

**DATE**

10/21/22

**PRESENTING CLINICAL SIGNS**

History: Frosty is an 11 y/o MN Maltese who presents for bloody diarrhea - Monday/Tuesday at RDVM for diarrhea with blood, sent home with medications - gave 3 doses of medications - yesterday did not have an accident at night, still having blood diarrhea, started bland diet - bloody diarrhea progressive - decreased drinking, eating less, more lethargic - no C/S/V, some gagging, more itchy - fecal negative at RDVM, no recent BW or AXR - Toxin - no known toxin, recently sprayed yard - FB - will get into trash or purse - hx - elevated liver enzymes on medicine has improved, heart murmur - vx- allergic to vaccines, rabies - last year Medications: - metronidazole, proviable, denemarian not on the lat 2-3 days - preventatives monthly

**PATIENT**

Frosty Daughaday

**SPECIES**

Canine

**BREED**

Maltese

**SEX**

Neutered Male

Current Medications: metronidazole, proviable, denamarin

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**AGE**

1/26/11

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

**WEIGHT**

15.6 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. Slight pyelectasia was noted. Mineralization was noted in both kidneys. The right kidney measured 4.13 cm. The left kidney measured 4.57 cm.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**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 1.48 cm x 0.78 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 2.01 cm x 0.63 cm at the cranial pole and 0.68 cm at the caudal pole.

**REFERRING VET**

Dr. Thompson

**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.

**INVOICE**

17845

**Liver**

The **liver** itself was unremarkable. Excessive gallbladder debris was noted with inspissated bile without mucocele formation, however, ursodiol therapy should be considered if not already being implemented.

### ***Gastrointestinal***

The **stomach** was overdistended with chyme with luminal dilation, however, the pylorus was free of evident pathology. Delayed outflow may be an issue. Some echogenic material was noted in the stomach, however, nonobstructive. Small foreign matter is a potential. The colon revealed concentric thickening without loss of mural detail. Muscularis hypertrophy and increased submucosal echogenicity and thickness were noted, consistent with chronic colitis.

### ***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.

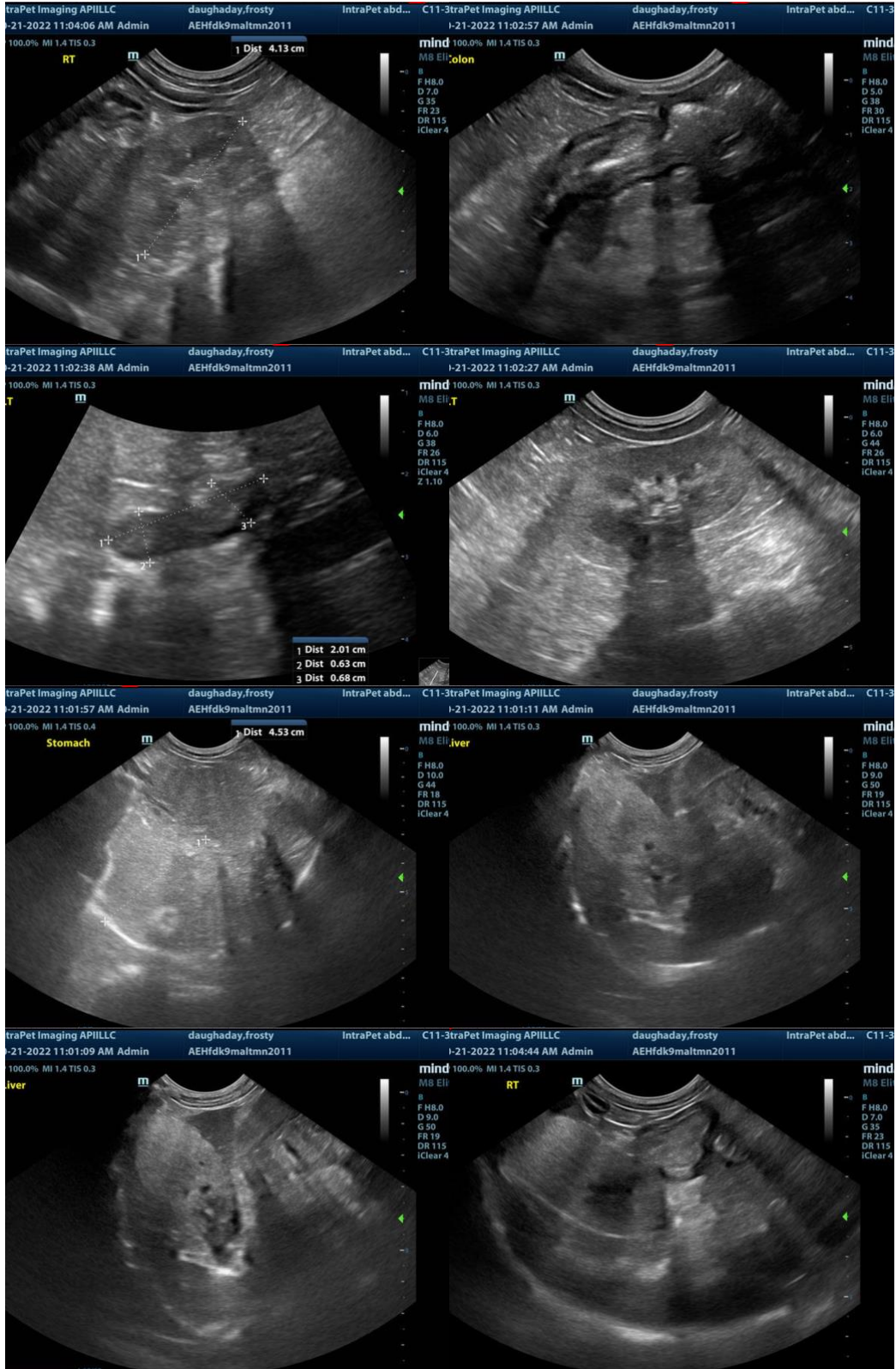
## **ULTRASONOGRAPHIC FINDINGS**

- Colitis pattern
- Gastric stasis with small echogenic material in the stomach
- Benign hepatopathy
- Excessive gallbladder debris with inspissated bile
- Age-related renal changes

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

Delayed outflow may be an underlying issue. No overt evidence of neoplasia. I recommend a fresh fecal smear and fecal floatation analysis. Enrofloxacin/metronidazole combination could be considered. GI protectant protocol could be considered. Diet change to hydrolyzed geriatric diet could be considered. Ursodiol over the next 6 weeks and recheck of the GI tract and gallbladder are indicated after empirical implementation. Broad spectrum antiparasitic protocol is indicated. Otherwise, colonoscopy would be appropriate. Endoscopy would be necessary for further definition.





**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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