


DATE
 1/14/22

PRESENTING CLINICAL SIGNS

History: 12/22/21 exam, diarrhea. Metronidazole and Famotidine did not resolve. Bloodwork and Radiographs uneventful. (Both attached).

PATIENT

 Jack Stottlemeyer-
 Putnam

Current Medications: Metronidazole 50mg/ml, Famotidine 10mg.
 Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
 Sedation: Sedation was declined, pet was very mobile for ultrasound.
 Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Stephanie Pearce RDCS, RVT.

BREED

Toy Poodle

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 prostate was uniform, measuring 1.7 cm.

SEX

Intact Male

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 right kidney measured 4.13 cm. The left kidney measured 3.6 cm.

AGE

9/4/20

WEIGHT

11.2 Pounds

Adrenal Glands

The **left adrenal gland** was 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 1.74 cm x 0.48 cm at the caudal pole and 0.93 cm at the cranial pole.

INTERPRETED BY

 Eric Lindquist, DMV
 DABVP, Cert. IVUSS

The region of the **right adrenal gland** revealed no evident pathology.

HOSPITAL NAME

Pet Wellness Center

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

REFERRING VET

Dr. Twardus

Liver

The **liver** revealed slightly subnormal size, coarse architecture and minor increased portal markings. The gallbladder and common bile duct were unremarkable.

INVOICE

13451

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

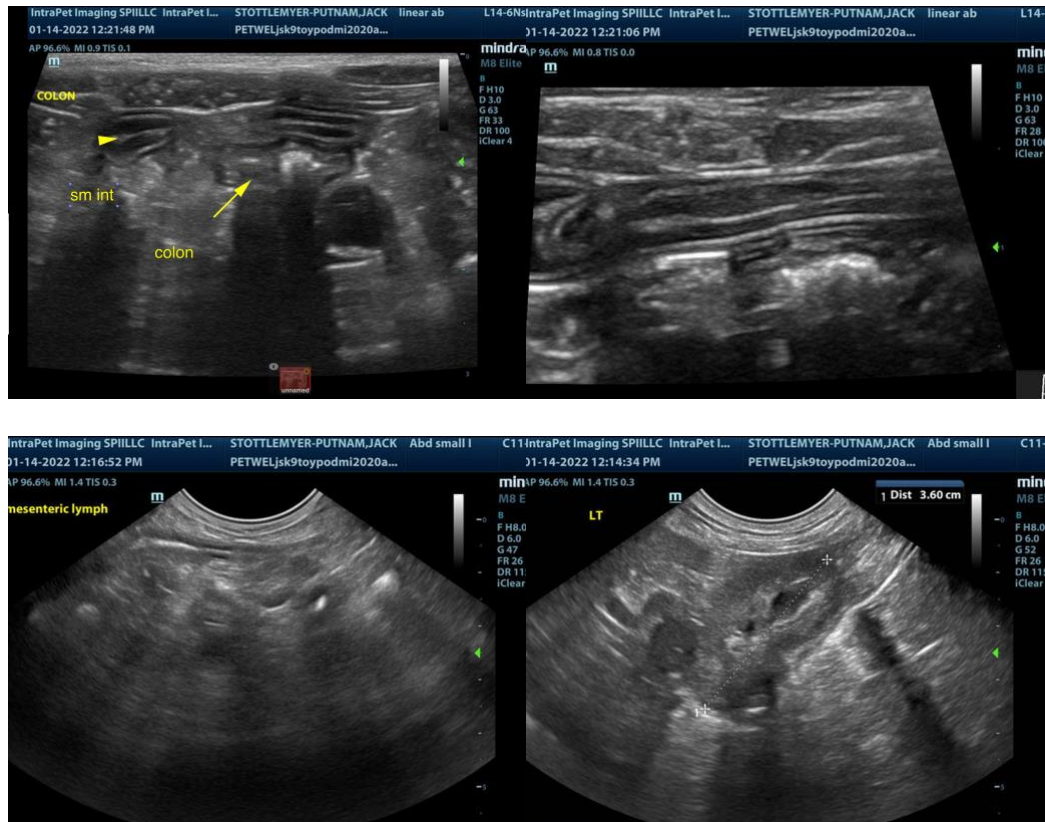
The testicles were imaged and found to be uniform.

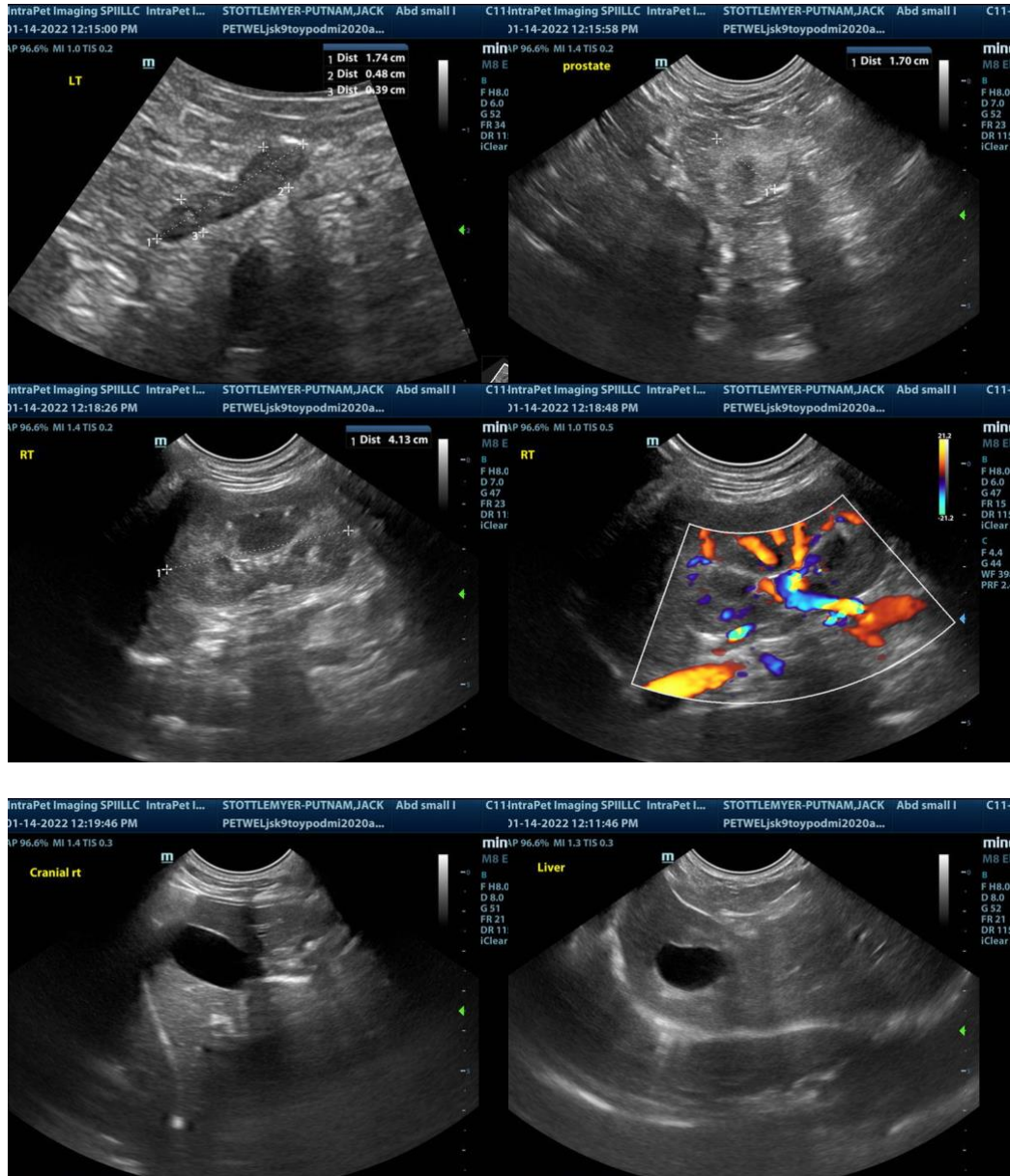
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Given the breed predisposition, screening for addisons is warranted with baseline cortisol, if not already performed.





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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