

**DATE PRESENTING CLINICAL SIGNS**

11/1/22

This AM: went to neighbors house and got freeze dried liver treats Around 3p: vomited food that appeared partially digested - owners were then gone for 3-4 hours, when they got home found multiple bile of brown liquid - has continued to vomit since and was not interested in eating dinner Has been lethargic and groaning like he is in pain Didn't eat anything obvious in the yard today - owner noted on Thursday while they were on a walk he did grab and eat something.

PATIENT

Linux Poirier

SPECIES

Canine

Current Medications: Sucralfate, Protonix, Ondansetron, Provable.
Radiographs: Empty stomach Mild gassy changes No obvious obstruction
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

BREED

Husky X

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

AGE

10/30/18

Prostate is normal in size, echotexture and echogenicity for a neutered male.

WEIGHT

84.6 Pounds

The right kidney is normal in size (5.87 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

INTERPRETED BYBeth Johnson, DVM
DACVIM

The left kidney is normal in size (5.58 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

Adrenal Glands

The right adrenal gland is normal in size (2.98 cm long x 0.84 cm at the cranial pole and 0.70 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

HOSPITAL NAMEAnimal Emergency
Hospital

The left adrenal gland is normal in size (3.2 cm long x 0.71 cm at the cranial pole and 0.77 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

REFERRING VET

Dr. Nacke-Horney

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

INVOICE

42457

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

Prominent sublumbar and mesenteric lymph nodes are noted, hypoechoic with normal shape. Example of a sublumbar lymph node measures 2.6 cm long x 1.2 thick. One larger, round, hypoechoic mesenteric lymph node measures 1.5 cm x 1.9 cm.

ULTRASONOGRAPHIC FINDINGS

- Sublumbar and mesenteric root lymphadenopathy – Differentials include both reactive as well as infiltrative neoplasia and cannot be determined without tissue sampling.
- The stomach and bowel contain contents most consistent with normal chyme/ingesta. Foreign material can't be definitively ruled out but is considered much less likely, given the lack of plication, obstructive pattern, etc.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

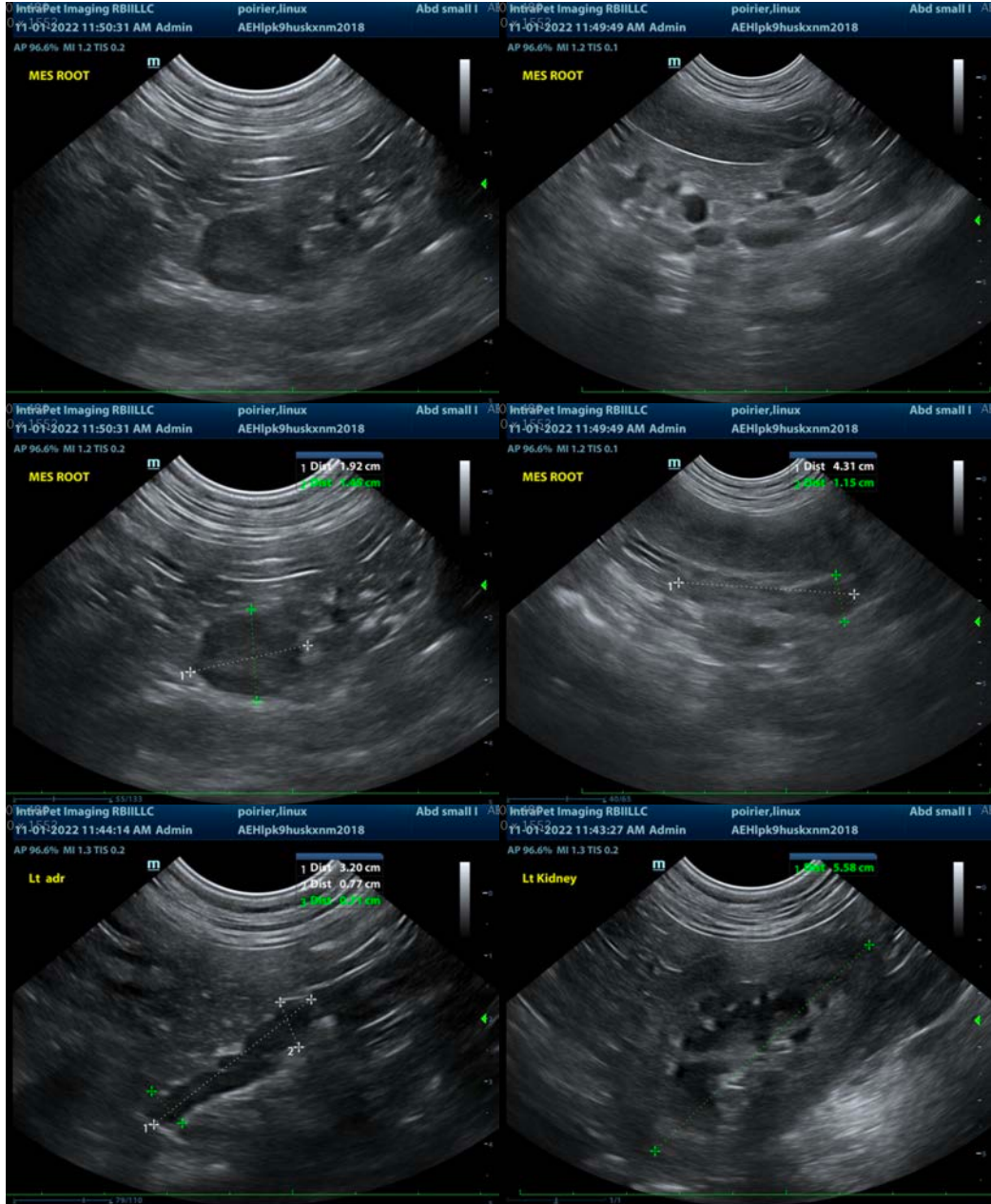
The most prominent, round, hypoechoic mesenteric lymph node trends in appearance more towards an aggressive lymphadenopathy than is typically appreciated with reactive lymphadenopathy. Therefore, a fine needle aspirate is recommended if patient's coagulation status is appropriate.

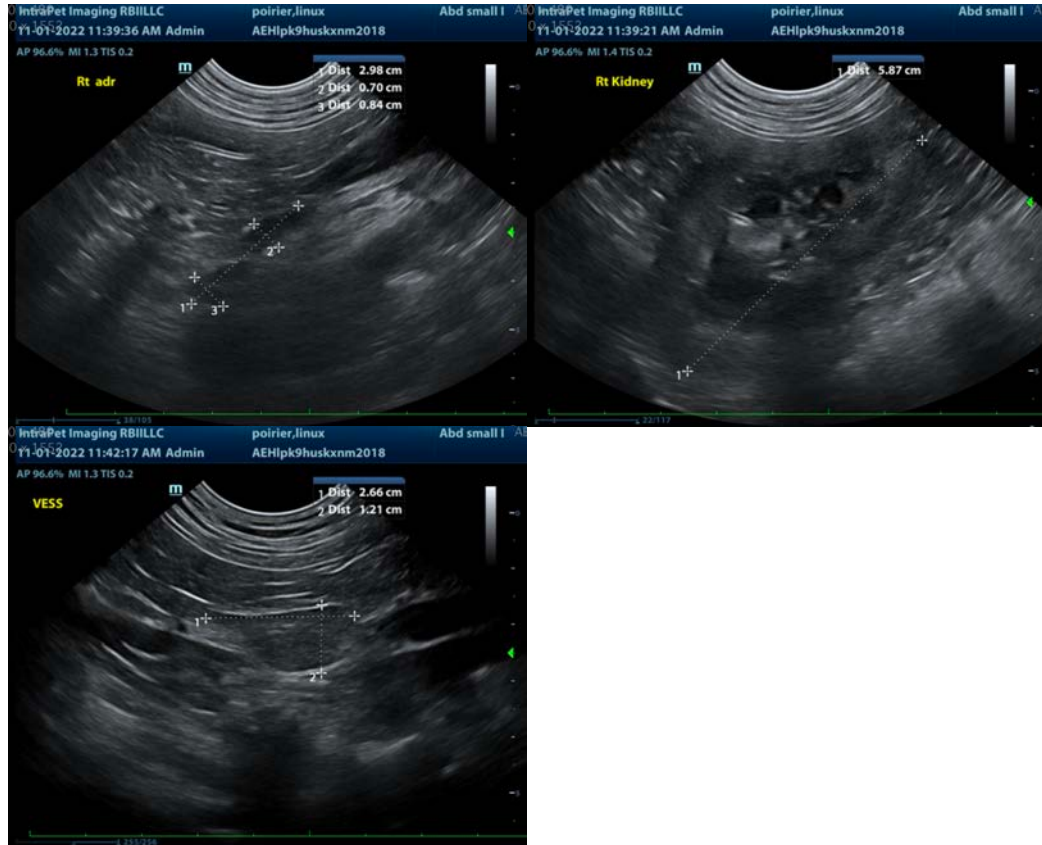
A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

A baseline cortisol is recommended. If baseline cortisol is less than 2, a full ACTH stimulation test is recommended to rule out hypoadrenocorticism.

In the meantime, medical supportive/symptomatic management of dietary indiscretion/gastroenteritis is recommended in the form of antiemetics, gastroprotectants, a probiotic such as Provable or Visbiome, empirical deworming with a 5-day course of Panacur, and a bland, easy to digest diet.

If clinical signs persist, recheck imaging would be recommended.





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.

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