

**DATE PRESENTING CLINICAL SIGNS**

12/27/21

History: ADR with occasional urinary accidents.

PATIENT

Current Medications: Gabapentin 300mg.

Lab Results: Pending.

Natty Curlee

Radiographs: possible mass effect on abdominal rads.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Stat Report: Requested.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**BREED****Urinary System**

Pitbull

Minor **bladder** thickening was noted.**SEX**

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 and no evidence of pelvic dilation was present. The right kidney measured 6.71 cm. The left kidney measured 6.96 cm.

Spayed Female

AGE

11/8/12

WEIGHT

62 Lbs.

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 right adrenal gland measured 2.55 cm x 0.67 cm at the caudal pole and 0.49 cm at the cranial pole. The left adrenal gland measured 2.64 cm x 0.67 cm at the caudal pole and 0.5 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**The **spleen** revealed subtle micronodular changes. Folding of the spleen was noted.**IMAGING PERFORMED BY**Stephanie Pearce
RDCS, RVT**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.

HOSPITAL NAME

Eastern AH

Gastrointestinal

The **stomach** was overdistended with chyme and some minor shadowing material (up to 1.5 cm). The overdistention in the stomach is likely causing the splenic deviation and folding owing to gastrosplenic ligament attachment. The pylorus was free of any obstruction. However, the upper duodenum appeared mildly thickened.

REFERRING VET

Dr. Sole

PancreasThe base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.**INVOICE**

13150

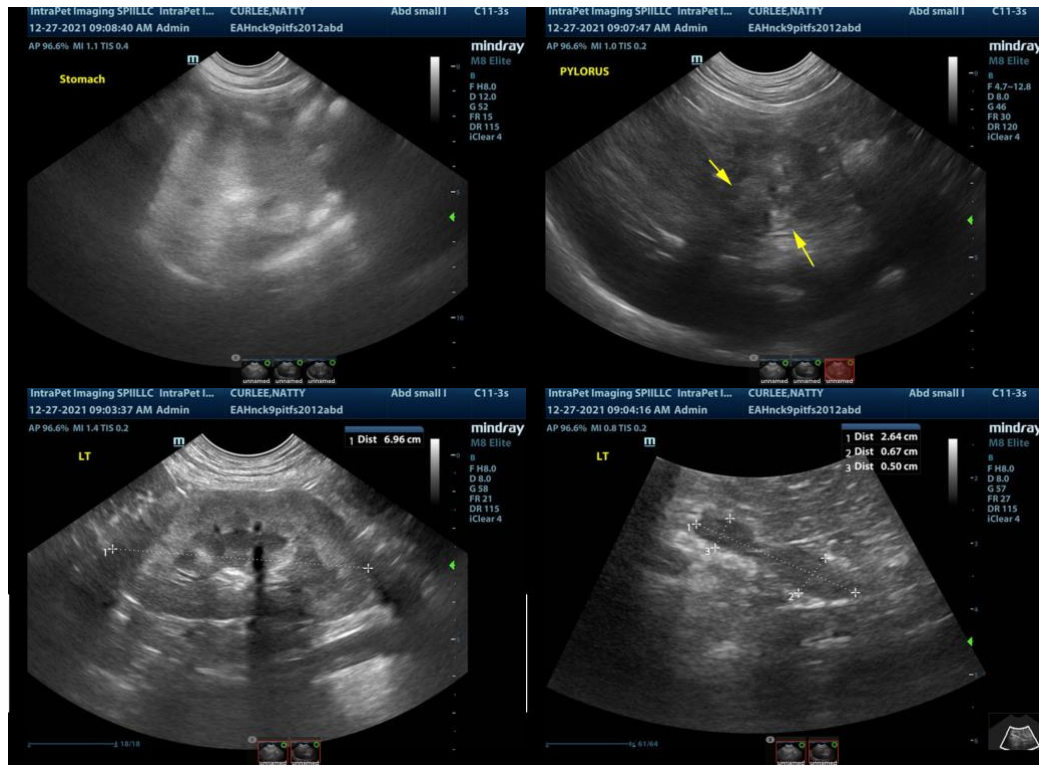
Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. No evidence of masses or neoplasia.

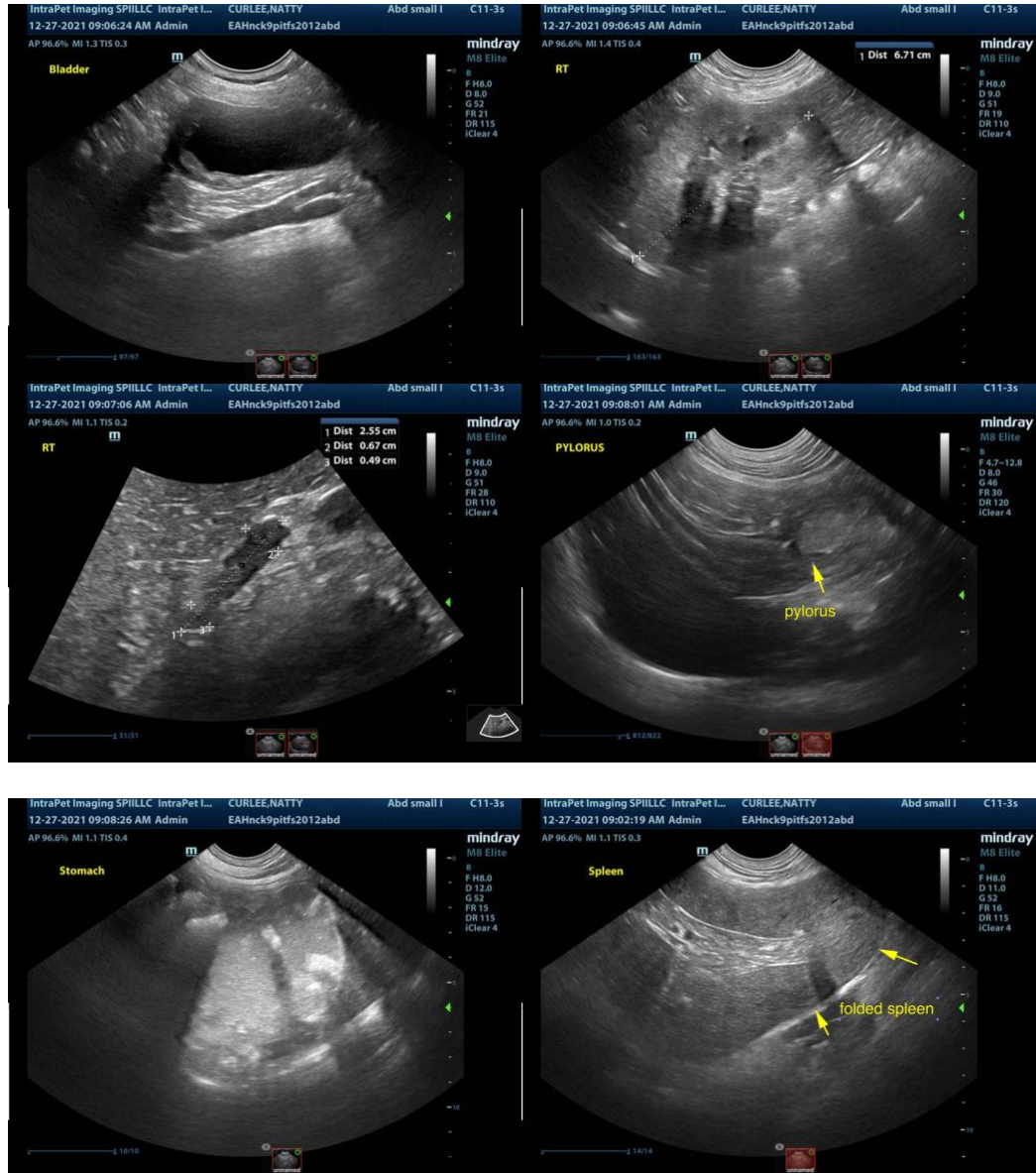
ULTRASONOGRAPHIC FINDINGS

- Gastric overdistention
- Folded spleen, positional variant
- Some retention of ingesta. Clinical significance depends on when the patient ate prior to the sonogram.
- Age-related renal and pancreatic changes
- Urinary bladder thickening

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The material within the stomach is most consistent with kibble/overeating. Assessment for UTI indicated. I do not visualize an overt obstructive pattern in this patient, as all of the material within the gastric lumen is free-floating. Pyloric dysfunction, delayed outflow, overeating/bloating all possible. 24-hour NPO, IV fluid support and reassessment of the pyloric outflow/stomach warranted sonographically in 24-hours. BID canned diet may be appropriate in this patient along with treatment for gastritis.





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
 Eric.Lindquist@SonoPath.com