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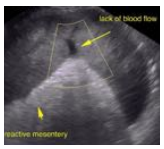
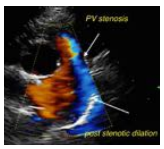
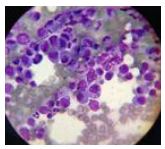
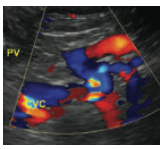

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1-800-838-4268 info@sonopath.com

**PATIENT**
Brandy Tobin

**SPECIES**
Canine

**BREED**
Mix

**SEX**
Spayed female

**AGE**
7 ½ years

**WEIGHT**
21.7 kg

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

**IMAGING PERFORMED BY**
Dr. Trudeau

**HOSPITAL NAME**
Petworks VH

**REFERRING VET**
Dr. Trudeau

**INVOICE**
42819

**DATE**
2/15/23

## PRESENTING CLINICAL SIGNS

History: Chronic intermittent diarrhea since puppyhood which was initially managed with a pork based diet Now poor appetite, vomiting bile through the night Was feeding a homecooked diet, now transitioning to a raw diet; however the last 2 days has only eaten dehydrated pork
Abnormal PE/Chem/CBC/UA Results: CBC - NSF except for decrease lymph 0.84 L( 1.05- 5.10 )x10^9/L Chem NSF except LIPA 1978 H (200 1800 )

## 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 **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 5.86 cm. The left kidney measured 5.46 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 0.65 cm at the cranial pole and 0.45 cm at the caudal pole. The left adrenal gland measured 0.62 cm at the cranial pole and 0.52 cm at the caudal 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 was 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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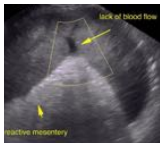
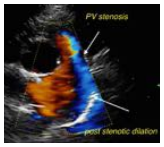
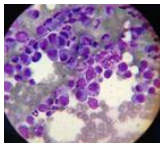
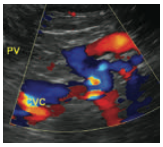

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### *Gastrointestinal*

A hyperperistaltic **gastrointestinal tract** was noted. The upper gastrointestinal tract was hyperperistaltic with regional lymphadenopathy. The small intestine was unremarkable. The ileocecal junction is thickened in this patient. This is likely spastic, but should be monitored in case an emerging neoplastic event is evident. Soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. The mesenteric lymph nodes were mildly enlarged and slightly rounded measuring 1.74 x 1.11 cm. Minor reactive mesentery was noted.

### *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.

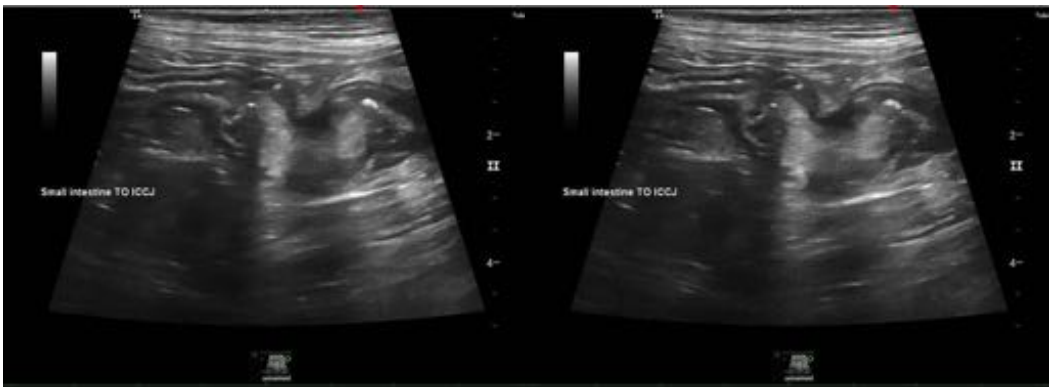
## ULTRASONOGRAPHIC FINDINGS

Spastic small intestine, potential emerging carcinoma or lymphoma, more likely granulomatous disease or spastic bowel owing to irritation.

Enlarged mesenteric lymph nodes.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend ultrasound-guided FNA of the most accessible lymph node with cytology and culture. Treatment for enterotoxins and parasites are indicated or food intolerance. Recheck sonogram is recommended in 1-2 weeks. Complete neoplastic criteria is not met in the small intestine, it may be spastic, there was no evidence of foreign body present. Recheck sonogram is recommended in 7-10 days. If that portion of bowel is persistently present then resection and anastomosis is likely in this patient's best interest.



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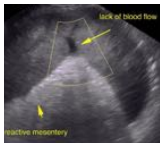
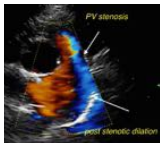
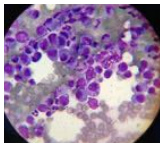
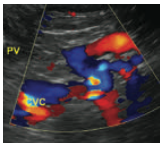

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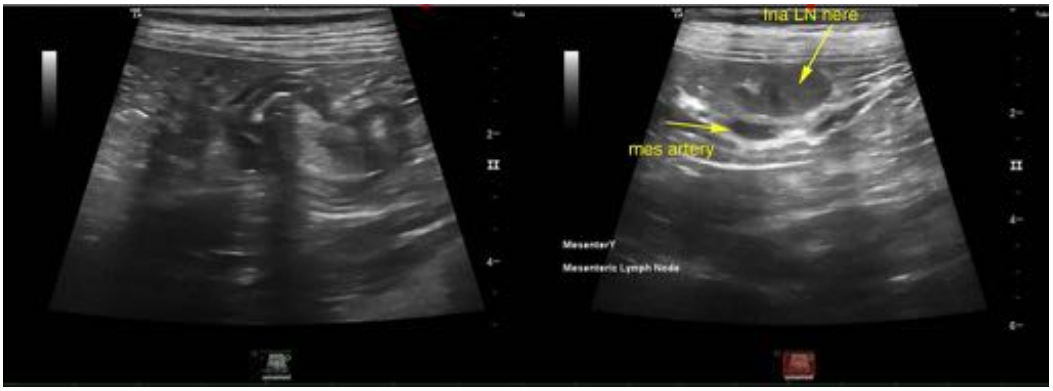


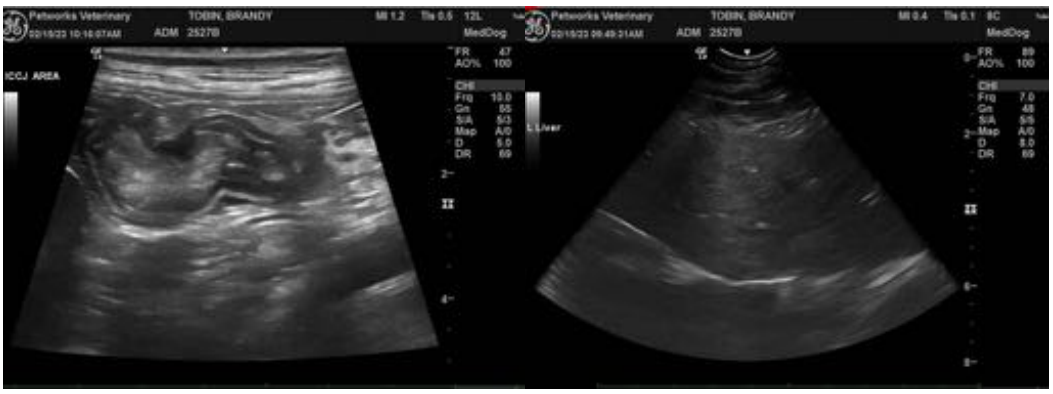

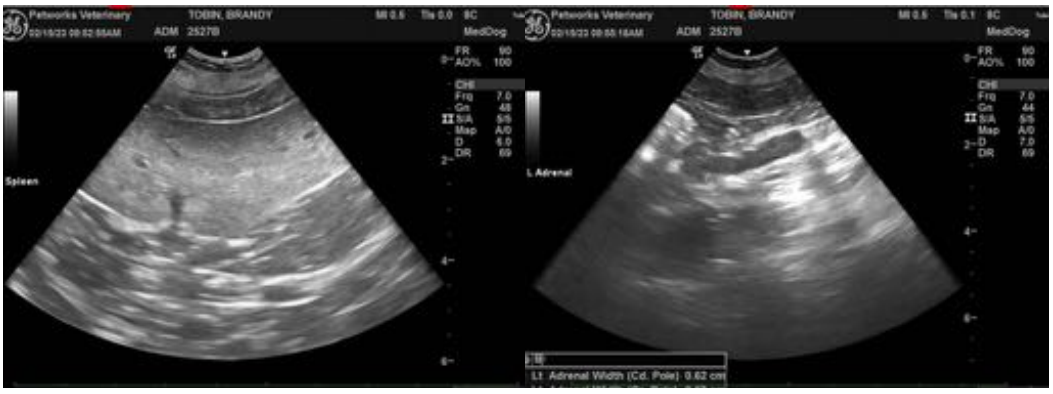

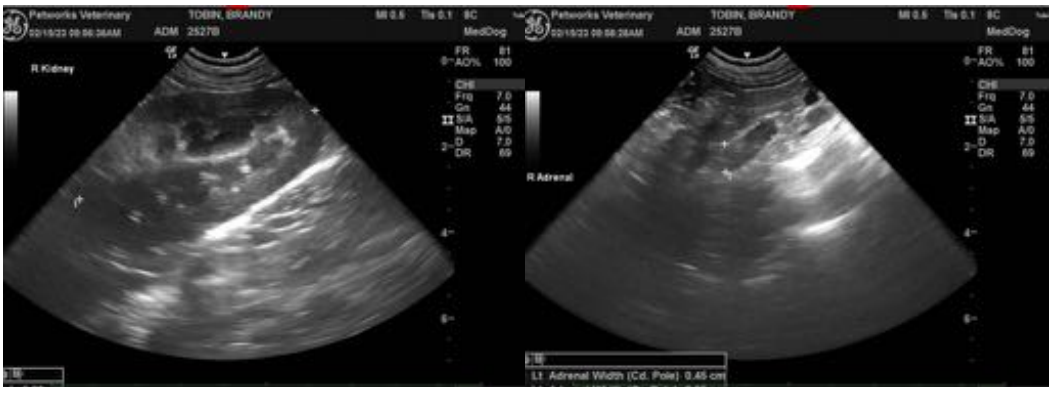

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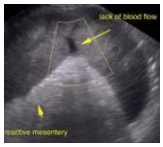
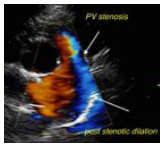
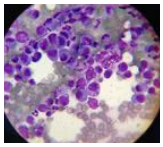
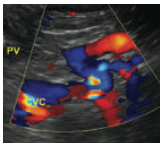

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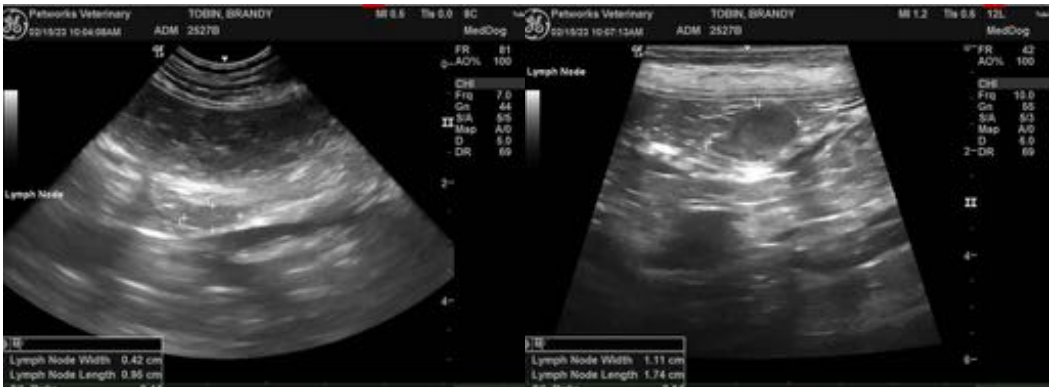


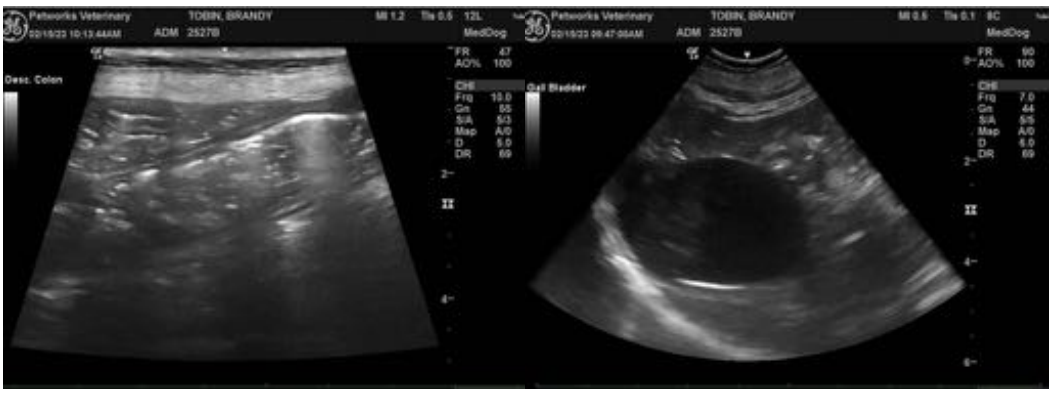


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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