

**DATE**

11/15/21

PRESENTING CLINICAL SIGNS

History: Vomiting for a month; Lameness Right front leg.
Current Medications: Doxycycline and Pred discontinued a week ago, vomiting persists.
Lab Results: Attached separately.

PATIENT

Bailey Reiter

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SPECIES

Canine

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.

BREED

English Shepherd

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 6.95 cm. The right kidney measured 7.39 cm.

SEX

Spayed Female

AGE

10/22/10

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 3.23 x 0.74 cm at the caudal pole and 0.84 cm at the cranial pole. The right adrenal gland measured 3.57 x 0.95 cm at the caudal pole and 0.87 cm at the cranial pole.

WEIGHT

68 lbs

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

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease. Slight, hypoechoic nodular changes were noted in the medial aspect of the spleen without disruptive architecture at 0.8 cm.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

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.

HOSPITAL NAME

Severna Park AH

REFERRING VET

Dr. Storm

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.

INVOICE

93109

Pancreas

The **pancreas** revealed heterogenous, mixed hypoechoic parenchymal changes with remodeling. The left pancreatic limb measured 3.7 cm.

Free Abdomen

The caudal thorax revealed a lung consolidation that measured 5.8 cm. This should be further evaluated through chest radiographs +/- CT.

Heart

Rapid view of the heart revealed no evidence of pathology.

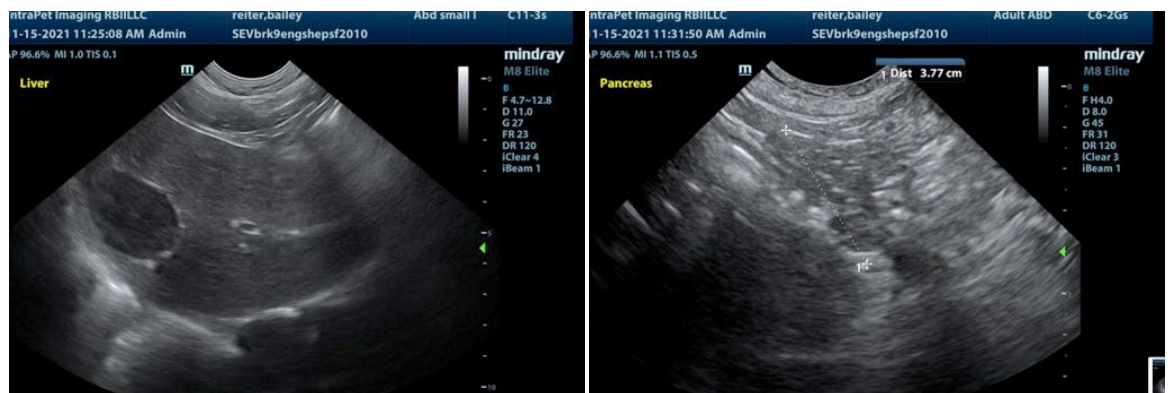
ULTRASONOGRAPHIC FINDINGS

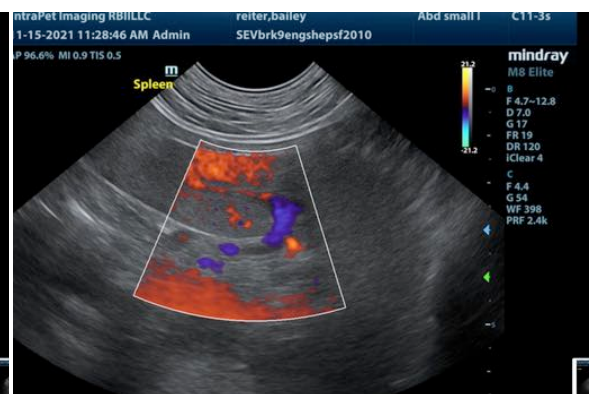
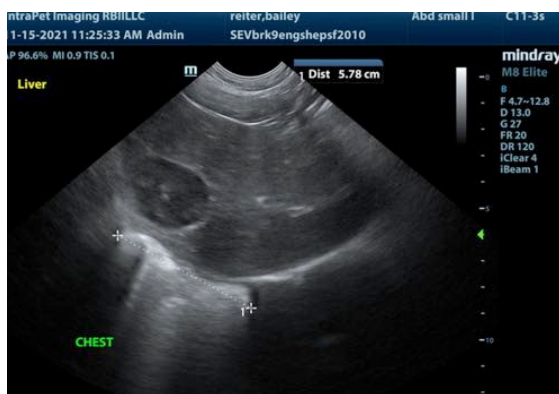
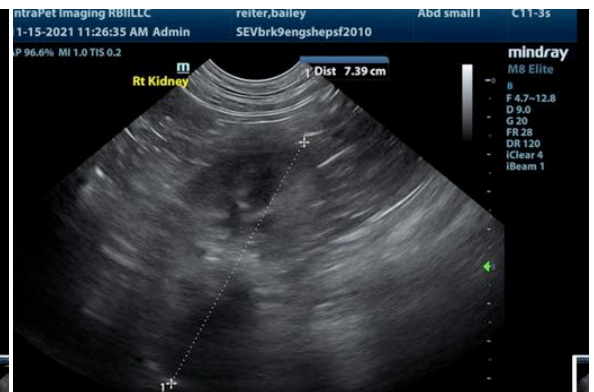
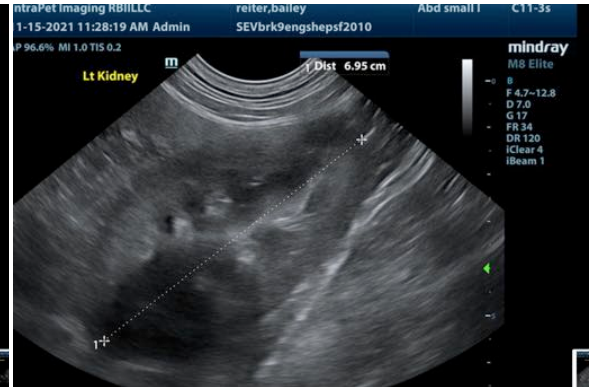
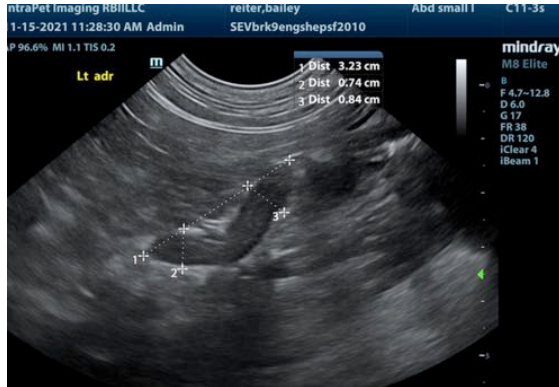
Chronic pancreatic changes with caudal lung consolidation for further investigation. The consolidation on the sonogram is adjacent to the diaphragm. Possible minor left limb pancreatitis, yet this is likely sequelae from prior insults.

Slight, heterogenous spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant abdominal disease. Thoracic investigation is warranted. Prednisone may be suppressing a more significant presentation.







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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