

**PATIENT PRESENTING CLINICAL SIGNS**

Jessie Brzeski Anxiety, GI issues, vomiting Metronidazole, Cerenia, Xanax  
 Unremarkable CBC. Chem – Lipase 405, unremarkable otherwise.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Rat Terrier X

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.7 cm. The right kidney measured 5.2 cm.

**AGE**

2014

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

23.7 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm at the cranial pole and 0.41 cm at the caudal pole. The right adrenal gland measured 0.36 cm at the cranial pole and 0.52 cm at the caudal pole.

**Spleen**

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver**

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Community VP

**Gastrointestinal**

**REFERRING VET**

Dr. Hulshizer

The stomach presented wall thickening secondary to mild to variable mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with primarily anechoic fluid was present. Potential moderate pyloric mural hypertrophy present without overt evidence of mechanical pyloric outflow obstruction. Pylorus wall including the prominent pyloric mucosa measured up to 1.4 cm in width. No overt evidence of loss of intestinal wall layering.

**INVOICE**

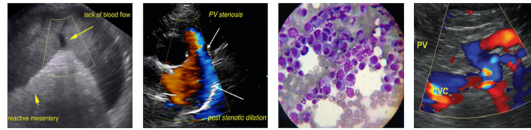
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.40 cm.

**DATE**

4/1/22

The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Descending colon contained nonformed feces, consistent with diarrhea.



**PATIENT** *Pancreas*

Jessie Brzeski The parenchyma of the pancreas was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

**SPECIES**

Canine

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Rat Terrier X

**ULTRASONOGRAPHIC FINDINGS**

- Gastritis pattern with possible pyloric hypertrophy
- Overtly normal small bowel
- Mild colitis
- Chronic pancreatitis, potential for pancreatic fibrosis

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

2014

Aside from gastritis and possible non-obstructive pyloric hypertrophy as a primary cause of the patient's vomiting, structurally insignificant inflammatory enteropathy in addition to colitis may be present. Further assessment may include GI panel to include PLI TLI, cobalamin and folate as well as fresh fecal analysis to assess for parasitic ova/giardia.

**WEIGHT**

23.7 Pounds

Empirically, gastroprotectants including Omeprazole at 1mg/kg PO SID, novel protein or hydrolyzed diet with potential initial slurry feedings progressing to canned diet, high colony count probiotic such as Provable +/- empirical coverage for helicobacter could be considered with assessment of clinical response. Ideally, recheck sonogram of the stomach recommended in approximately 4 weeks pending clinical response to conservative therapy. Endoscopic intestinal biopsies may be indicated if continued gastrointestinal signs despite conservative therapy and pending sonographic reassessment of the gastrointestinal tract.

**INTERPRETED BY**

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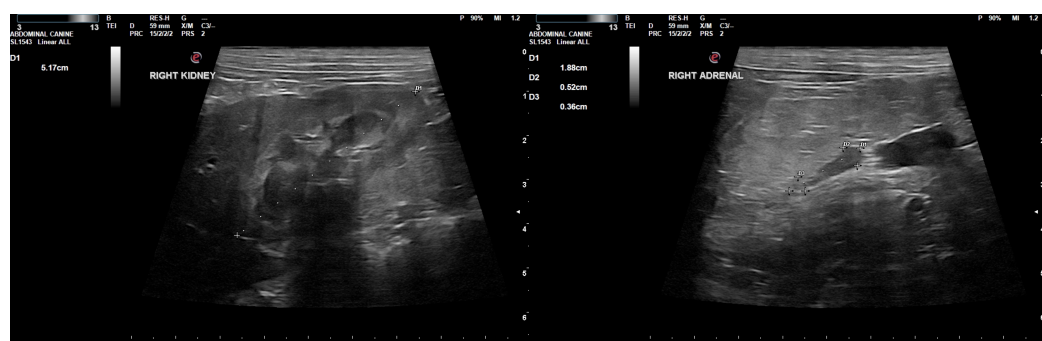
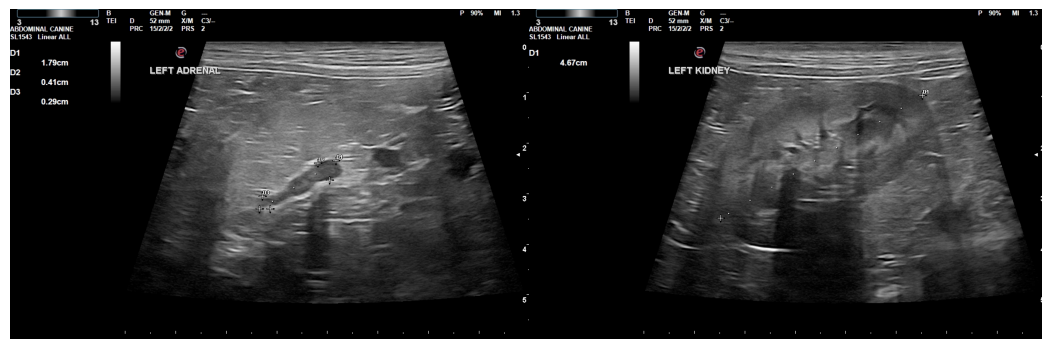
Dr. Hulshizer

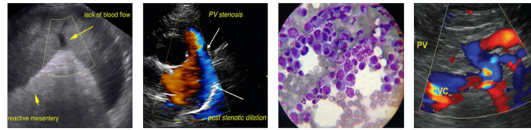
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**DATE**

4/1/22





**PATIENT**

Jessie Brzeski

**SPECIES**

Canine

**BREED**

Rat Terrier X

**SEX**

Spayed Female

**AGE**

2014

**WEIGHT**

23.7 Pounds

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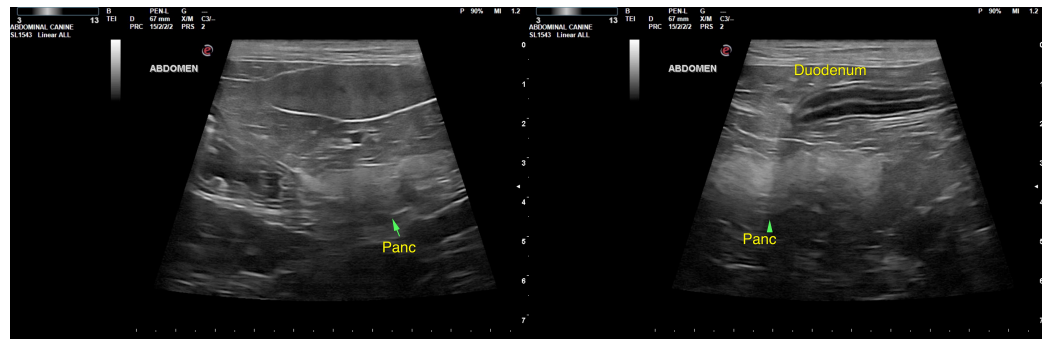
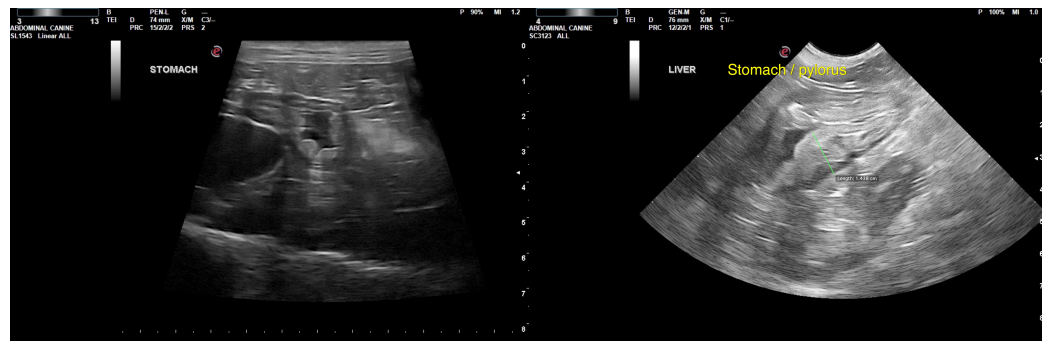
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

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