**DATE**

1/27/23

PRESENTING CLINICAL SIGNS

Presented 1/23 for diarrhea for one week, responsive to bland diet. Diarrhea returned after stopping bland diet. 1-2 episodes of vomiting over past 10-14 days. No known toxin or FB ingestion.

Current Medications: Metronidazole 250mg 1 PO BID #10 Started 1.23.2023. Provable, Cerenia Inj 1.7ml 1.23.2023

PATIENT

Sammie Wilson

Lab Results: CBC/Chem- BUN 4, Phos 2.4, Amylase 477, ALT 2317

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Border Collie Mix

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 was noted. Ureteral papillae were normal.

SEX

Spayed female

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 5.94 cm and the right kidney measured 5.89 cm.

AGE

12/7/14

WEIGHT

38 lbs

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 2.34 x 0.62 cm at the caudal pole and 0.66 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** revealed slight, heterogenous parenchymal changes. 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.

HOSPITAL NAME

Festival VC

REFERRING VET

Dr. Harvey

Liver

The **liver** was structurally unremarkable with uniform parenchyma. The gallbladder and common bile duct were unremarkable. There was no evidence of masses.

INVOICE

42373

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.

Heart

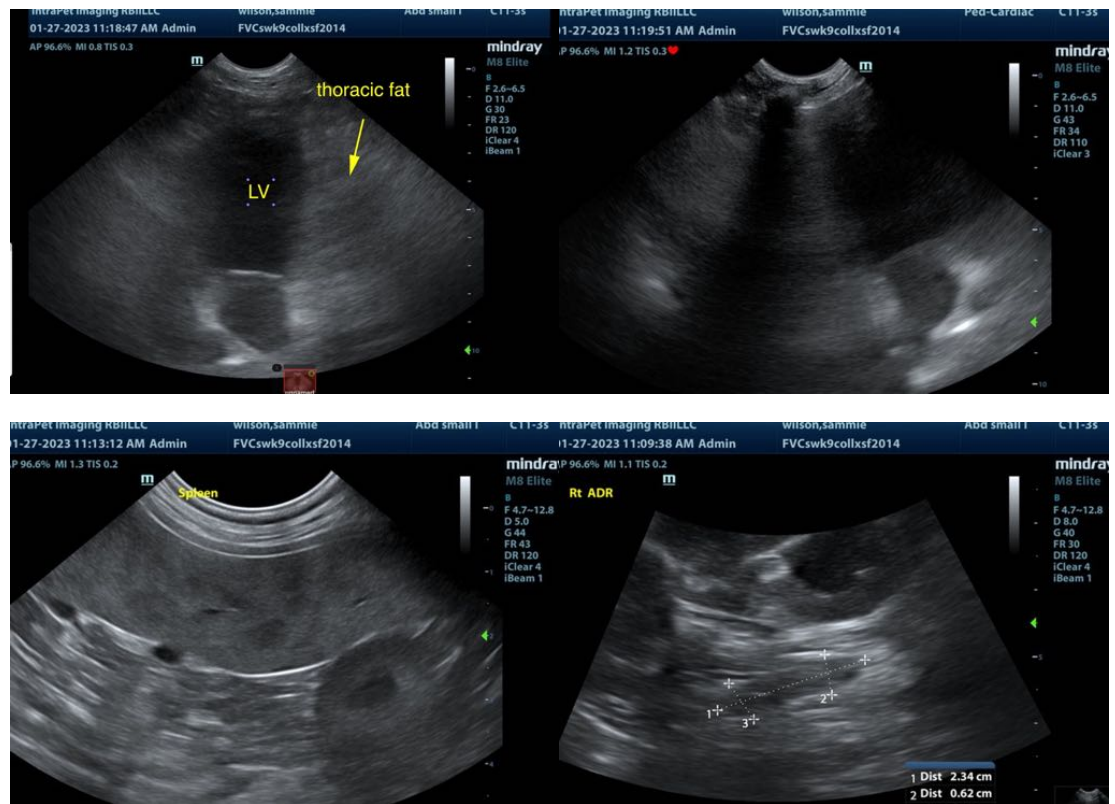
The heart revealed normal volume and contractility. There was no evidence of volume overload. No pleural effusion was noted or obvious masses. A large amount of thoracic fat was noted.

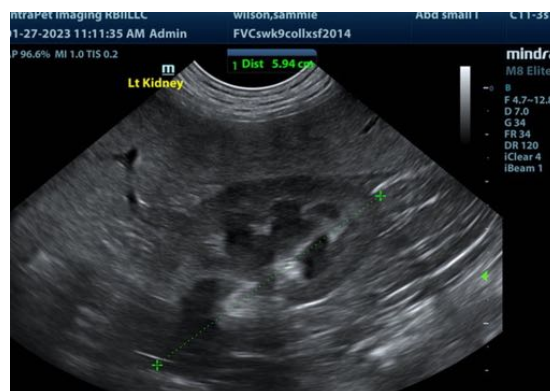
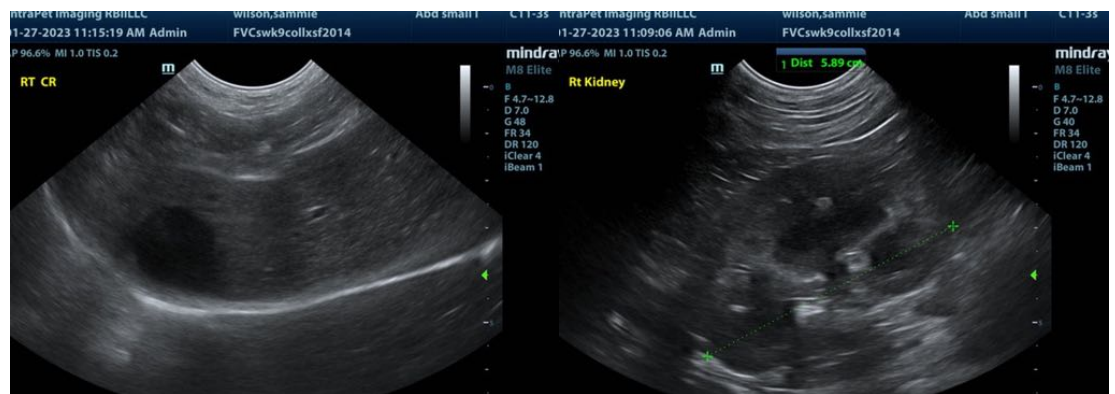
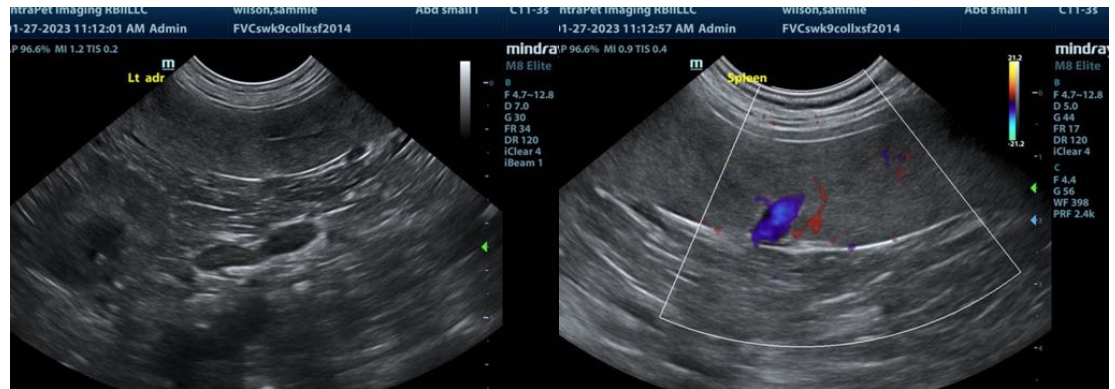
ULTRASONOGRAPHIC FINDINGS

Slight, heterogenous splenic changes, likely hyperplasia.
Acute hepatic insult.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is warranted +/- culture. FNA of the liver is warranted despite normal findings to assess inflammatory cell type. Leptospirosis titers are indicated and assess for recent hepatotoxin exposure.





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