

**DATE**

1/6/23

**PRESENTING CLINICAL SIGNS**

History: Diarrhea started 4 days ago; still had good appetite; owner started giving chicken and rice. Last night gave rice and a cup of kibble. Today diarrhea became bloody, and this afternoon he vomited up rice and bile. Has had diarrhea before but has always resolved within 1 day and never been bloody.

**PATIENT**

Murphy Rathburn

Current Medications: Buprenorphine, Cerenia.

Lab Results: WNL.

**SPECIES**

Canine

Radiographs: Poor detail in cranial abdomen; possible splenomegaly.

Date of Previous IntraPet Ultrasound:

Sedation: Not required to complete full diagnostic ultrasound.

**BREED**

Goldendoodle

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Neutered Male

**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.

**AGE**

2/17/11

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 7.04 cm. The right kidney measured 6.22 cm.

**WEIGHT**

81.4 Pounds

**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 2.75 cm x 0.75 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 2.74 cm x 1.03 cm at the cranial pole and 0.97 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**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. Caudal folding of the spleen was noted.

**REFERRING VET**

Dr. Martinoli

**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.

**INVOICE**

20434

**Gastrointestinal**

The **stomach** itself was unremarkable. Minor intestinal wall thickening was noted without loss of mural detail, muscularis hypertrophy. Soft stool was noted in the colon.

### **Pancreas**

The **pancreas** was slightly heterogenous in the right limb, yet curvilinear patterns were maintained.

### **Free Abdomen**

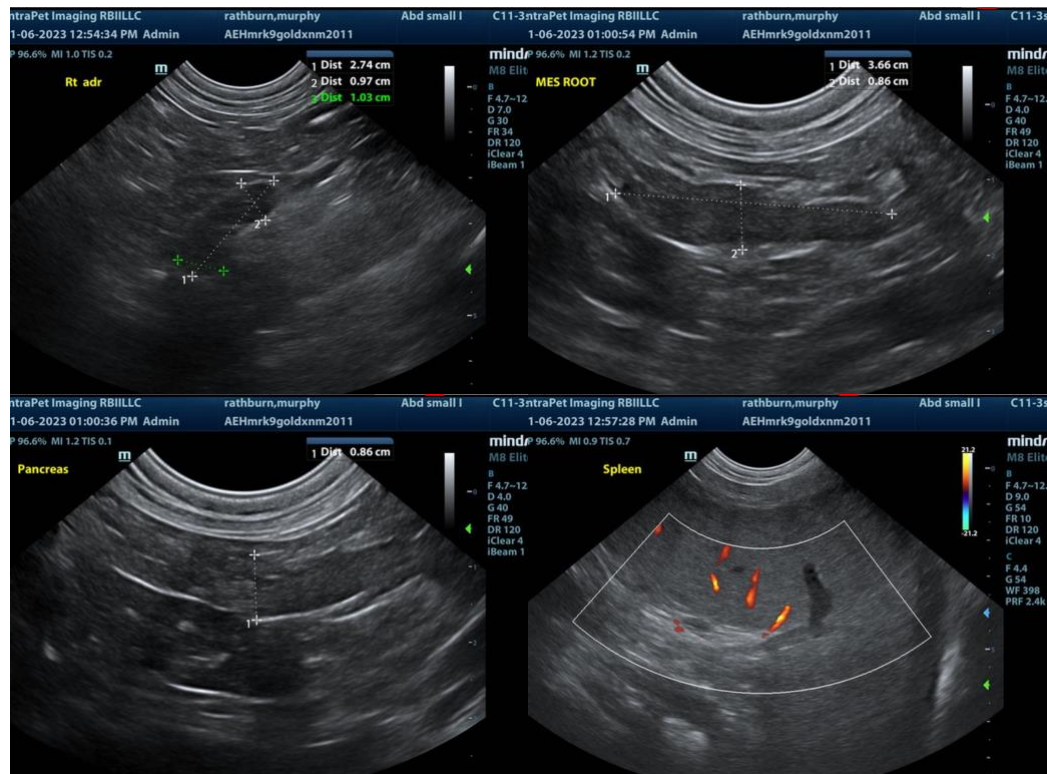
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

## **ULTRASONOGRAPHIC FINDINGS**

- Minor mesenteric lymphadenopathy
- Slightly heterogenous right pancreatic limb
- Minor intestinal wall thickening/muscularis hypertrophy with soft stool in the colon
- Splenic fold

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

Occult parasitism, structurally insignificant inflammatory bowel, dietary indiscretion and dietary intolerance are all possible. Antiparasitic protocol is warranted. Diet change and enrofloxacin/metronidazole combination may treat for Baytril responsive disease.





**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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