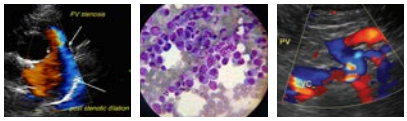
IMAGING PERFORMED BY

IntraPet.com



SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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DATE

2/17/23

PATIENT

Bow Horrigan

SPECIES

Canine

BREED

Boston Terrier X

SEX

Neutered Male

AGE

2/16/21

WEIGHT

21.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

45350

PRESENTING CLINICAL SIGNS

Yesterday started vomiting, shaking and whimpering in the AM - SO took to neighbor to watch while they were at work - was refusing food and shaky throughout the day Rdvm did rads (NSF per owner) and gave fluids with appetite stimulant - seemed fine when he came home and ate dinner This AM: refusing to move - would bite if they came near him was shaking and hot. Has not defecated in 2-3 days - presented to eastern Has not eaten anything thing that they know of - was at doggy day care on the 14th where he could have eaten something Will try to eat stuff in the grass on walks. Had xrays with rdvm yesterday that they transferred to eastern. Presented to rdvm: - Bw: Plt 46 - cpl WNL - 4dx (-) - Ua: Usg 1.041, pH 9, Wbc 2/hpf - Rads: material in the stomach - Became febrile in hospital 104.6 - IVF and cerenia inj

Current Medications: Unasyn, Buprenorphine, Protonix.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 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 left kidney measured 5.56 cm. The right kidney measured 5.07 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 2.0 cm x 0.57 cm at the caudal pole and 0.61 cm at the cranial pole. The right adrenal gland measured 1.94 cm x 0.62 cm at the caudal pole and 1.02 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.

Gastrointestinal

The **stomach** was overdistended with chyme. The pylorus was patent. The small intestine and colon were unremarkable.

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

A sublumbar lymph node was slightly enlarged at 0.74 cm.

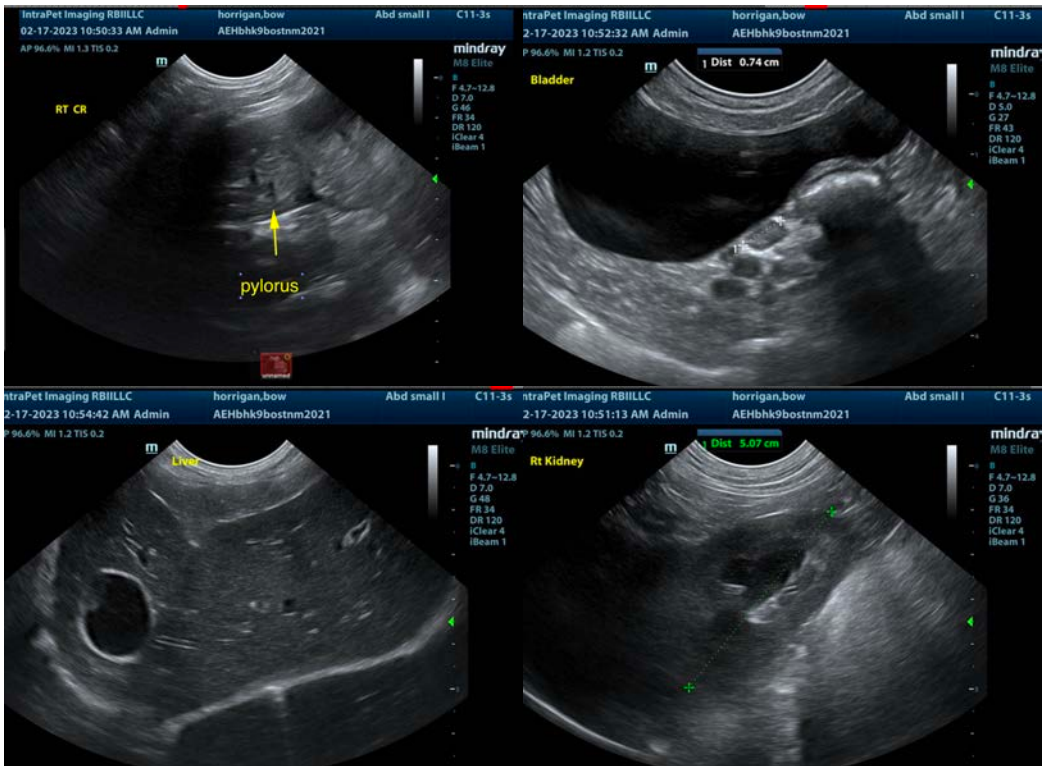
ULTRASONOGRAPHIC FINDINGS

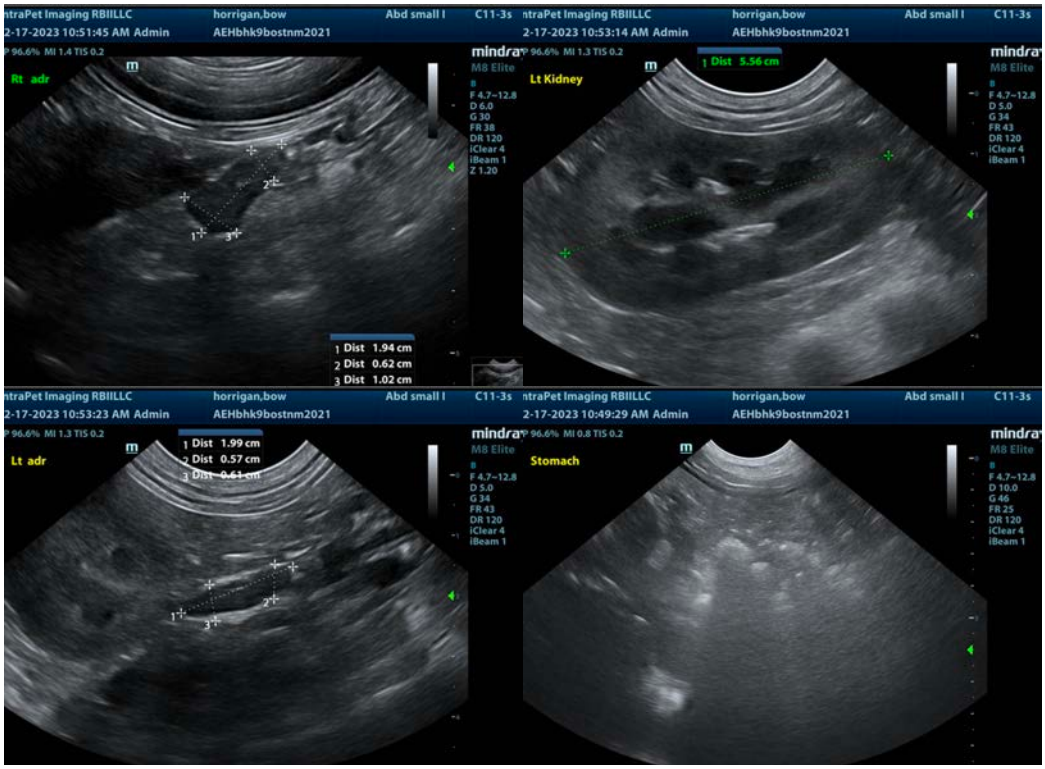
- Full stomach, patent pylorus and small intestine – bloating type presentation or delayed outflow owing to poor GI motility or pyloric dysfunction.

- Slightly enlarged sublumbar lymph node

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour NPO, IV fluid support, and recheck sonogram recommended. No evidence of visceral disease responsible for the clinical signs other than possible delayed outflow. This could also be post-prandial presentation depending upon feeding prior to the sonogram. Orthopedic, CNS, and thoracic disease should all be considered. This does not appear to be a primary visceral issue.





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
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