**DATE PRESENTING CLINICAL SIGNS**

10/29/21 History: Acute Vomiting - r/o FB, neoplasia, Pancreatitis, Metabolic disease, other. a/o on findings and rec abdominal ultrasound with specialist tomorrow, pending review on rads. r/o Obstruction, neoplasia, pyloric dz, pancreatitis, other. SQ Fluids NaCl0.9 700ml.

PATIENT

Olive Harris

Current Medications: Cerenia 3mL.

Lab Results: Not provided by the veterinarian.

SPECIES

Canine

Radiographs: Rad Abd (2 view): Suspect obstructive pattern. aFast Scan: No free fluid, hyperechoic omentum, intestinal areas of hard shadowing. No obvious splenic or hepatic masses, Mixed hepatic echogenicity. Inhouse Complete: No obvious findings to explain acute vomiting.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

BREED

Sedation: not needed

Stat Report: not requested

Mixed Breed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

Urinary System**Bladder** wall thickening measured up to 0.79 cm. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.**AGE**

8/15/2011

WEIGHT

74.3 Pounds

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. The right kidney measured 5.61 cm. The left kidney measured 6.16 cm. Trace pyelectasia was noted in the left kidney (0.26 cm).**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**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 2.91 cm x 0.83 cm at the caudal pole and 0.8 cm at the cranial pole. The left adrenal gland measured 2.35 cm x 0.65 cm at the caudal pole and 0.57 cm at the cranial pole.**HOSPITAL NAME**

Homeward Bound VS

SpleenThe **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.**REFERRING VET**

Dr. Vance

INVOICE

14097

LiverThe **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.**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

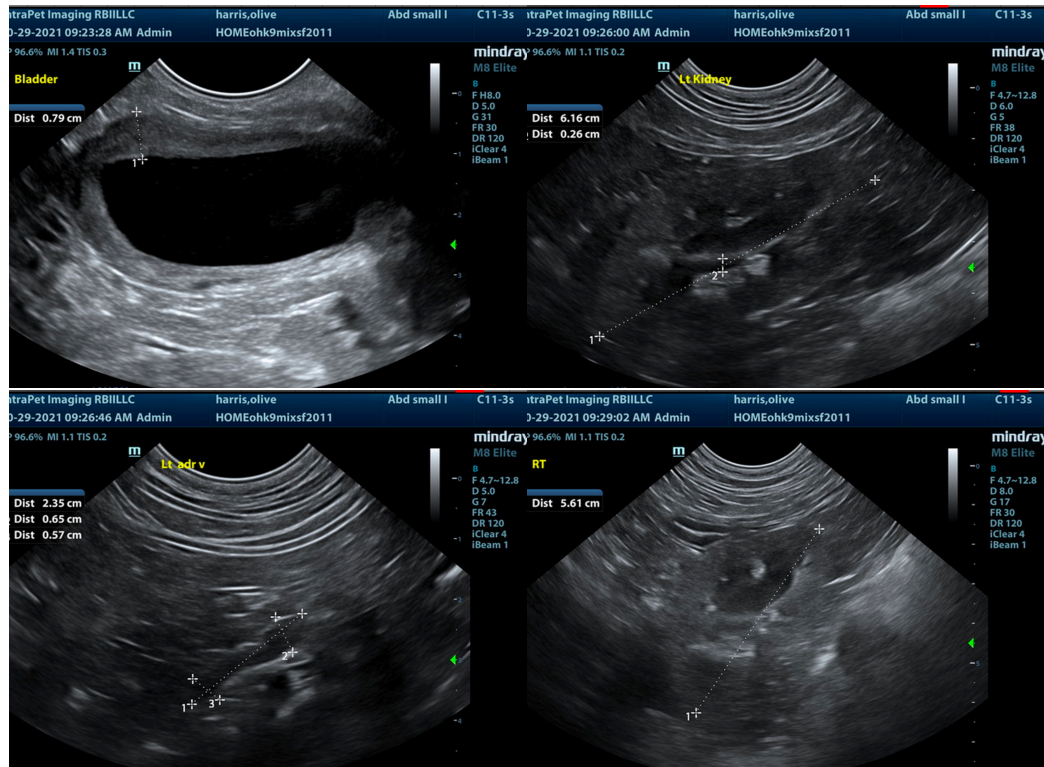
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

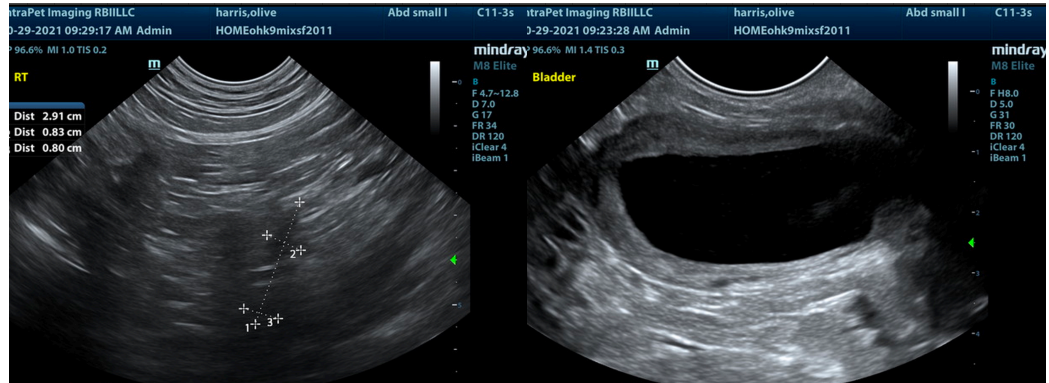
ULTRASONOGRAPHIC FINDINGS

- Chronic bladder wall thickening- Underlying cystitis or history of cystitis likely
- Hepatic remodeling, moderate
- Age-related renal changes with slight renal pyelectasia
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up warranted (if not already performed). Bile acid profile would be warranted given the diffuse hepatic changes. Structurally the GI and pancreas appear unremarkable. No evidence of obstruction or neoplasia.





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
info@SonoPath.com