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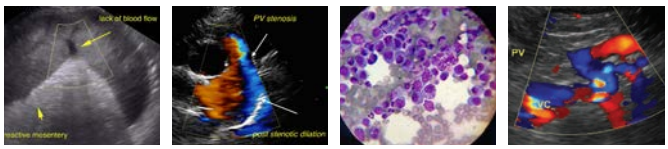
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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1-800-838-4268 info@sonopath.com

**PATIENT**
Brady Arpaia

**SPECIES**
Canine

**BREED**
Labradoodle

**SEX**
Neutered Male

**AGE**
9 Years 8 Months

**WEIGHT**
19.2

**INTERPRETED BY**
Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**
Carly Pate

**HOSPITAL NAME**
VCA McKenzie AH

**REFERRING VET**
Dr. Arpaia

**INVOICE**
45114

**DATE**
2/14/23

## PRESENTING CLINICAL SIGNS

P had routine COHAT on Feb 8th Since Feb 10th P has developed inappetence, seeming painful in abdomen, vomited on Feb 11th- progressive diarrhea every 2 hours developing into frank blood. Inappetence since Feb 12th, then vomiting again on 2/14 Some improvement on Metronidazole (Started yesterday) On examination today, Thready pulse - Left femoral pulse thin/thready compared to right femoral pulse. P has history of intermitted 1/6 systolic murmur. Tense abdomen, increased lip licking and restlessness when imaging cranial abdomen.

Abnormal PE/Chem/CBC/UA Results: Feb 2nd Adult Chem/CBC/Accuplex showed mildly elevated Eosinophils IH Electrolytes normal, IH CPL normal Senior panel sent out to Antech , pending. Vitamin D levels pending (history of low VitD levels)

## 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 were noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 left kidney measured 4.67 cm. The right kidney measured 4.67 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 right adrenal gland measured 0.43 cm. The left adrenal gland measured 0.60 cm at the caudal pole and 0.57 cm at the cranial pole.

### *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 were noted.

### *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.

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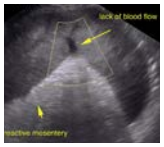
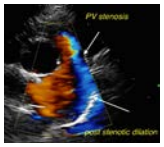
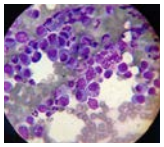
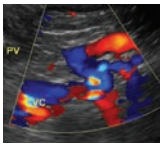

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### *Gastrointestinal*

A minor amount of chyme was noted in the **stomach**. The small intestine was unremarkable. The colonic wall was mildly thickened, no loss of mural detail. Colon lumen was empty.

### *Pancreas*

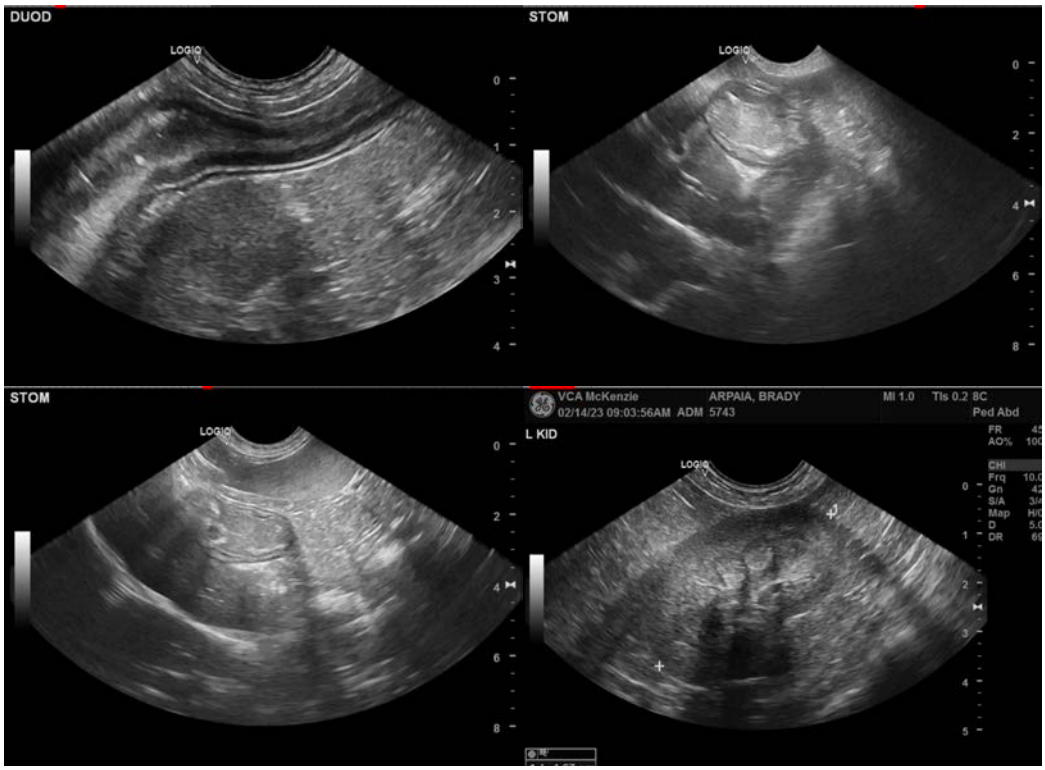
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Mild gastrointestinal irritability pattern
- Age related renal changes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Low-grade gastric irritation may be an issue. However, otherwise there was no evidence of pathology to be responsible for the tense abdomen. Referred back pain should be considered as a potential cause of the tense abdomen. Otherwise, GI protectant protocol indicated. I recommend a fresh fecal smear and fecal floatation analysis. Treatment for enterotoxins could be considered.



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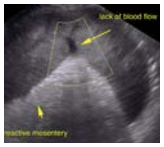
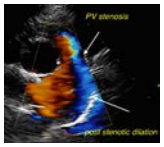
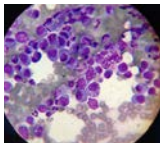
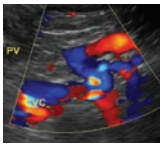

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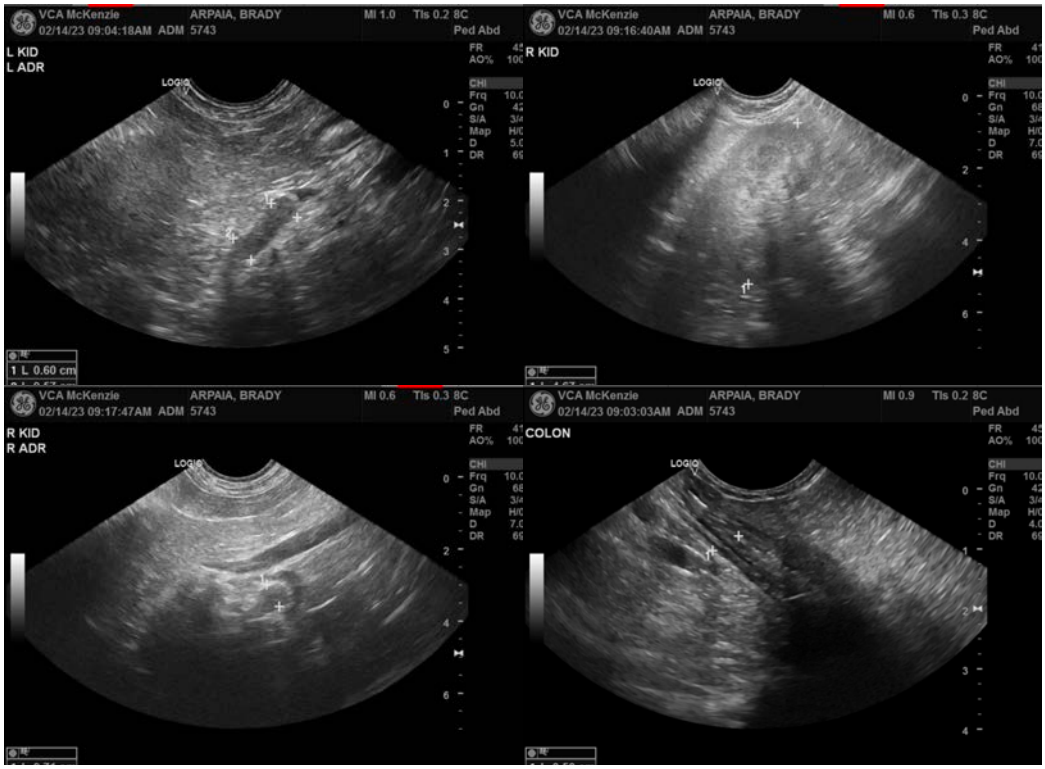


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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