



PATIENT

Scotch Shetty

SPECIES

Canine

BREED

Vizsla

SEX

Intact male

AGE

1 year

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Back Bay VC

REFERRING VET

Dr. Sorbo

INVOICE

94807

DATE

12/22/21

PRESENTING CLINICAL SIGNS

Diarrhea, progressively liquid x 2wks. Vomiting yesterday , 7-8x over <24hrs. Weight loss 6lbs (>10% BW) over 10d. Anorexia x 2d.
Abnormal PE/Chem/CBC/UA Results: No significant abnormalities on CBC/Chem17/Electrolytes. Normal snapCPL. Mild dehydration on PE.

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.

The prostate measured 2.0 cm.

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. Both kidneys measured 6.5 cm.

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 0.4 cm. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** was folded upon itself caudally and was mildly enlarged, yet uniform.

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

The **stomach** was overdistended with chyme. The pylorus was patent. Transit of chyme into the small intestine was present. Hyperperistalsis was noted in the small intestine. A dilated portion of bowel appeared to enter into the pelvic inlet, which would be the position of the colon; however, it appeared to



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be on the opposite side of the bladder. This may be an alternative approach; however, this portion of bowel should be followed into the pelvic inlet completely to ensure that this is colonic fluid. The descending colon was fluid filled and edematous. This is consistent with colitis. The mesenteric lymph nodes were reactive and measured 2.0 x 1.0 cm at the maximum width.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

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ULTRASONOGRAPHIC FINDINGS

Gastroenteritis pattern with some retention of ingesta.

AGE

1 year

Presumed fluid filled colon. Colitis pattern.

WEIGHT

50 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend medical management. The cause of weight loss is unclear. Malassimilation of nutrients is suspected. I recommend a fresh fecal smear and fecal floatation analysis. Radiographic evaluation for gastrointestinal positioning is recommended.

INTERPRETED BY

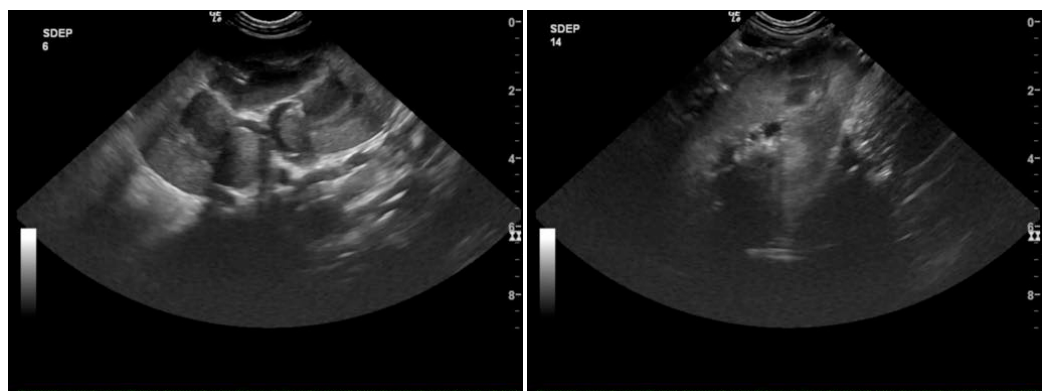
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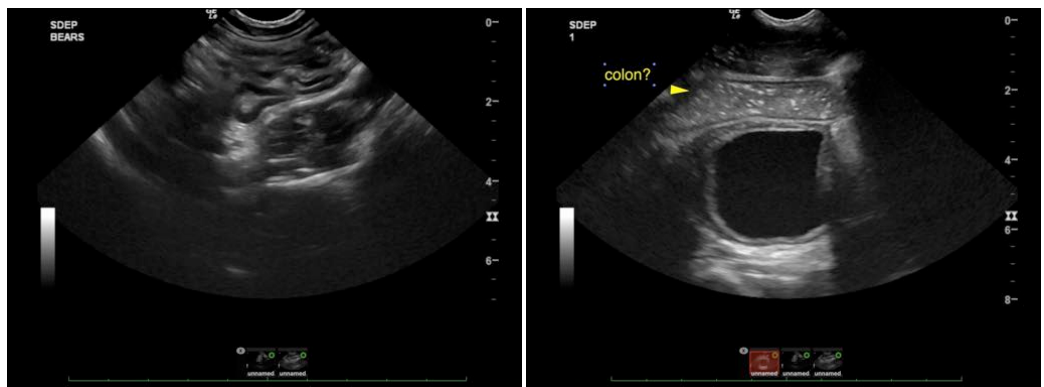
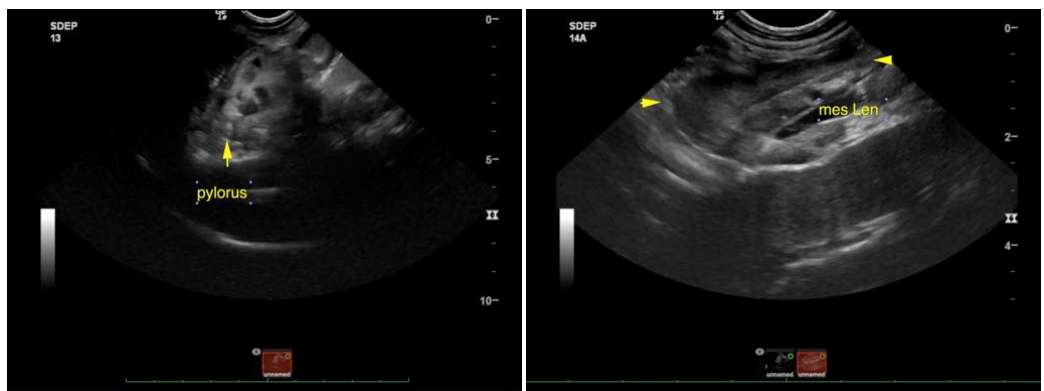
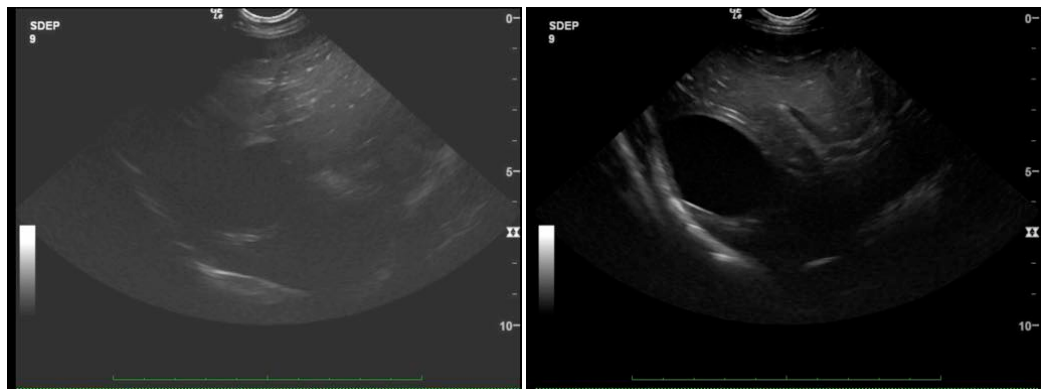
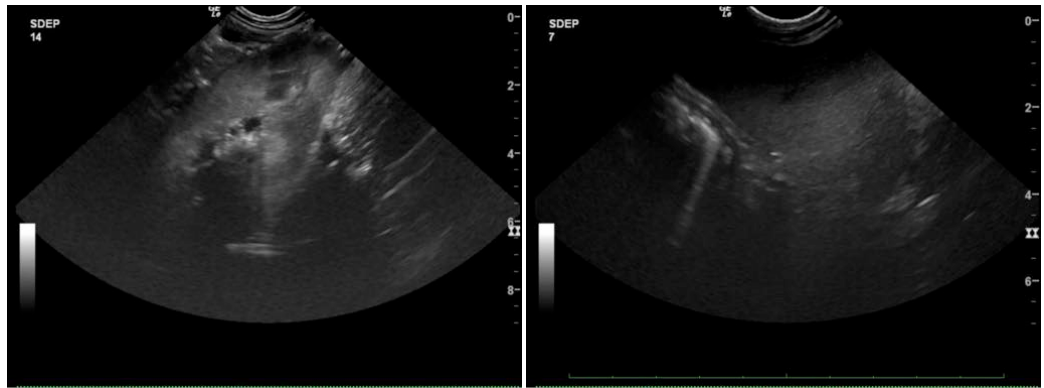
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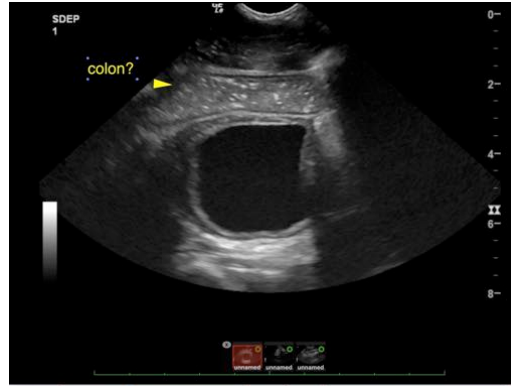
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com