**DATE**

1/26/23

PATIENT

Godiva Daniels

SPECIES

Canine

BREED

Poodle

SEX

Spayed female

AGE

1/13

WEIGHT

41.3 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Kalwa

INVOICE

42342

PRESENTING CLINICAL SIGNS

HGE- diagnosed 1/15/23- on flagyl + proviable + SQ fluids- saw improvement back to regular diet then reoccurred - Bloody diarrhea - when defecating + leaking when laying down - Eating chicken and rice until 3 days ago- phasing back to regular food dry + wet- Feeds Stella + freeze dried chewys + natures logic kibble + ollies frozen whole foods - Seeks out deer poop- feels underlying cause - Normally no grain or wheat - O oks chicken - Hx licking front paw after eating ~2 months - O doesn't give flea/tick/parasite preventatives- P has strong reactions to them ATO in room Presented for bloody diarrhea. every 3 years or so this happens, in retrospect has been eating and licking paws. O worried about leaky gut- on high quality dog food. Off grain. O thinks rice caused yeast infection in ears but doesn't think the diet is related to an allergy Last week had proviable and flagyl- finished yesterday Mid week tried back on regular food- didn't eat regular but ate chicken and rice Yesterday tried pumpkin- had solid feces This am very loose stool with lots of blood- leaked blood on floor prior to leaving Drank water, wanted to eat this am but O withheld food More bloody diarrhea after triaged rDVM AMC 1/15- Full bw- ALT mild elevation Fecal negative Hx: Tested negative for Addison's, negative TLI

Current Medications: B12, Sucralfate, Omeprazole, Metronidazole, Provable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Declined.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The cystourethral junction/trigone revealed a 1.5 cm polyp. The ureters were not visible which is normal. No uroliths or sediment were visualized and anechoic urine was present.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.5 cm. The left kidney measured 6.4 cm with trace pyelectasia.

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 right adrenal gland measured 2.85 x 0.58 cm at the caudal pole and 0.66 cm at the cranial pole. The left adrenal gland measured 2.12 x 0.56 cm at the caudal pole and 0.69 cm at the cranial pole.

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 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor upper gastrointestinal gas was noted. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. There was minor soft stool noted in the colon.

Pancreas

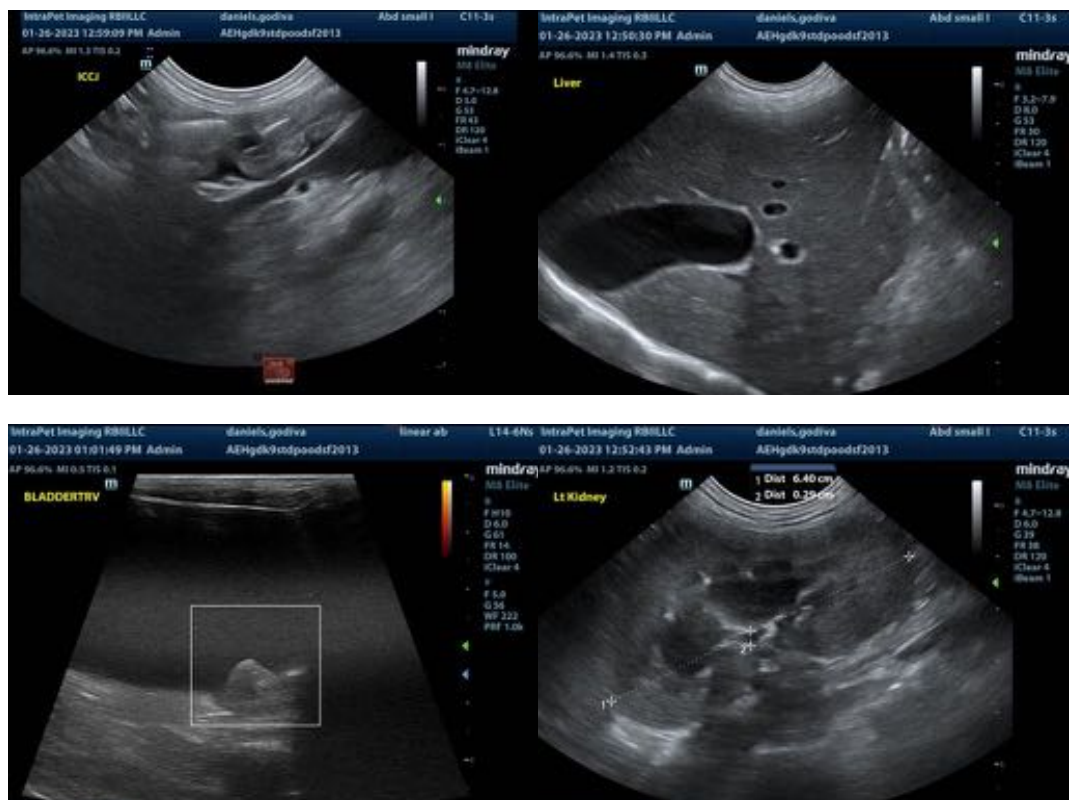
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Irritable bowel presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BRAF testing is warranted along with free catch urine sample with cytospin to assess for any abnormal transitional cells. Treatment for hemorrhagic gastroenteritis, Enrofloxacin and Metronidazole to treat for enterotoxins. Diet change may be appropriate if this is a recurrent issue.





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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