

**DATE**

12/14/21

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Diarrhea; Gagging; ADR. Date: 12-12-2021. Notes: Cassie is a 5 y/o FS who presents for diarrhea - starting Thursday having frequent small amounts of mucoid diarrhea - straining with no production - Not eating since Wednesday - did vomit, will retch without production - decreased urination and drinking - will get into things however no known FB ingestion - no known toxin exposure - Alcohol allergy, sneezing and wheezes when aerolized Medications: - Apoquel

PATIENT

Cassie Kordell

Assessment: Diarrhea - intestinal bacteria vs intestinal parasites vs colitis vs inflammatory bowel disease vs dietary indiscretion vs neoplasia vs systemic illness. Plan: Offered owner hospitalization, BW, and AXR.

SPECIES

Canine

Discussed limitations of AXR, just because we do not see a FB does not mean there is not one. Discussed due to prolonged inappetence and clinical dehydration, IVF and supportive care indicated. Owner elects to move forward with treatment plan.

BREED

Bichon Mix

Current Medications: Metronidazole, Provable, Ondansetron, Pantoprazole, Fenbendazole, Buprenex. Lab Results: Attached separately.

SEX

Spayed Female

Radiographs: Stomach small, gas dilation of Colon, no overt FB or evidence of obstruction. Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

AGE

12/12/16

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.

WEIGHT

14 lbs

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 4.28 cm. The left kidney measured 3.97 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brillhart RDMS

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 1.83 x 0.54 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 1.76 x 0.47 cm at the caudal pole and 0.41 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Thompson

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.

INVOICE

94604

Gastrointestinal

Minor excessive **gastrointestinal** gas was noted along with a slight amount of gastric fluid in the gastric fundus. Hyperperistalsis was noted in the small intestines. The colon was unremarkable.

Pancreas

Minor heterogenous **pancreatic** changes were noted, yet there was no evidence of significant inflammation.

ULTRASONOGRAPHIC FINDINGS

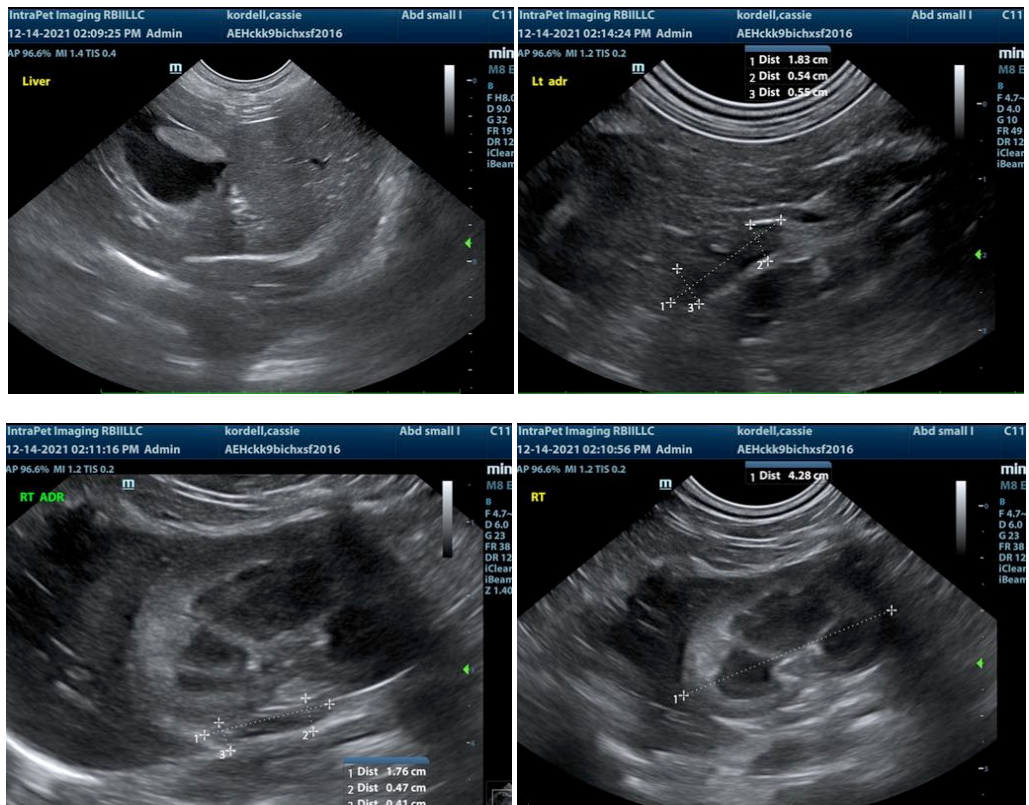
Slight pancreatic remodeling.

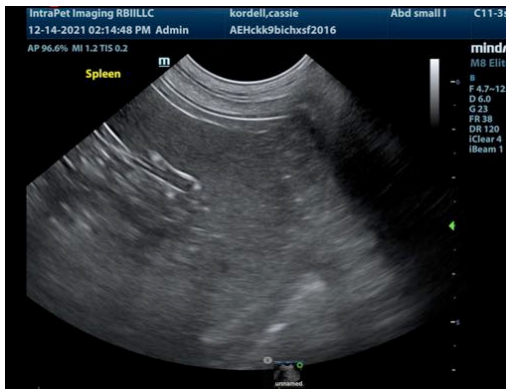
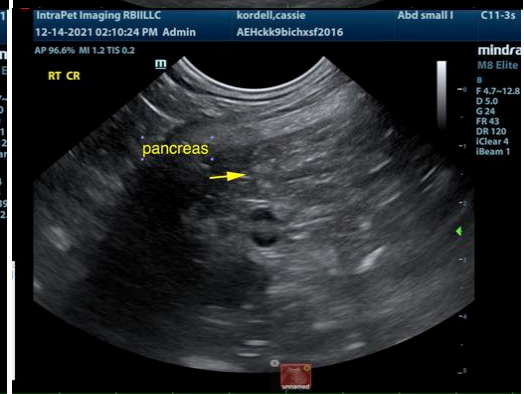
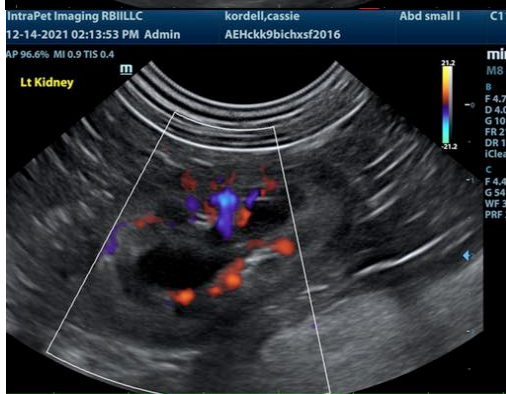
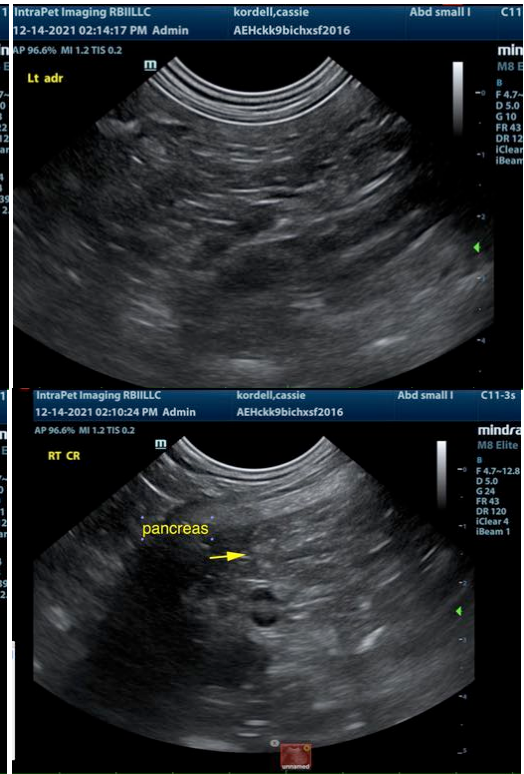
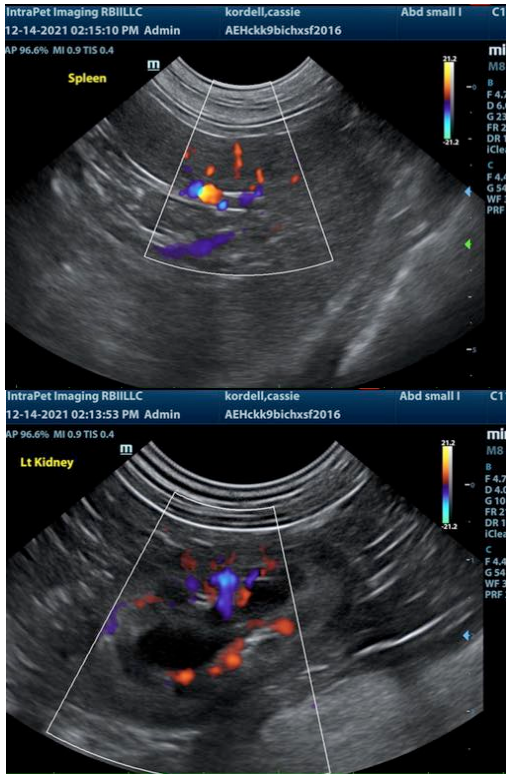
Gastric fluid in the fundus. Reflux may be an issue in this patient given the history and sonographic appearance.

Otherwise, unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive GI care should prove effective in this patient. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. There was no evidence of foreign body.





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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