**DATE**

10/20/22

PRESENTING CLINICAL SIGNS

Chronic off and on diarrhea for >2 years.

Current Medications: Started on 10/12/22: Provable large breed per label, Loperamide 2mg 2 PO once, then 1 pill BID PRN #7.

PATIENT

Graham Marshall

Lab Results: Amylase 1267, PrecPSL 315.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV sedation.

Stat Report: Not requested.

Imaging Performed By: Rachel Brilhart, RDMS.

SPECIES

Canine

BREED

Goldendoodle

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

Neutered male

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 right kidney measured 6.43 cm.

AGE

1/15/17

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 2.62 x 0.69 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.89 x 0.65 cm at the caudal pole and 0.71 c at the cranial pole.

WEIGHT

80 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAME

Alexander AH

REFERRING VET

Dr. Alexander

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. Some ring down artifact was noted through the diaphragm.

INVOICE

40206

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. The small intestines revealed muscularis hypertrophy and soft stool. The mesenteric root revealed reactive lymph

node with a focal, hypoechoic 1.87 cm x 1.06 cm nodule or abscess. The mesenteric lymph node measured 5.5 x 1.2 cm. This is unlikely to be neoplastic.

Pancreas

Minor heterogenous **pancreatic** changes were noted.

ULTRASONOGRAPHIC FINDINGS

Mesenteric lymphadenopathy with nodule, cyst or abscess.

Retention of ingesta.

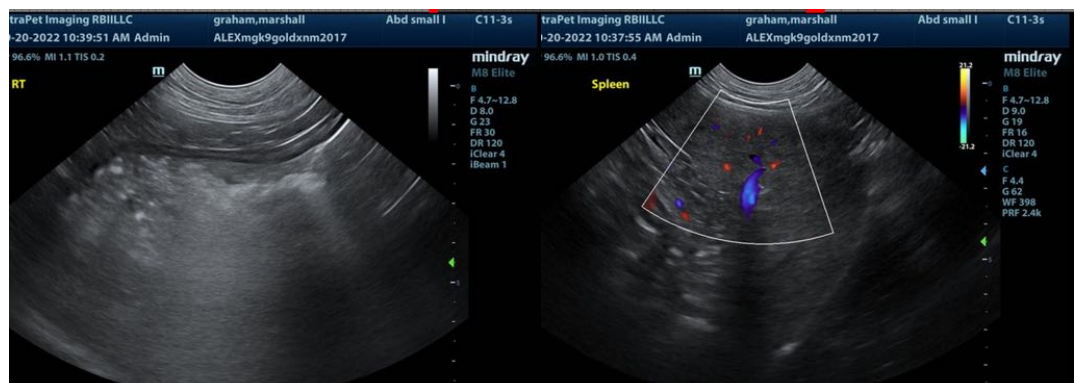
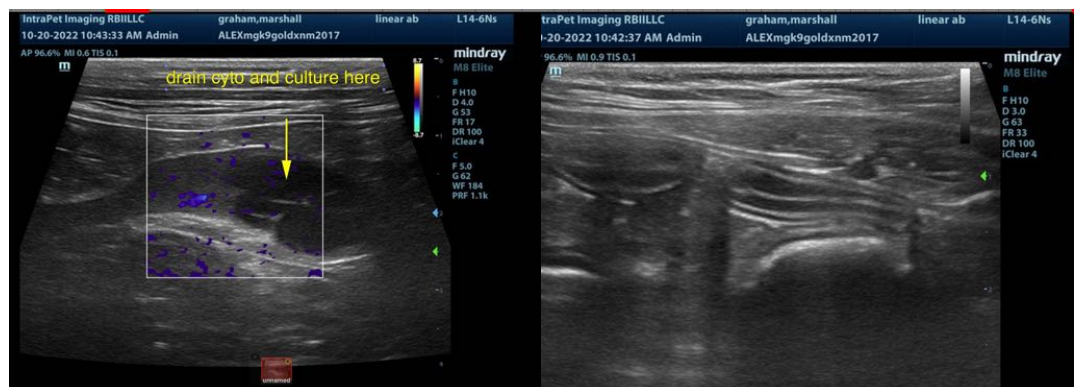
Heterogenous pancreatic changes. Periodic pancreatitis is likely.

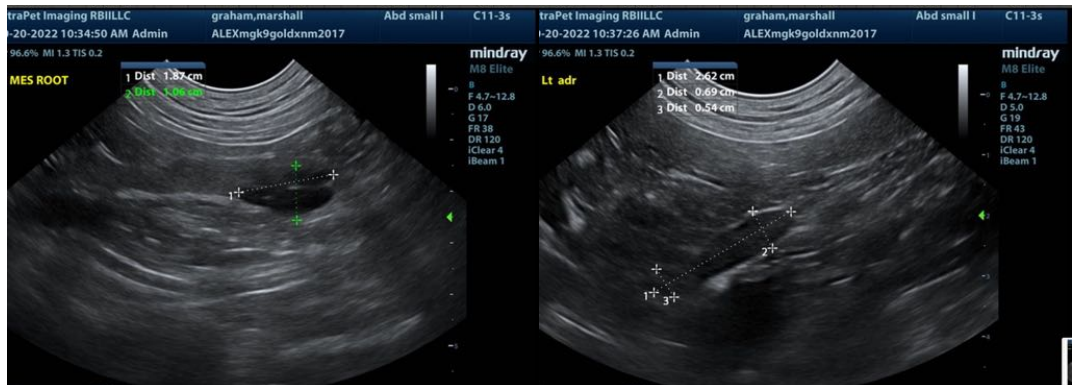
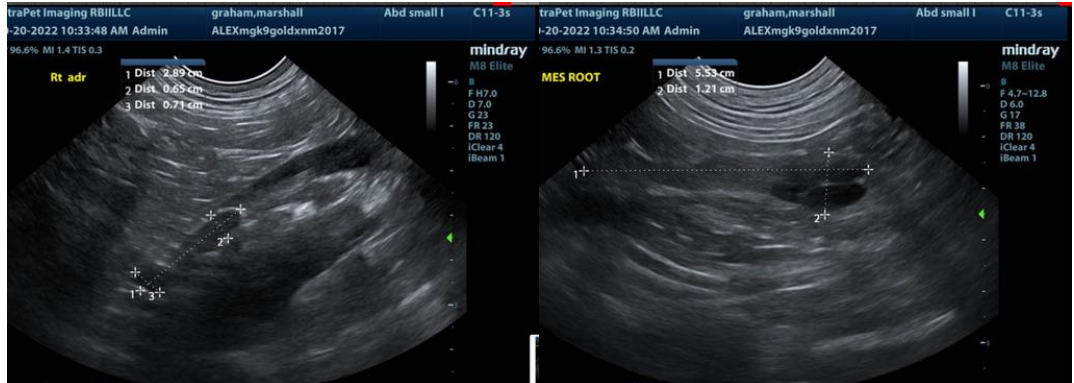
Otherwise, unremarkable abdomen.

Ring down artifact through the diaphragm.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the cyst or abscess with culture and sensitivity and cytology is indicated. This is likely a cystic or abscessed mesenteric lymph node. Low-grade inflammatory bowel with lymphadenitis and periodic pancreatitis is likely. The changes were minor. I recommend change to hydrolyzed geriatric diet. A clinical trial of Metronidazole therapy over 7-10 days +/- probiotics if necessary. Assessment of chest radiographs are warranted for comorbidities.





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