

**DATE PRESENTING CLINICAL SIGNS**

10/8/21 History of previous GI fb. Has been very painful today and vomited bile.
 History of being 1 week out of heat.

PATIENT

Wiki Perry Lab Results & Radiographs: pancytopenia
 Date of Previous IntraPet Ultrasound: No previous
 Sedation: not needed

SPECIES

Canine

Stat Report: not requested

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED**

Yorkie

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.

SEX

Intact 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 4.46 cm. The right kidney measured 4.41 cm.

AGE

2016

WEIGHT

11.3 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 right adrenal gland measured 1.88 cm x 0.65 cm at the caudal pole and 0.64 cm at the cranial pole. The left adrenal gland measured 1.9 cm x 0.58 cm at the caudal pole and 0.53 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

HOSPITAL NAME

Homeward Bound VS

REFERRING VET

Dr. Vance

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.

Liver

The **liver** presented slightly hypoechoic uniform minor increased portal markings. The gallbladder and common bile duct were unremarkable.

INVOICE

13643

Gastrointestinal

Some minor retention of ingesta noted in the **stomach**. The small intestine and colon were unremarkable.

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.

Other

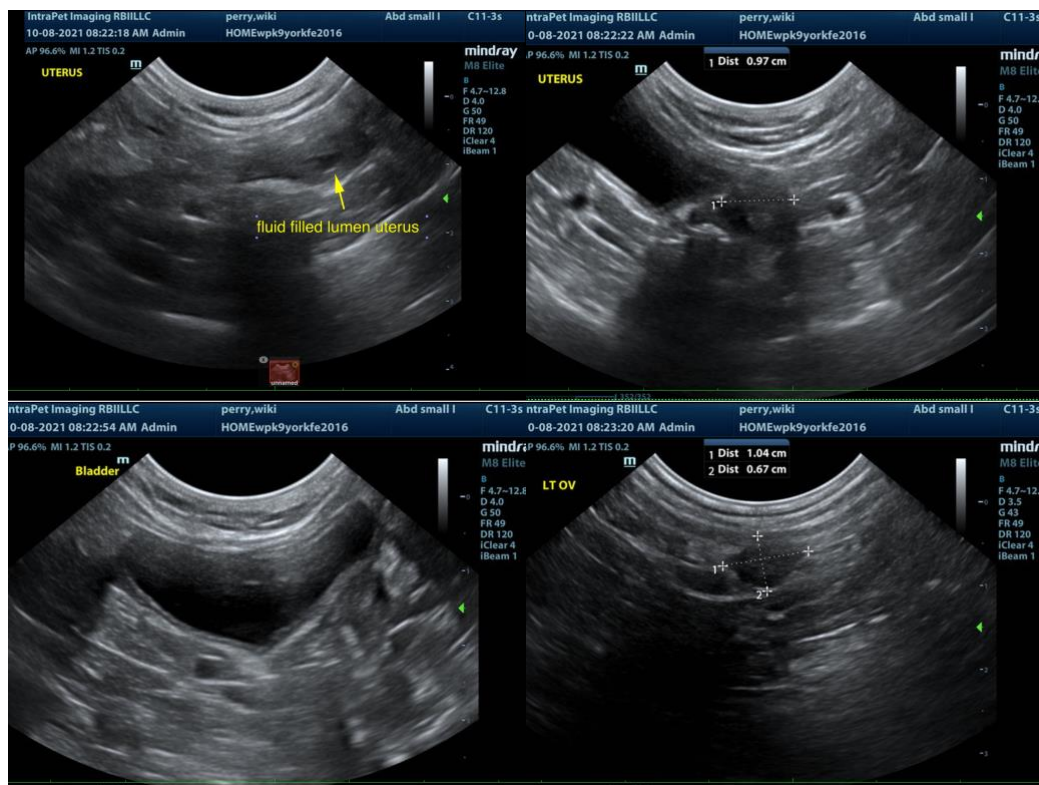
The **right ovary** was uniform measuring 1.53 cm x 0.91 cm. The **left ovary** measured 1.04 cm x 0.67 cm. The **uterus** was uniform, measuring 0.97 cm. The uterine lumen presented a minor amount of fluid and minor uterine wall thickening, this could be constant with possible early metritis and should be monitored carefully.

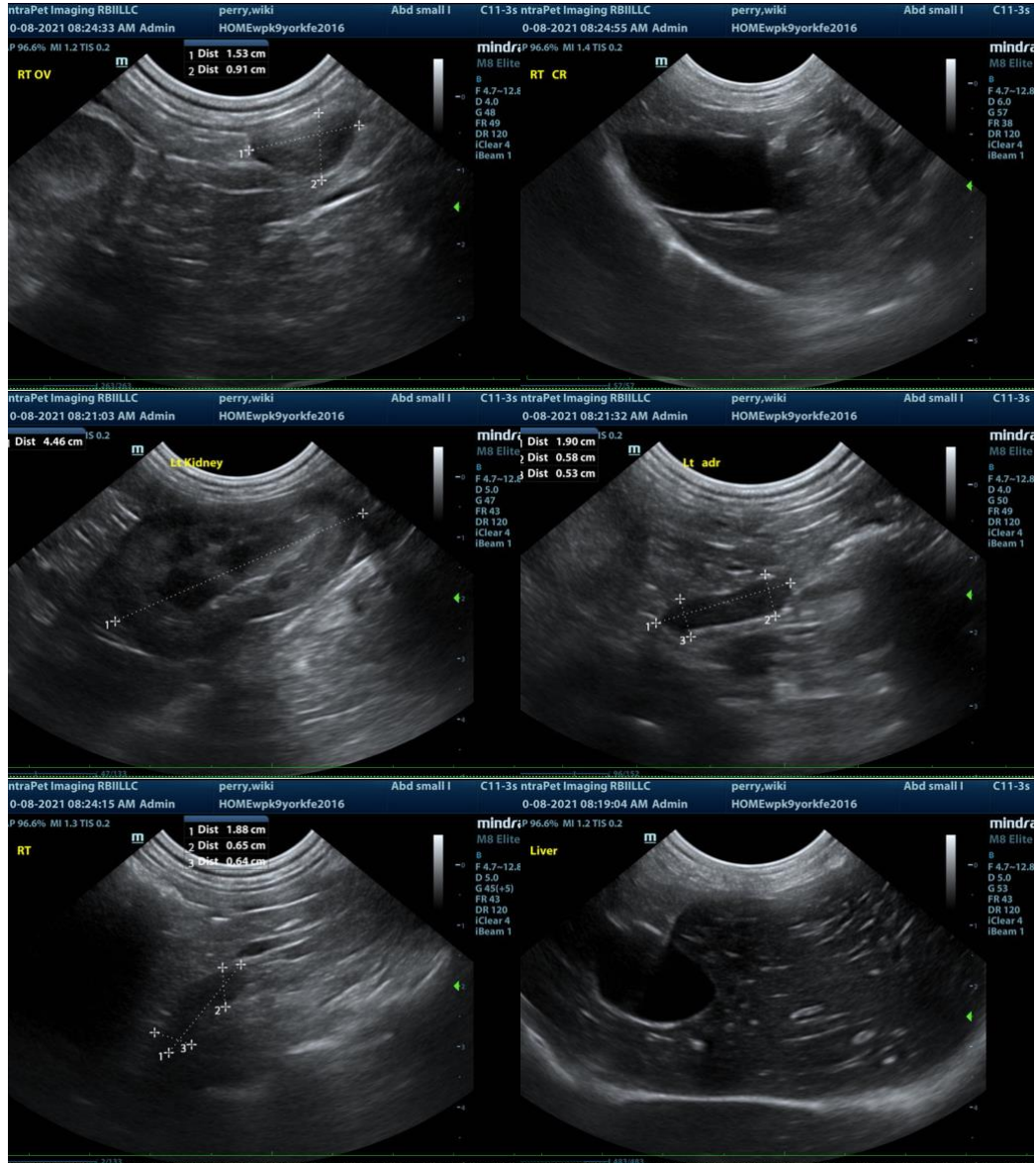
ULTRASONOGRAPHIC FINDINGS

- Uterine lumen, minor amount of fluid and minor wall thickening- this is likely a post heat edematous uterus, however, early metritis/pyometra cannot be completely ruled out- This should be monitored carefully
- Liver, slightly hypoechoic uniform minor increased portal markings
- Stomach, minor retention of ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of pain is unclear in this patient. Broad spectrum antibiotic should be considered especially if any vaginal discharge is an issue. Recheck sonogram in one week or earlier if any clinical signs persist or progress.





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