

**DATE PRESENTING CLINICAL SIGNS**

1/21/22

History: Presenting Complaint: Vomiting; Diarrhea; Losing Weight; Discharge - Nasal (Nose); Discharge - Ocular (Eye); Smelly/Bad Breath. Date: 01-20-2022 Notes: was having loose stool and wt loss in April, had lab work, fecal, and ACTH stim for Addison's, no major changes- owner has tried many different foods since, still has very good appetite, but not gaining much, was holding. still has soft stool, very occasional vomit - in past, multiple fecal parasite exams. On HW. Past 2 weeks- vomiting 2-3 times per day, food if ate, or bile- diarrhea - very loose, no blood- also noted crusty nares- no coughing-no prescription diets yet.

**PATIENT**

Percy Rickert

**SPECIES**

Canine

Current Medications: Unasyn, Pantoprazole, Vitamin B Complex.

Lab Results: Attached separately.

**BREED**

Poodle

Radiographs: GIT- gassy/fluidy ingesta moving through and very thin- not good detail. Cannot say if fb present or just irritation. Pulmonary parenchyma clear, no megaesophagus.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****AGE**

1/20/19

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.

**WEIGHT**

37 Pounds

The **kidneys** revealed normal size and structure, corticomodullary 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 4.33 cm. The right kidney measured 6.02 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**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 2.79 cm x 0.67 cm at the caudal pole and 0.62 cm at the cranial pole. The right adrenal gland measured 2.61 cm x 0.88 cm at the caudal pole and 0.93 cm at the cranial pole.

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**Spleen****HOSPITAL NAME**Animal Emergency  
Hospital

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. King

**Liver****INVOICE**

35032

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 **stomach** revealed progressively shadowing 3.0 cm foreign structure. Slight free fluid noted adjacent to the upper gastrointestinal tract. Small intestine presented variable thickening. Enlarged, reactive mesenteric lymph node noted measuring 2.0 cm x 1.0 cm. Soft stool noted in the colon. Reactive mesentery noted associated with the small intestine.

### ***Pancreas***

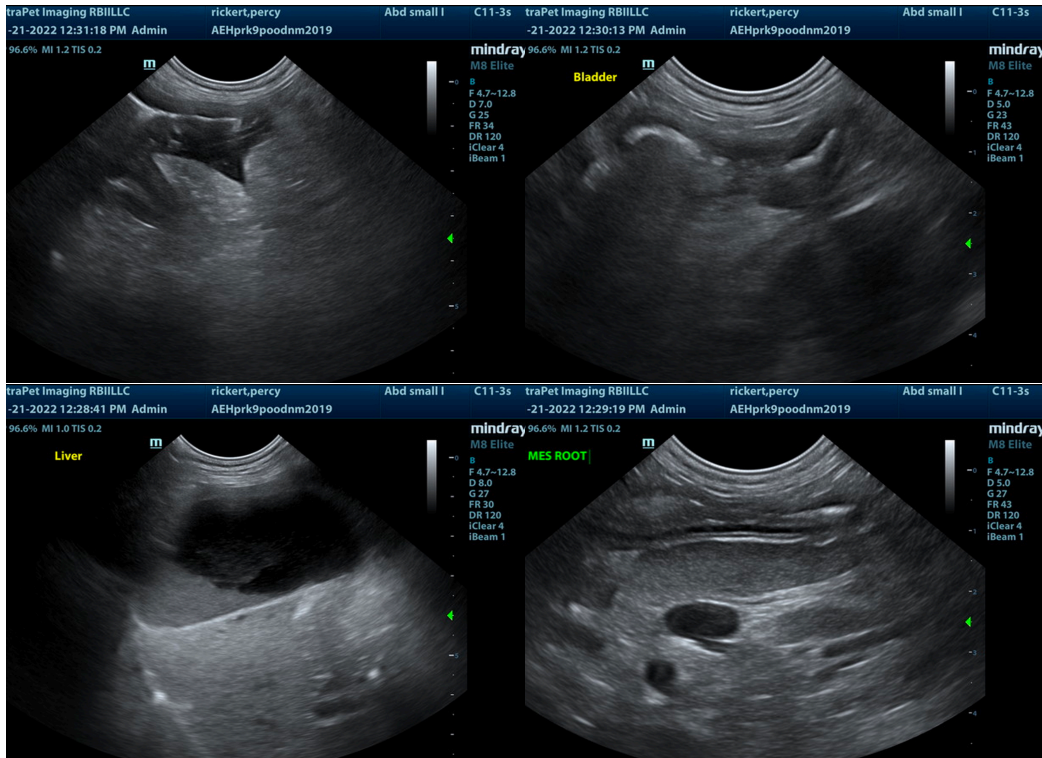
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

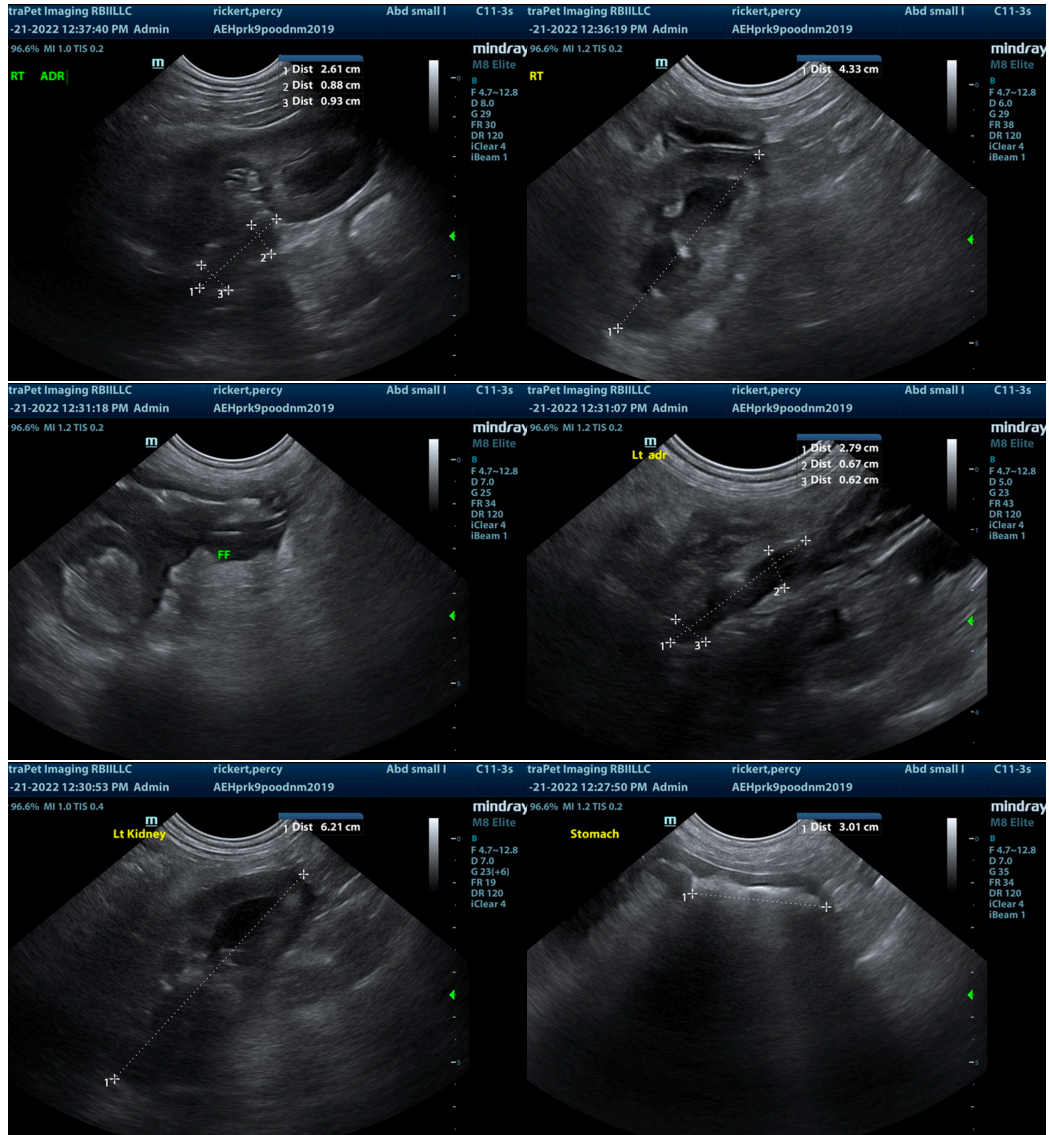
### **ULTRASONOGRAPHIC FINDINGS**

- Variable gastrointestinal thickening and free fluid with shadowing gastric material

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend immediate exploratory surgery, investigating the stomach and GI. Tethering foreign body suspected. However, with the significant amount of inflammation, complete definition was difficult. Regional peritonitis present.





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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