


DATE
 1/14/22

PRESENTING CLINICAL SIGNS

History: Has been vomiting and not eating for the last week. Responds to fluids and IV meds then starts vomiting again. BW was normal. Rads show nothing of concern.

PATIENT

Dakota Domich

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED
Minature Australian
Shepherd
SEX

Intact Female

AGE

7/8/15

WEIGHT

33 Lbs.

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS
HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

INVOICE

13455

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.5 cm. The right kidney measured 4.5 cm.

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.06 cm x 0.57 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 2.1 cm x 0.58 cm at the caudal pole and 0.62 cm at the cranial pole.

Spleen

The **spleen** revealed minor heterogeneous changes with no evidence of significant disease. Caudal folding of the spleen was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. Intestinal wall thickness measured up to 0.3 cm. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. The stomach was empty with no evidence of foreign body.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

Other

The left **ovary** was uniform, measuring 1.4 cm x 0.85 cm. The **uterus** was uniform, measuring 0.4 cm.

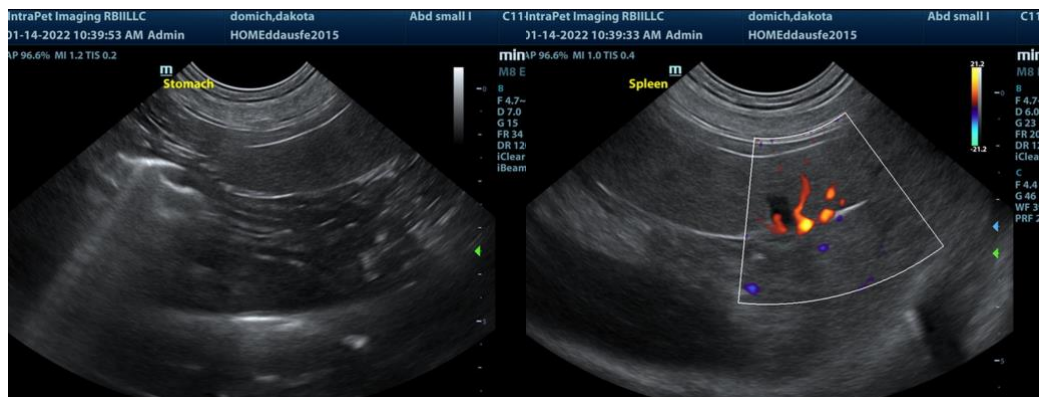
The mesenteric **lymph nodes** were reactive, measuring 2.0 cm x 0.5 cm.

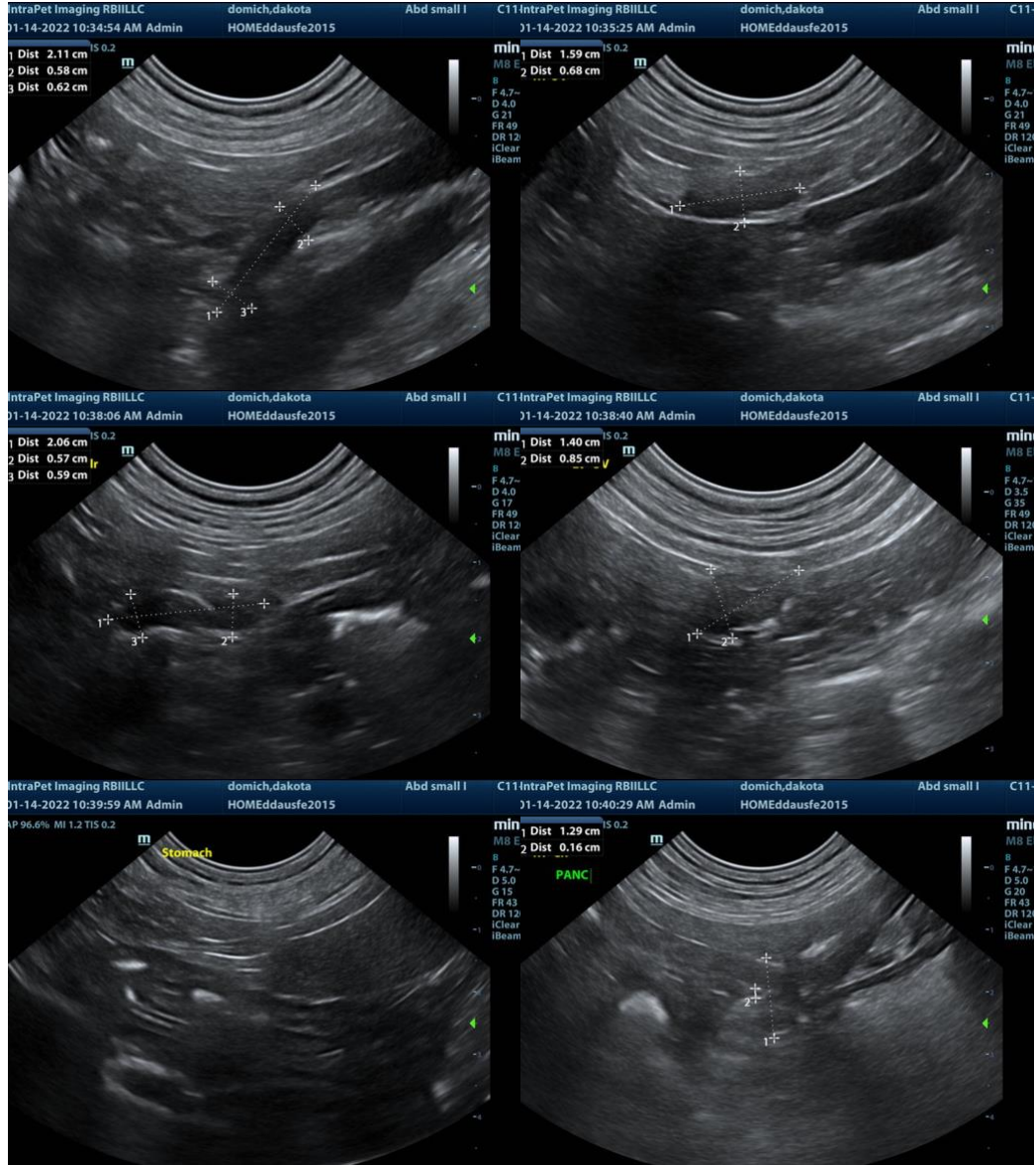
ULTRASONOGRAPHIC FINDINGS

- Mild diffuse intestinal thickening. No loss of detail or foreign body. Mild muscularis hypertrophy, most consistent with inflammatory bowel.
- Reactive mesenteric lymph nodes
- Heterogenous spleen
- The reproductive tract was unremarkable.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If ovariectomy is to be performed on this patient, GI biopsies could be considered proactively for long term management. Underlying inflammatory bowel, food intolerance, occult parasitism all possible.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com