

**DATE PRESENTING CLINICAL SIGNS**

12/21/21

History: Presenting Complaint: Vomiting; Bloody Diarrhea; Not Eating; Drinking Less. Date: 12-19-2021
 Notes: Sat AM restless, D+ in house, V+ mult x, Bloody D+ yest eve. No V/D since ~8pm yesterday. Has not eaten since Fri; syringe feeding Pedialyte. Hx stomach aches, noisy stomach - usually responds to Pepcid. Hosp here in April for HGE. Past Mon stopped on a walk and fell over for ~1min. Seizure? Syncopal?

PATIENT

Romee Barber

Hx seizure with exposure to coffee many years ago, o has seen what full seizures look like and this was not it. Assessment: PC: Acute V, bloody diarrhea, anorexia; r/o HGE, pancreatitis, metabolic dz, neoplasia, etc.

SPECIES

Canine

Plan: SWO: Discussed possibility of recurrent HGE signs vs. deeper issue. O is worried about more going on and interested in AUS. Discussed ATH for IVF and supp GI to have AUS Tues vs. OP tx and d/o AUS on Tues AM.

BREED

Italian Greyhound

Current Medications: Cerenia, Metronidazole.

Lab Results: Attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SEX

Neutered Male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

4/6/09

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

19.5 Pounds

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 4.35 cm.

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

Rachel Brilhart RDMS

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 2.14 cm x 0.73 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 2.09 cm x 0.66 cm at the caudal pole and 0.95 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital**Spleen****REFERRING VET**

Dr. Jones

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.

INVOICE

33634

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Multifocal hypoechoic, non-disruptive nodular changes were noted, most consistent with nodular hyperplasia. Vascular and biliary tracts were of normal volume and no evidence of congestion

was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

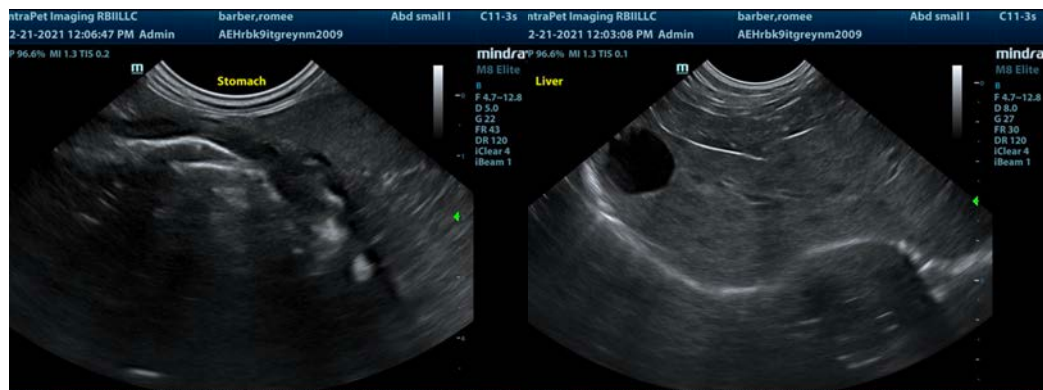
The **pancreas** presented heterogeneous, hyperechoic changes, consistent with fibrosis and remodeling.

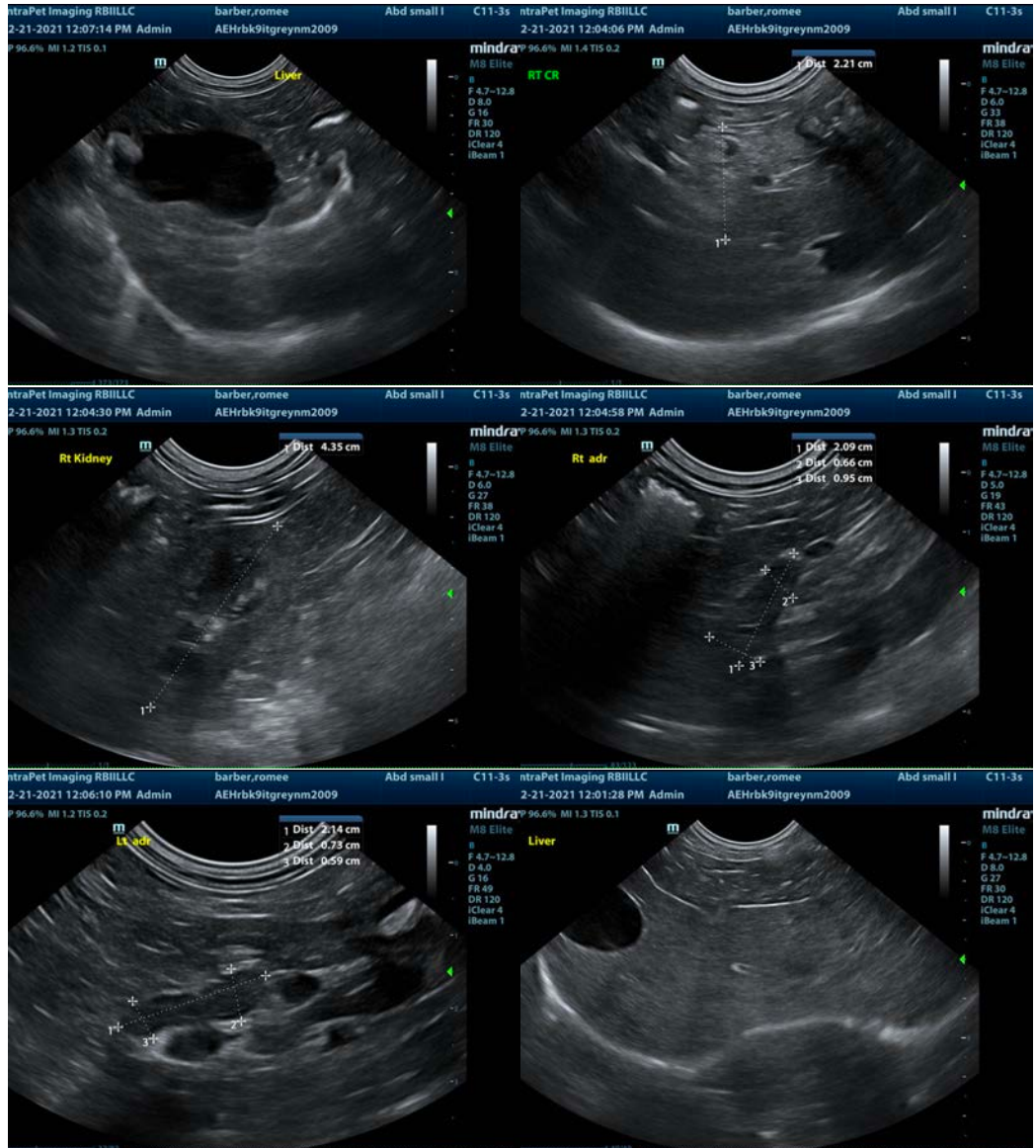
ULTRASONOGRAPHIC FINDINGS

- Pancreatic remodeling
- Minor GI thickening – likely inflammatory bowel
- Hypoechoic nodular hepatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile warranted. Treatment for gastroenteritis, acute on chronic inflammatory bowel warranted. No evidence of neoplasia or foreign bodies. Some level of low-grade pancreatitis may also be playing a role. Diet change to hydrolyzed diet may be in this patient's best interest long-term. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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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