

**DATE**

12/9/21

PRESENTING CLINICAL SIGNS

History: Acute onset vomiting since O got home from work yesterday, ate breakfast normally - dog walker gave a treat and walked during day, vomited food yesterday, no dinner interest, vomiting bile last night and this morning, no interest in breakfast. Drank water. PE: dull and depressed. Temp 101 HR 100 clear lungs/heart.

PATIENT

Summer Gilligan

Current Medications: IVF on 12/8 with IV Cerenia.

Lab Results: Attached separately.

Radiographs: Report attached separately.

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

SPECIES

Canine

BREED

Victorian Bulldog

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.

SEX

Spayed Female

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 6.47 cm.

AGE

6/13/16

WEIGHT

51 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 left adrenal gland measured 2.3 x 0.77 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.31 x 0.74 cm at the caudal pole and 0.77 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 was noted.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAME

Stay Pet Vet

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.

REFERRING VET

Dr. Klimovitz

INVOICE

94455

Gastrointestinal

The **stomach** was filled with ingesta. Hyperperistalsis was noted throughout the GI tract. Fluid filled colonic lumen was noted. Gastrointestinal mural structures were normal.

Pancreas

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.

Free Abdomen

Slight free fluid was noted in the abdomen adjacent to the colonic loops. There was reactive mesentery was noted associated with the small intestine.

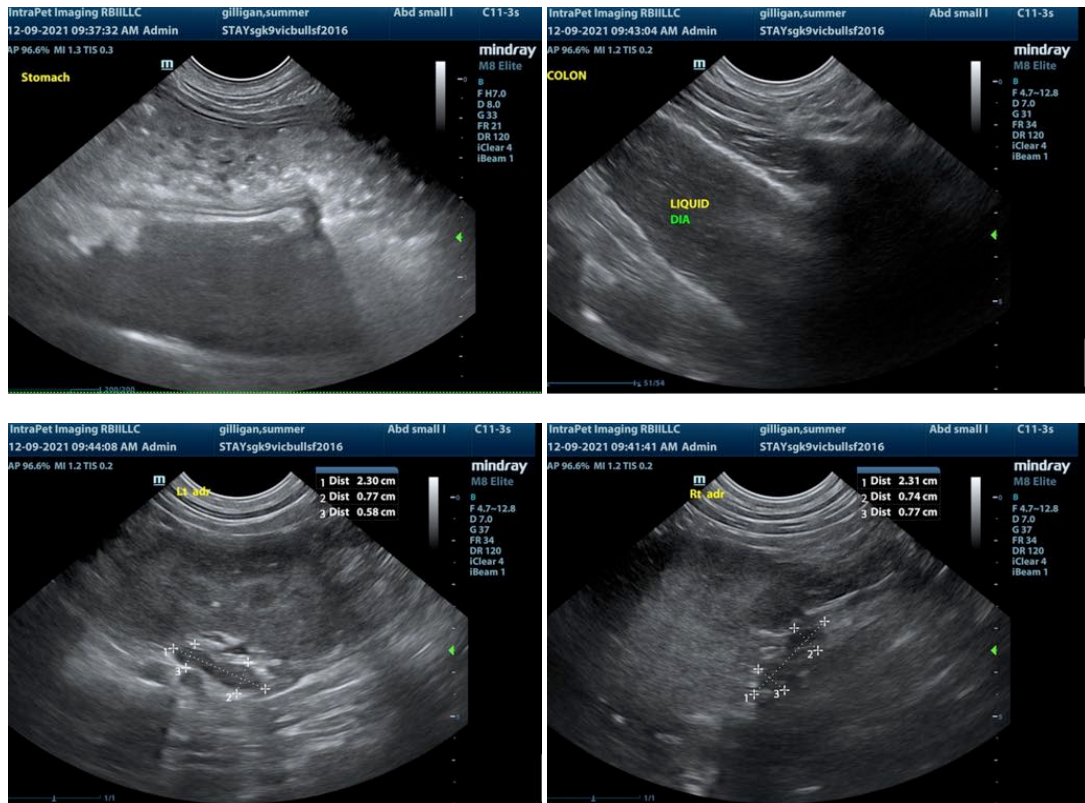
ULTRASONOGRAPHIC FINDINGS

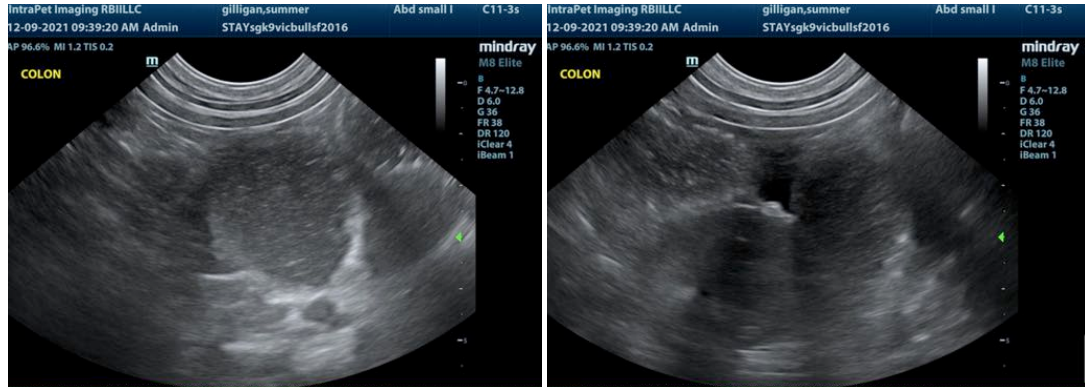
Gastroenteritis.

No evidence of foreign body.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. I recommend a fresh fecal smear and fecal floatation analysis. I recommend 24-hour n.p.o., plasma expanders and treatment for enterotoxins. A recheck sonogram is recommended in 48-72 hours if the patient is not readily responsive. There was no evidence of foreign bodies.





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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