mesentery in the cranial abdomen, particularly surrounding the liver, stomach and duodenum are markedly hyperechoic. The mesentery surrounding the spleen and small intestines is mildly hyperechoic.

Abdominal effusion is not visualized.

ULTRASONOGRAPHIC FINDINGS

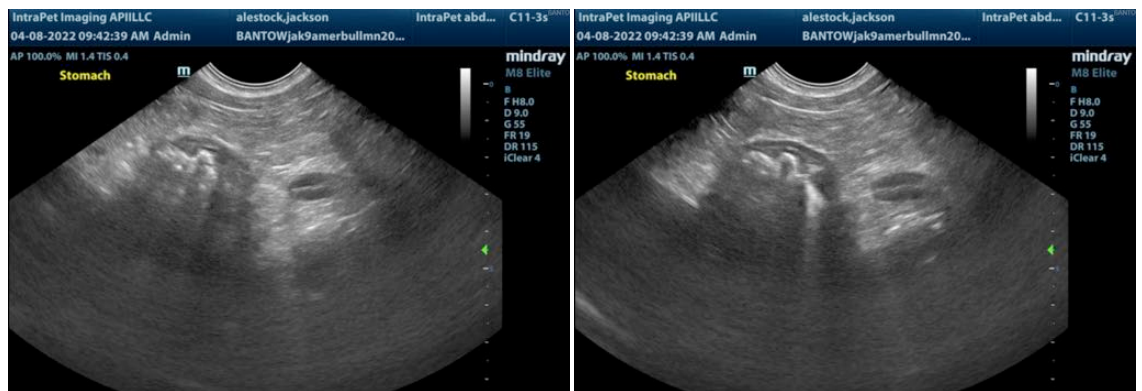
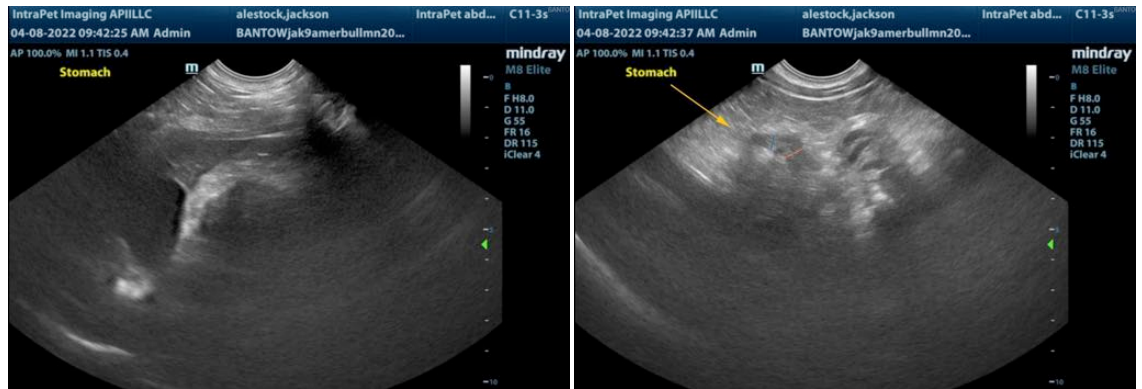
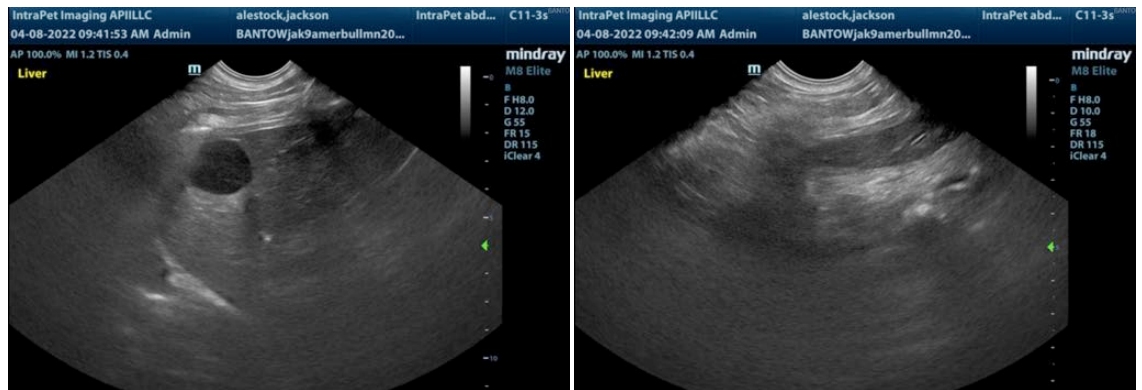
- Both adrenal glands appear normal with regard to their echogenicity and echotexture, however, they are smaller and thinner than what is usually expected. Although this may be normal for Jackson, a baseline (random) cortisol is strongly recommended to exclude hypoadrenocorticism, which may cause his current clinical signs.
- An obvious foreign body and mass are not observed. The changes noted are suggestive of gastritis due to recent vomiting episodes. Inflammation surrounding the cranial abdomen is evident including lymphadenomegaly. The mild lymphadenomegaly or prominent lymph nodes is attributed to reactive hyperplasia. There are no signs of neoplasia.
- Early signs of pancreatitis cannot be excluded based on the subtle changes observed with the hypoechoic of the right limb.

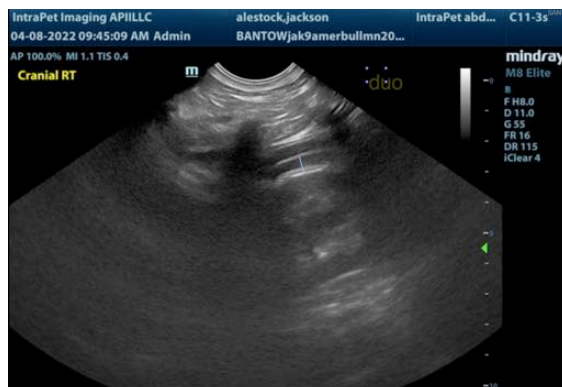
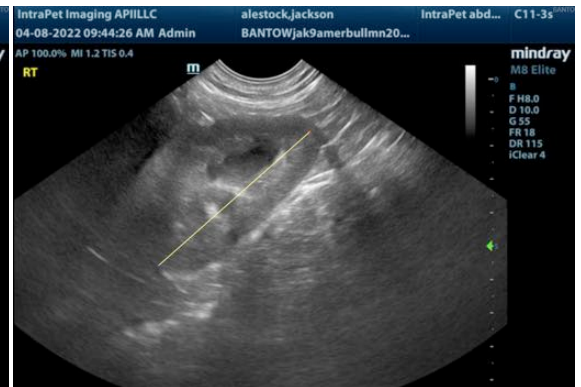
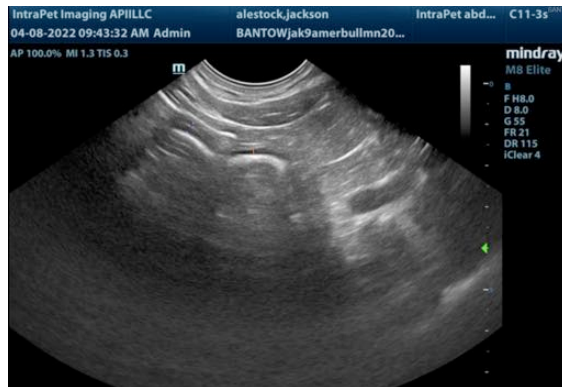
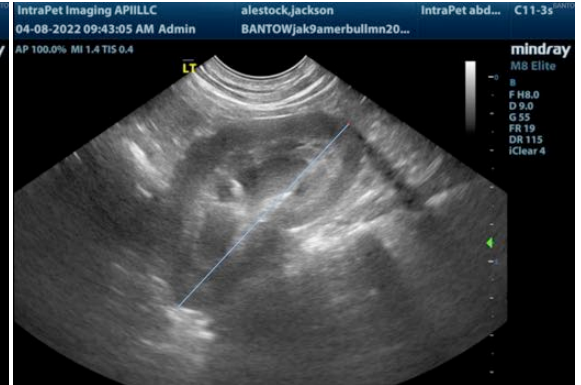
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

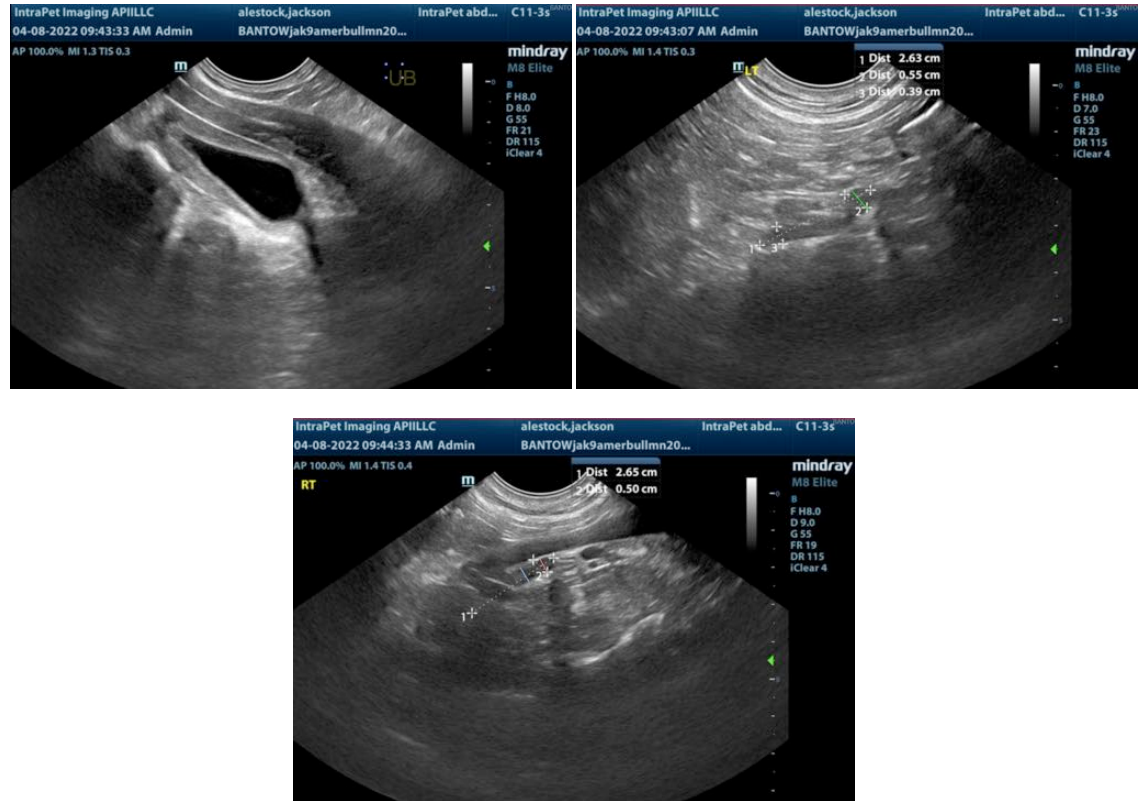
A baseline cortisol is strongly recommended to exclude hypoadrenocorticism.

Subcutaneous maropitant may be more effective than oral administration. However, Jackson may require other anti-emetics, in addition to maropitant, to control his vomiting. For example, metoclopramide and maropitant, or ondansetron alone. The addition of omeprazole for 5-7 days is also suggested.

Analgesia for visceral pain, such as gabapentin, is suggested, as well as supportive care, +/- subcutaneous or intravenous fluids. A low fat, easily digestible diet that is low in fibre is recommended to help decrease gas and bloating.







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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