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Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE PRESENTING CLINICAL SIGNS

12/19/21

O got P Tuesday from the ASPCA. P was on Purina Pro Plan mini. Yesterday O gave P dental chews and another treat. Today P was lethargic, vomiting (5-6x), not interested in eating. Stool was normal this morning.

PATIENT

Cooper Hodges

Medications: ondanestron, marpopitant, ampicillin, protonix,

SPECIES

Canine

Lab Results: attached. In house Lepto snap test positive- there is a PCR pending Radiographs: Xray Abdomen 2 View small amount of air in small intestines, unremarkable.

BREED

Terrier X

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

2018

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.

WEIGHT

14.9 Pounds

The **kidneys** revealed normal size and structure, corticomodullary 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 4.83 cm. The right kidney measured 4.77 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency
Hospital

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 2.11 cm x 0.62 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 2.23 cm x 0.93 cm at the cranial pole and 0.77 cm at the caudal pole.

Spleen

REFERRING VET

Dr. Willer

The **spleen** was folded upon itself caudally, unremarkable otherwise.

Liver

INVOICE

33575

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

The **stomach** was overdistended with chyme. The small intestine and colon were unremarkable. Reactive mesenteric lymph nodes noted, measuring 3.05 cm x 0.76 cm. The pylorus appeared free of evident pathology. However, some luminal stasis is present.

Pancreas

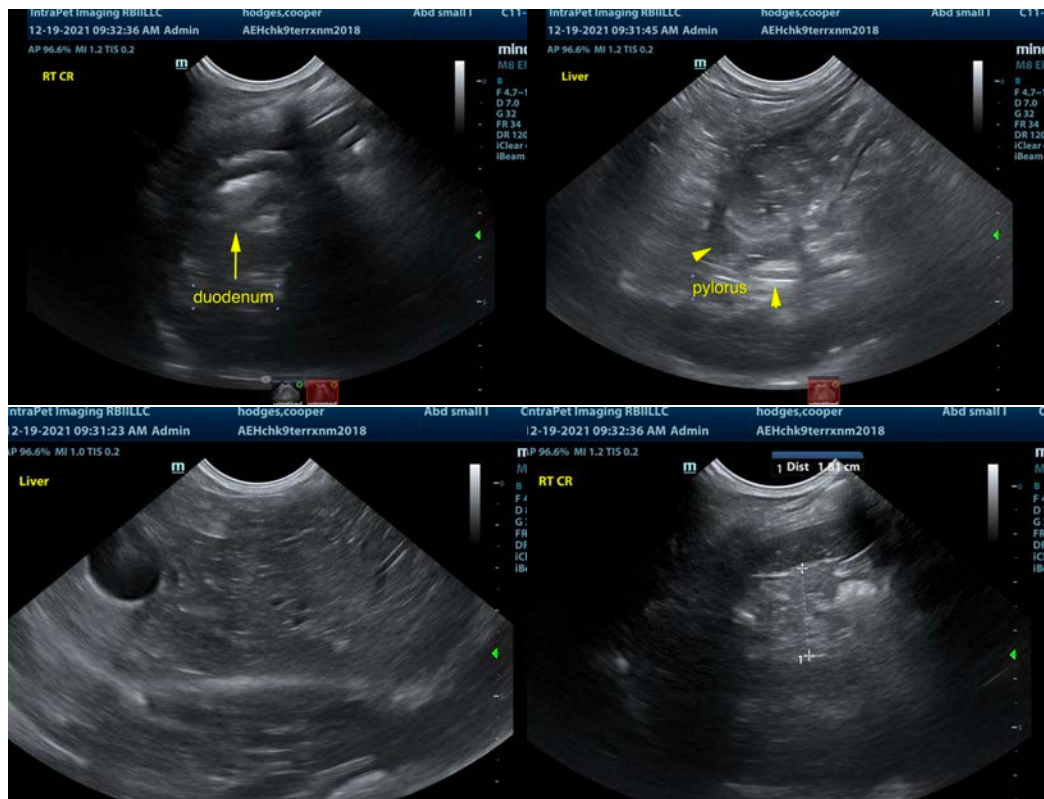
Minor heterogeneous **pancreatic** changes noted. These are relatively mild. Low-grade pancreatitis possible.

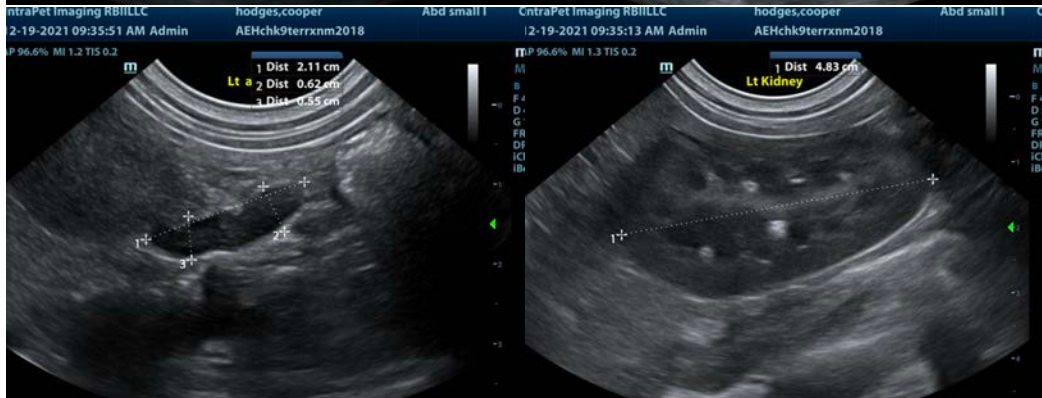
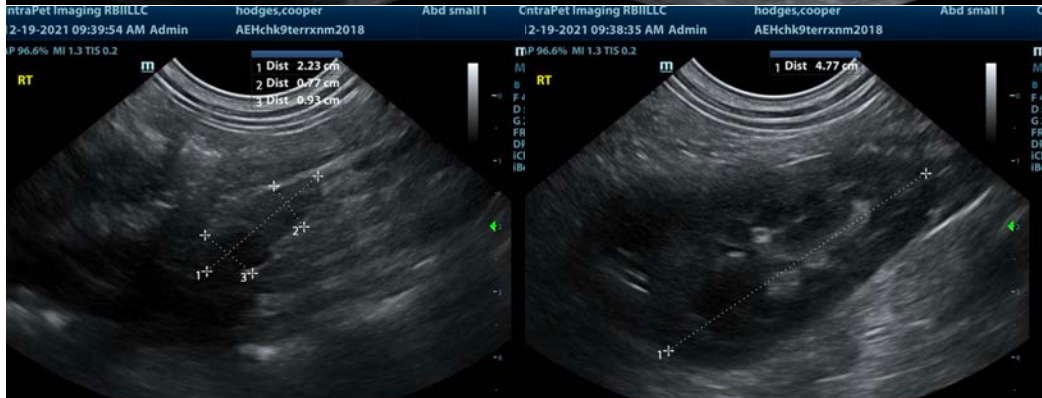
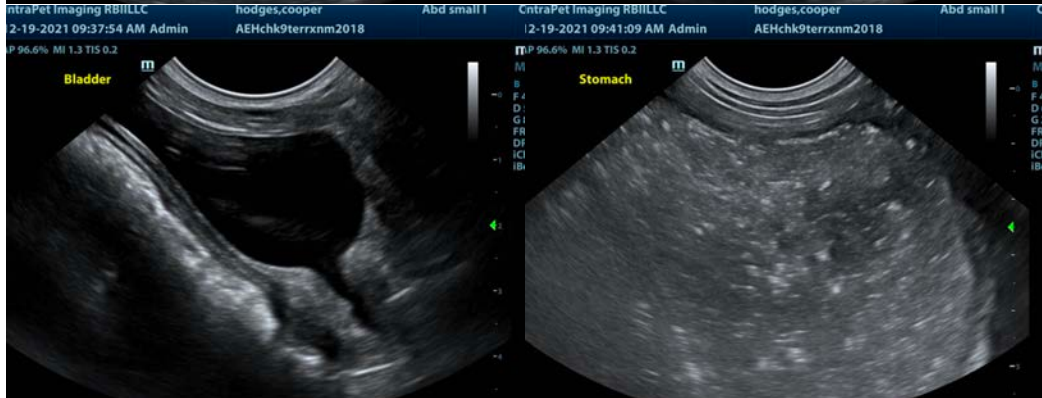
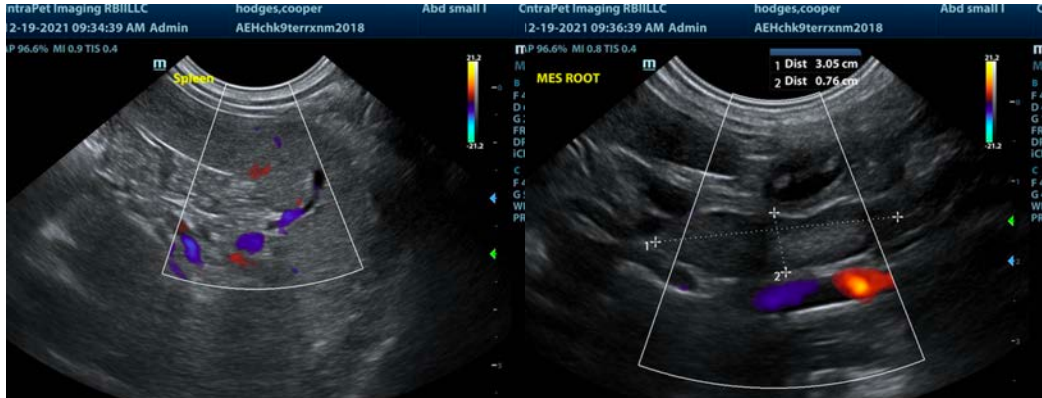
ULTRASONOGRAPHIC FINDINGS

- Delayed gastric outflow, no evidence of foreign matter
- Possible low-grade pancreatitis
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other non-visceral causes of anorexia should be evaluated in this patient. Delayed outflow, gastritis, pyloric motility disorder all possible. Deep subxiphoid palpation recommended to assess for any discomfort. GI protectant protocol followed by hydrolyzed diet could be considered. Primary treatment for pancreatitis recommended if deemed clinically necessary.





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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