


DATE PRESENTING CLINICAL SIGNS

12/15/25

PATIENT

Fred Adams

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

12/14/2016

WEIGHT

15.6 pounds

INTERPRETED BYEric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Shannahan

INVOICE

12673

Patient History: 9yo male neutered Bichon Frise dog **Presenting Complaint:** Fred presents for bloody diarrhea and vomiting **Patient History:** - Diarrhea began Thursday (2 days prior to visit) - Saturday: soft but formed stool - Sunday 5am: vomiting once(contained kibble), bright red bloody diarrhea with some feces - Eating normally Friday and Saturday - Sunday morning: ate small amount of boiled chicken with rice and probiotic, no subsequent vomiting - **Diet:** Hill's Science Diet Perfect Weight Small Bites (adult formula) - Possible dietary indiscretion: - Wednesday: one peanut M&M - Recent exposure to small amounts of powdered sugar, flour, and cookie dough(butter, flour, sugar - no chocolate) - Previous similar episodes: - April 2024: loose stools, treated with metronidazole - August 2024: vomiting and diarrhea with previous adopter, treated with metronidazole and probiotic, fecal negative for parasites - Resolved after returning to current client's care, continued on probiotic - **Medical history:** - Dental extraction (multiple teeth) June 2024 - Neuter June 2024 - Multiple rounds of dewormer (Panacur) while in shelter, prior to adoption - **Current medications:** probiotic (pink box, leftover from August episode) - Foster fail from Bichon rescue, adopted permanently after brief failed adoption in August - No other pets in household - No access to toys or foreign material

Current Medications: Ondansetron, Buprenorphine, Metronidazole.
Labwork Results: Labwork not attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: IV Propofol (second half of exam).
Stat Report: STAT requested.
Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

A trace amount of sand was noted in the **urinary bladder**.

The **prostate** presented mildly heterogenous, slightly irregular and mildly enlarged measuring 2.65 cm.

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. Slight nonobstructive mineralizations were noted. The left kidney measured 5.11 cm in length. The right kidney measured 4.92 cm in length.

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 1.8 cm x 0.50 cm width at the caudal pole and 0.54 cm width at the cranial pole. The right adrenal gland measured 1.8 cm x 0.50 cm width at the caudal pole and 0.70 cm width at the cranial pole.

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** 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.

Gastrointestinal

Minor **gastric** wall thickening was noted measuring 0.70 cm with gastric stasis and minor excessive luminal gas. The small intestine and colon were unremarkable.

Pancreas

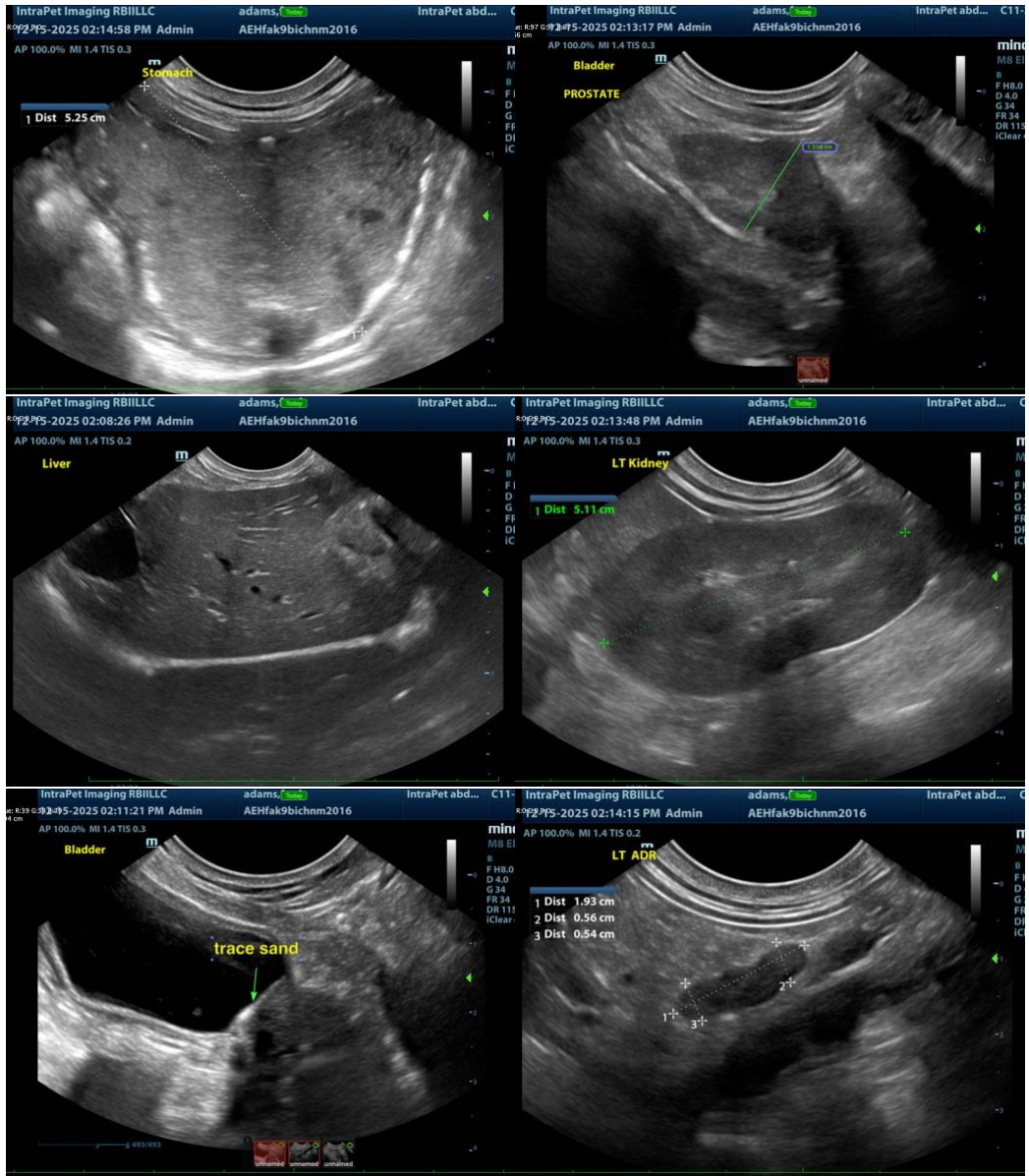
The **pancreas** presented with minor heterogenous changes consistent with remodeling. No evidence of masses.

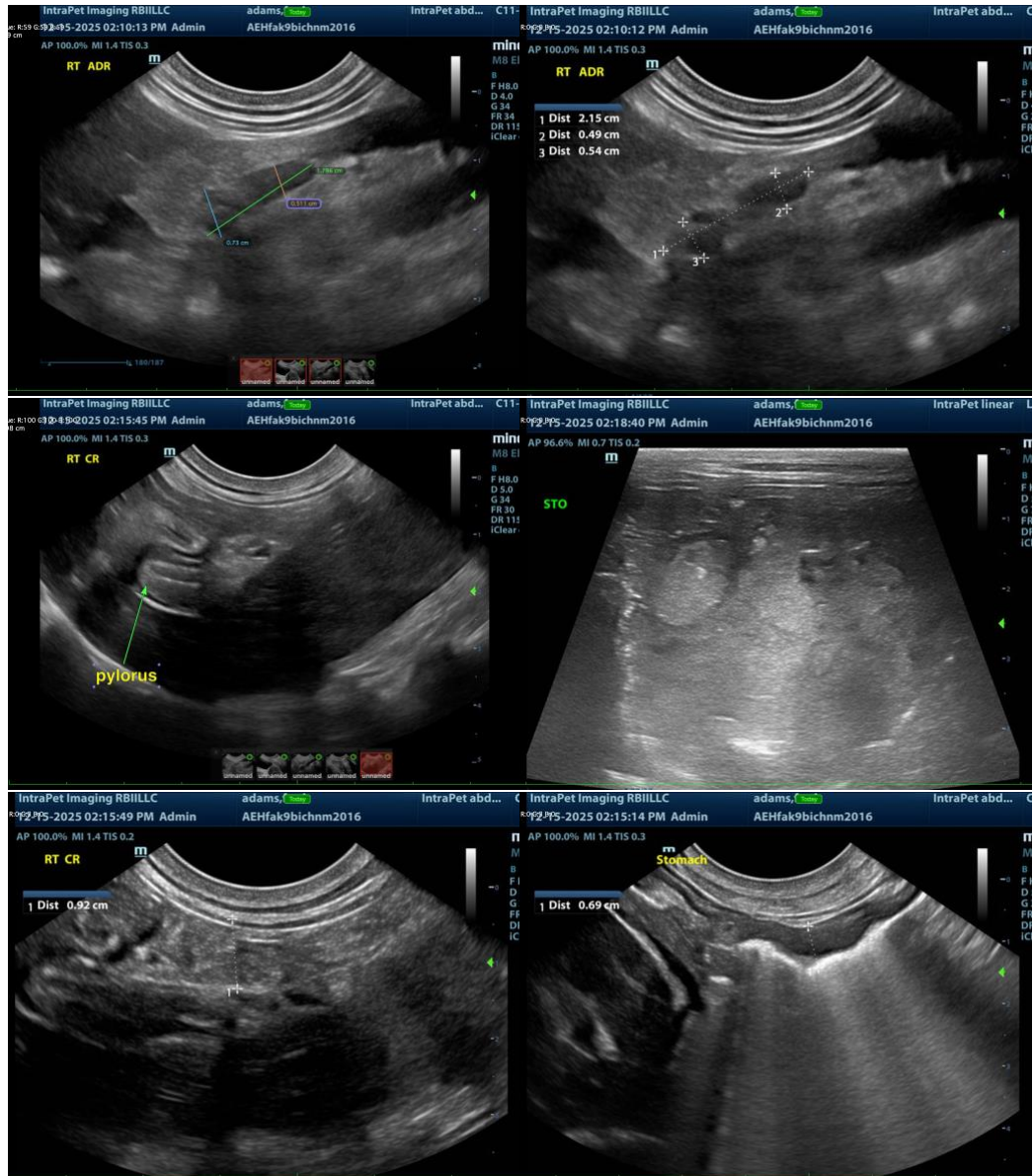
ULTRASONOGRAPHIC FINDINGS

- Age-related renal changes.
- Gastric stasis- delayed outflow pattern with no overt evidence of obstruction.
- Pancreatic remodeling.
- Urinary bladder sand.
- Prominent irregular prostate- residual hyperplasia versus emerging carcinoma.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Rectal palpation is warranted +/- FNA to ensure emerging carcinoma is not an issue given the neutered status in this patient. Differentials for diarrhea include occult parasitism, dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed. Note that recent research has shown that indiscriminate use of antibiotics may actually cause harm. Most acute cases of diarrhea will respond to probiotic therapy, fiber, and gastrointestinal diets over the next 3-5 days. GI protectant protocol with promotility medications such as Metoclopramide is indicated. Potential diet change and parasite assessment/empirical management is suggested.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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