

**DATE PRESENTING CLINICAL SIGNS**

2/17/23

PATIENT

Riley Drake

SPECIES

Canine

BREED

Australian

SEX

Labradoodle

AGE

2/16/22

WEIGHT

37.9 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Kalwa

INVOICE

45349

Referral from White marsh 1 yr MN Goldendoodle- Riley drake PC vomiting for several days. Xray concern for GI obstruction in stomach, dilation, Possible ST density Os understand risk for needing sx rDVM Record: Presents for exam – vomiting. P started vomiting sat or sun -mostly bile coming up (o says its a thick mucous with bile in it) -p has vomited almost every day since Saturday **goes to daycare at an independent household during week --daycare did NOT indicate any problems with p at all -vomiting not in correlation with meals -p still has normal app (today is the exception - p seems a little sluggish today) No diarrhea --stools have been normal past week - no blood - well formed No meds being given O does note that P has a tendency to pick up things and eat random things -lately p has had interest in river rocks in background -o has witnessed p pick them up in mouth but owner has been able to get them all out but p keeps going after them. Eating fine until today- not eating - Mood ok – Vomited this am - Did have normal solid bowel movement - Slept more than usual - Still fetched/ played - As a puppy would vomit a lot first month - **** Patient vomited on his way over here - Hx of allergies- Rx hydroxyzine after neuter - Eats own feces- pica, eats dirt, eats grass - Past few weeks started putting river rocks in mouth- O takes them out, buries things - Loves toys ,dissects them, tries to get squeakers, O gets squeakers - O doesn't think any are missing but understands there is always a chance - P was ripping up a rubber ball

Current Medications: Ampicillin, 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 Brillhart, 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 6.13 cm. The right kidney measured 5.68 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 2.23 cm x 0.55 cm at the caudal pole and 0.55 cm at the cranial pole. The right adrenal gland measured 2.25 cm x 0.65 cm at the caudal pole and 0.71 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 unremarkable. Minor excessive gas noted, yet no evidence of obstruction. Small intestine was empty, normal wall thickness. The proximal colon was mildly fluid filled, yet normal stool consistency in the distal colon.

Pancreas

The **pancreas** presented slight coarse architecture and uniform parenchyma, mildly edematous, suggestive for low-grade inflammation.

Other

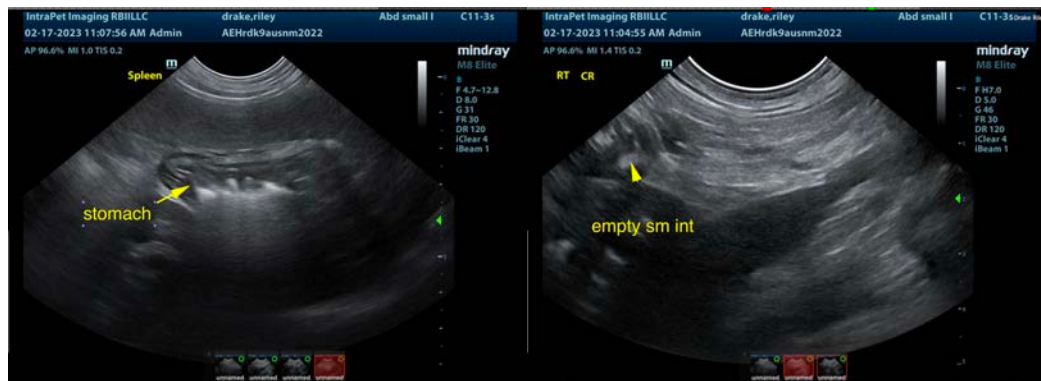
Reactive mesenteric lymph nodes noted, measuring 1.96 cm x 0.69 cm.

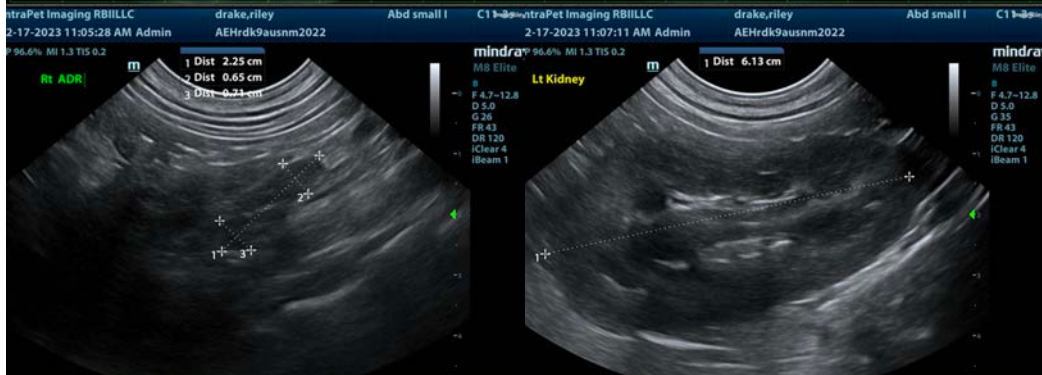
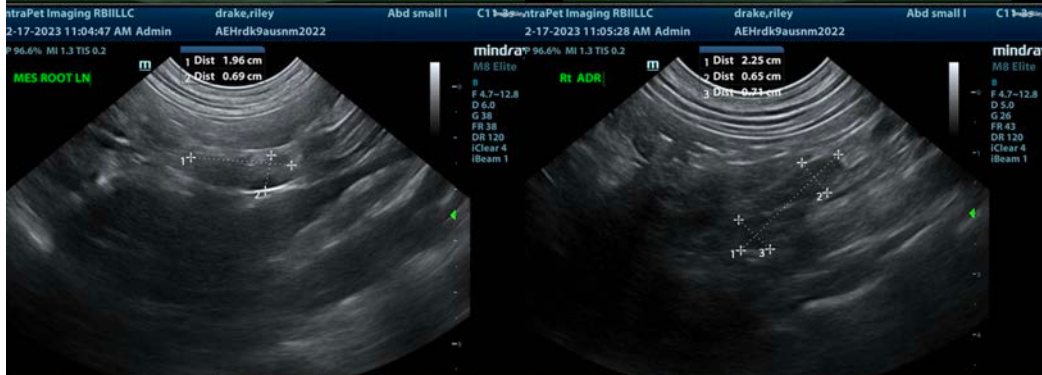
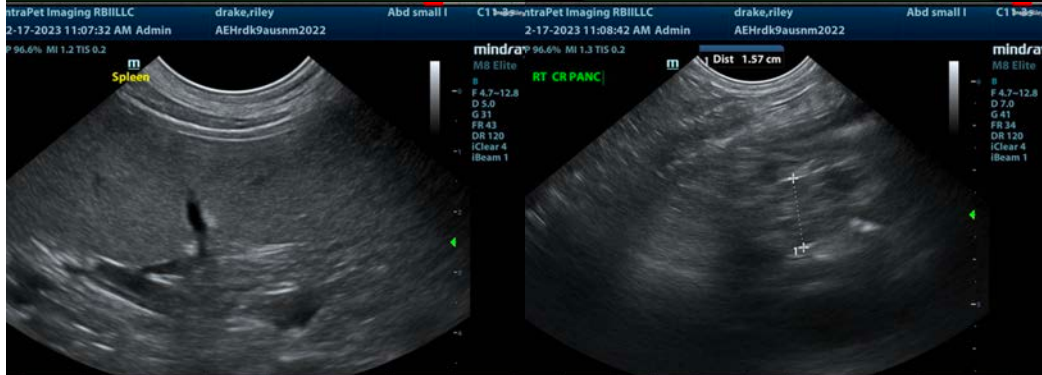
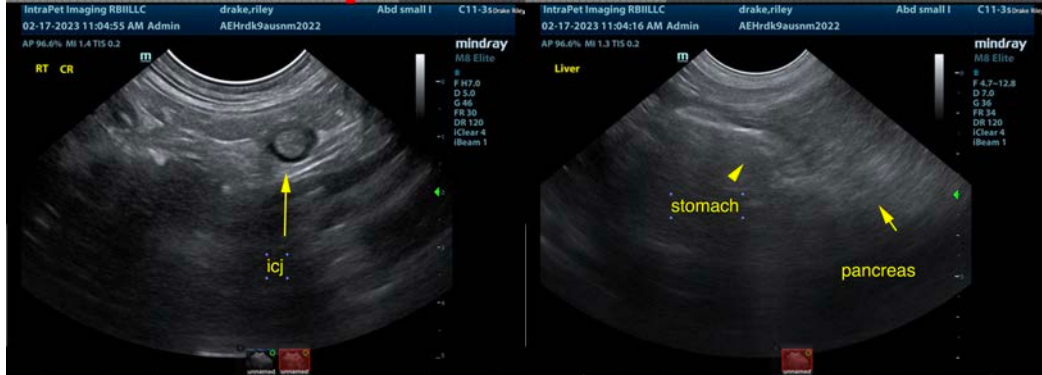
ULTRASONOGRAPHIC FINDINGS

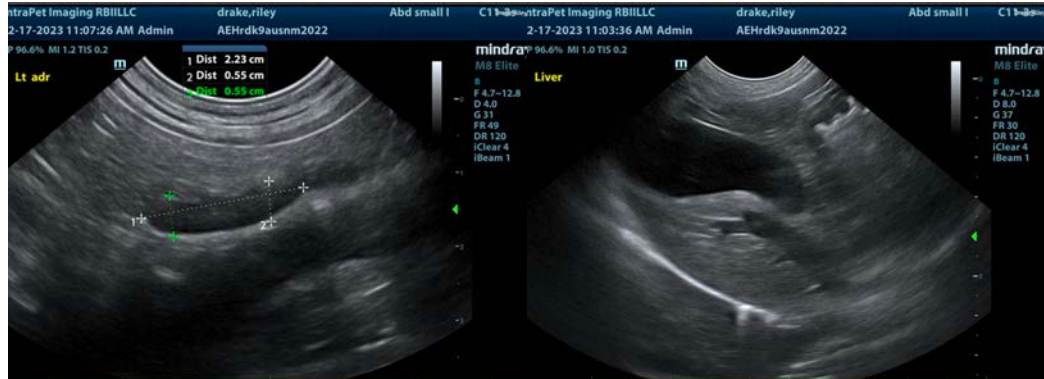
- Empty GI tract with excessive gas and minor colon wall thickening
- Reactive mesenteric lymph nodes
- Possible low-grade pancreatic inflammation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.







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.

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