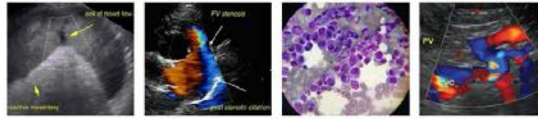


PATIENT

Bailey Ashburn

SPECIES

Canine

BREED

Lab Retriever

SEX

Spayed Female

AGE

7 Years

WEIGHT

50 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Loetitia-Saint Jacques,
LVT, RVT

HOSPITAL NAME

Donner Truckee VH

REFERRING VET

Dr. Vannini

INVOICE

34272

DATE

1/15/22

PRESENTING CLINICAL SIGNS

Vomiting and lethargy. Patient has had multiple episodes of vomitng . Mildly lethargic and no interest in food. No known dietary indiscretion or FB ingestion, though she was outside without direct supervision over a few hours prior to the onset of signs. No C/S/D. RPL small mass removal with regular vet 9 d ago. No other historical problems/current medications reported. Up to date on core vaccines. Differential Diagnosis* . Findings: A three-view study of the abdomen is available for interpretation dated 1/14/2022. FINDINGS: The stomach is small with a small volume of gas content. There is gas in the pylorus on the left lateral projection. The small intestines are homogeneous in diameter with predominantly gas content which is more foamy than expected. This causes the appearance of an undulant luminal margin in multiple small intestinal segments. The colon is intermittently corrugated. There is a mild decrease in abdominal serosal detail in association with the gastrointestinal tract. The head of the spleen the smooth margin. The liver margin is normal. The renal silhouettes are poorly visualized. There is lumbosacral spondylosis deformans. Assessment: 1. Radiographic findings are most compatible with gastroenterocolitis. Differentials include secondary to dietary indiscretion or pancreatitis. 2. Mild decrease in abdominal serosal detail is thought to be secondary and and may reflect mild peritonitis and/or peritoneal effusion. 3. LS degenerative change.
Abnormal PE/Chem/CBC/UA Results: Phos 2.3, ALT 774, K+3.2 all rest WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented apical polypoid changes with slight areas of mineralization and/or sand accumulation. Submucosal muscularis and serosal layers were unremarkable. The urine was anechoic. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 kidneys measured 6.0 cm each.

Adrenal Glands

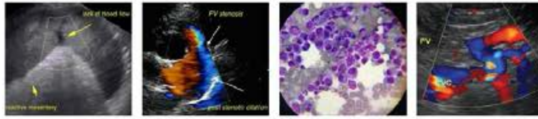
Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 2.34 cm x 0.88 cm. The left adrenal gland measured 0.60 cm in width.

Spleen

The **spleen** was folded upon itself cranially, no evidence of masses. This is a positional variant.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

Some retention of ingesta was noted in the **stomach**. Post-prandial timing with sonogram should be evaluated, as the echotexture of the material in the stomach was that of chyme and undigested food. The pylorus was free of evident pathology on SDEP #13 approach. The distal small intestine revealed slight thickening without loss of mural detail. Localized enteritis suspected .

Pancreas

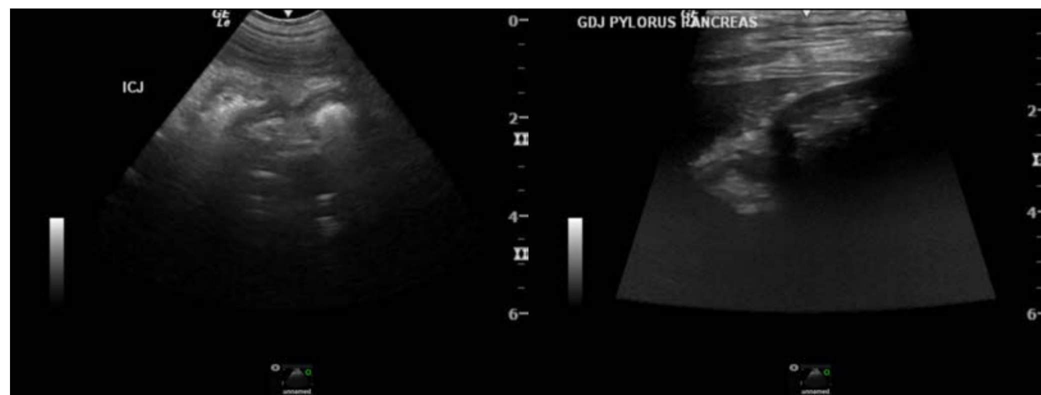
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

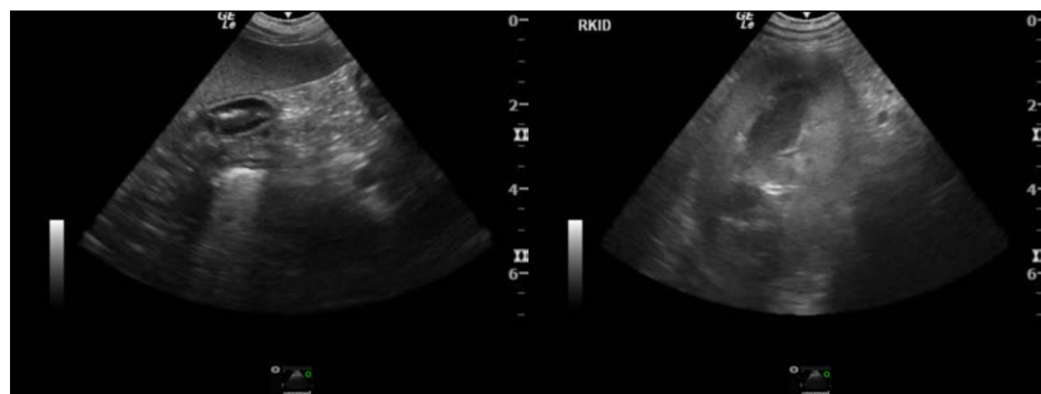
ULTRASONOGRAPHIC FINDINGS

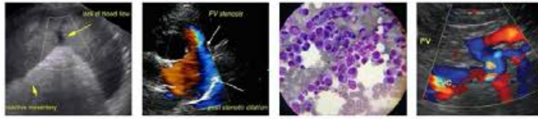
- Mild cystitis bladder pattern, may be owing to prior episodes of UTI
- Full stomach with soft shadowing material – suspect post-prandial presentation, soft foreign matter cannot be completely ruled out as non-obstructive.
- Gastroenteritis presentation, subacute on chronic inflammatory bowel possible

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive medical care recommended. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison’s are all potentials. 24-hour NPO, IV fluid support, broad-spectrum antibiotics, GI protectants, and reassessment of the clinical status recommended. No evidence of foreign body. I recommend a fresh fecal smear and fecal floatation analysis. Dietary intolerance or indiscretion suspected.







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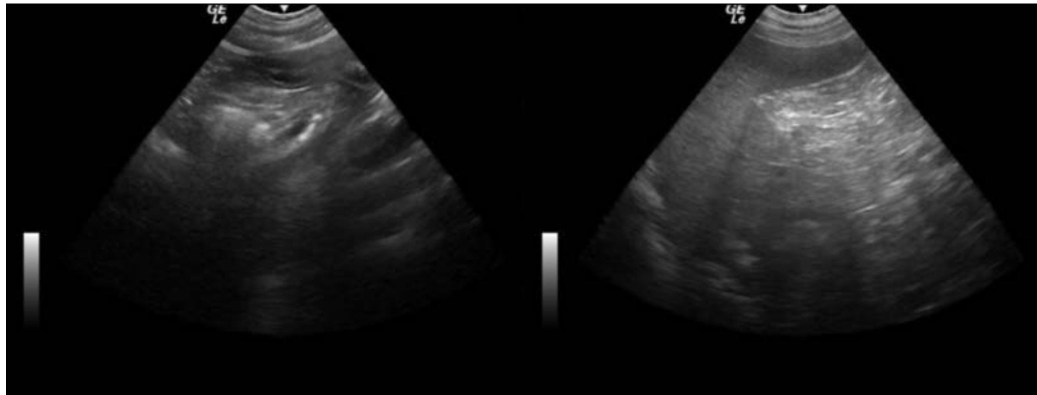

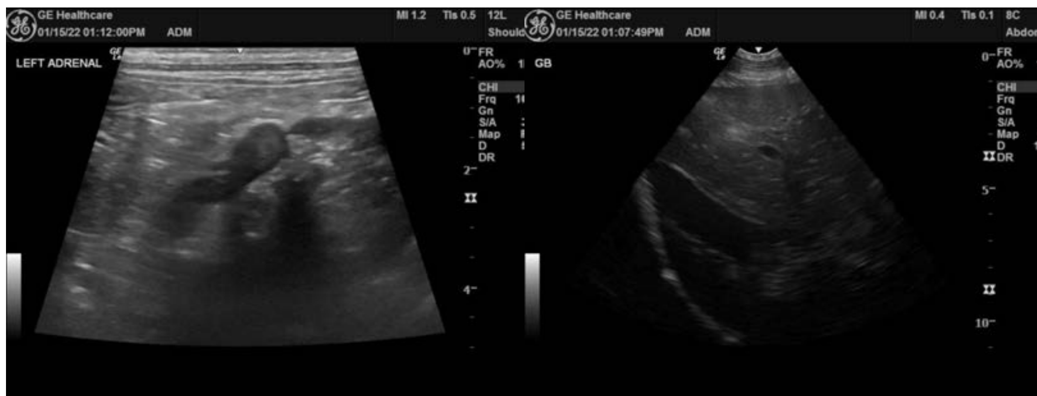

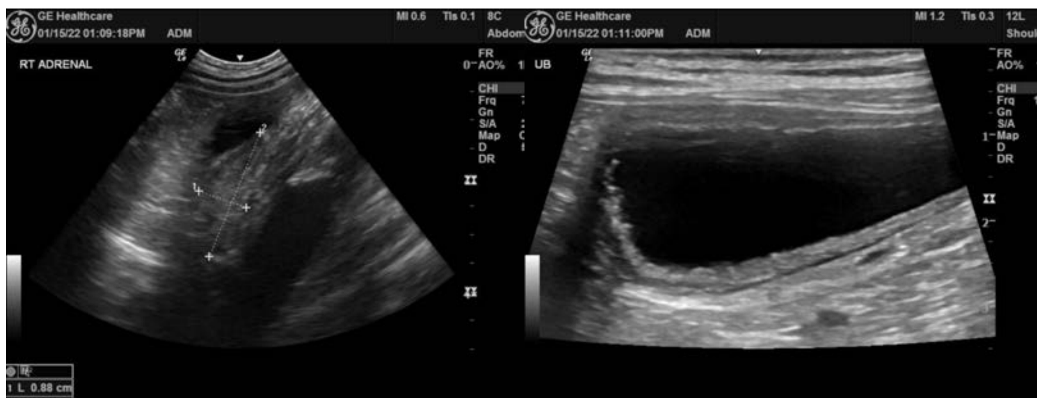

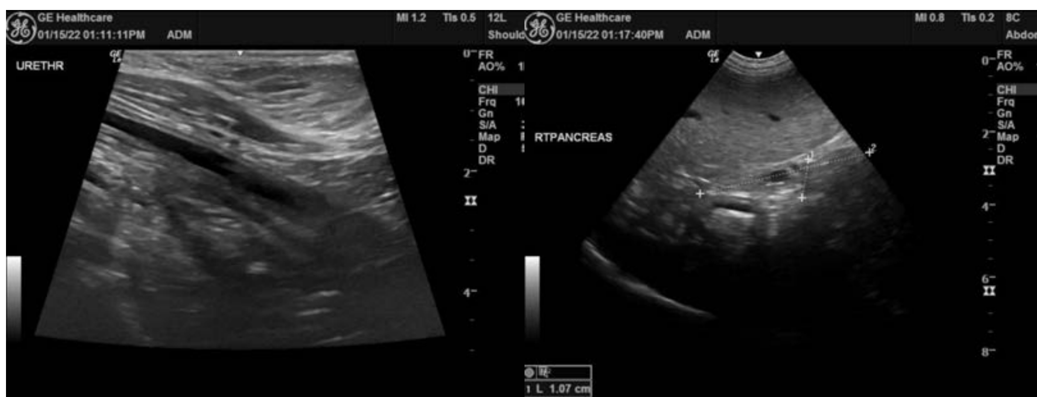

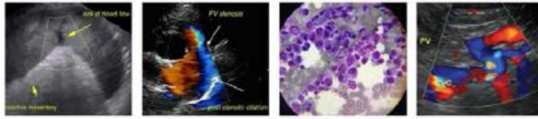

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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