

**DATE PRESENTING CLINICAL SIGNS**

2/22/22

2/19/22- 4th episode of vomiting/diarrhea in the past 4 months. Second time they were on vacation in Colorado and was treated out there; other times by regular veterinarian. Has had 2 rounds of Metronidazole and Provable. X-rays done today at rDVM showed no obvious abnormalities. HCT 61%; fecal negative. Had dose of Cerenia and Metronidazole at rDVM this morning. Referred for continued care and further diagnostics.

PATIENT

Nova Dehart

Current Medications: Metronidazole, Cerenia.

Lab Results: See attached.

SPECIES

Canine

Radiographs: WNL.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Bichon Frise

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Male, neutered

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.

AGE

12/19/2016

The residual prostate was uniform and measured 0.8 cm.

WEIGHT

18.8 lbs.

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.

INTERPRETED BY

Eric Lindquist, DMV,
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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.

HOSPITAL NAME

Animal Emergency
 Hospital

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.

REFERRING VET

Dr. Martinoli

Liver**INVOICE**

13014

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. Minor reactive colic lymph node was noted.

Pancreas

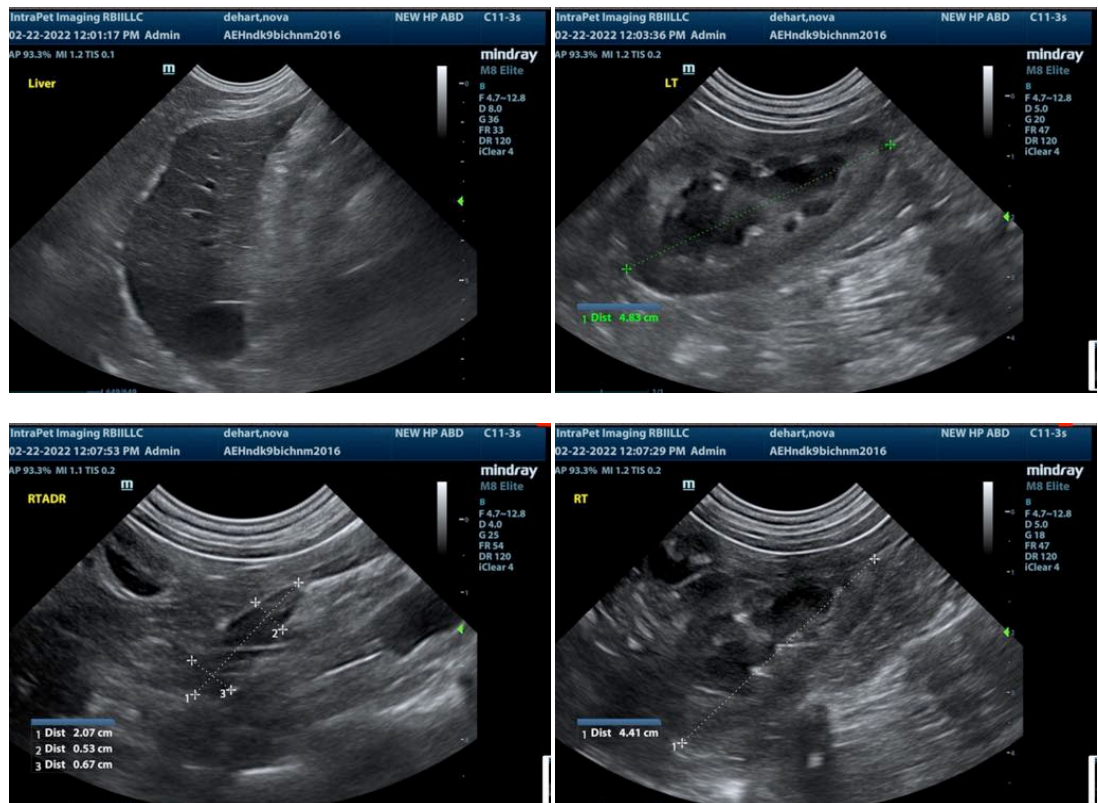
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

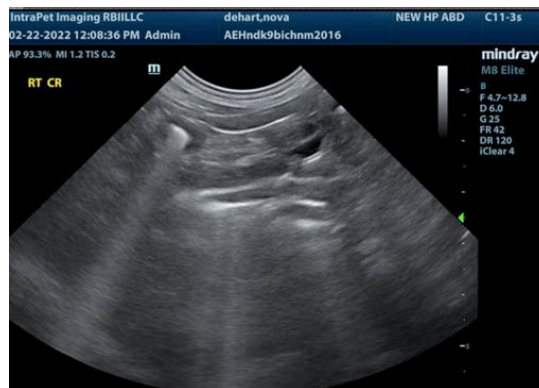
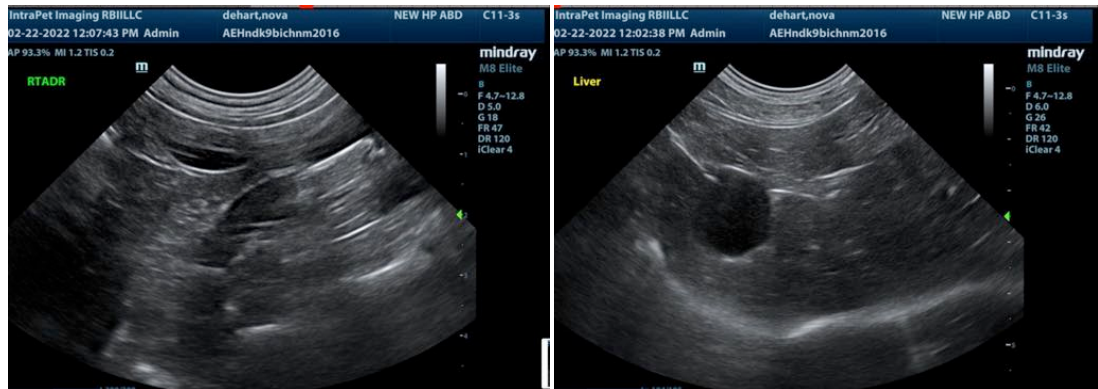
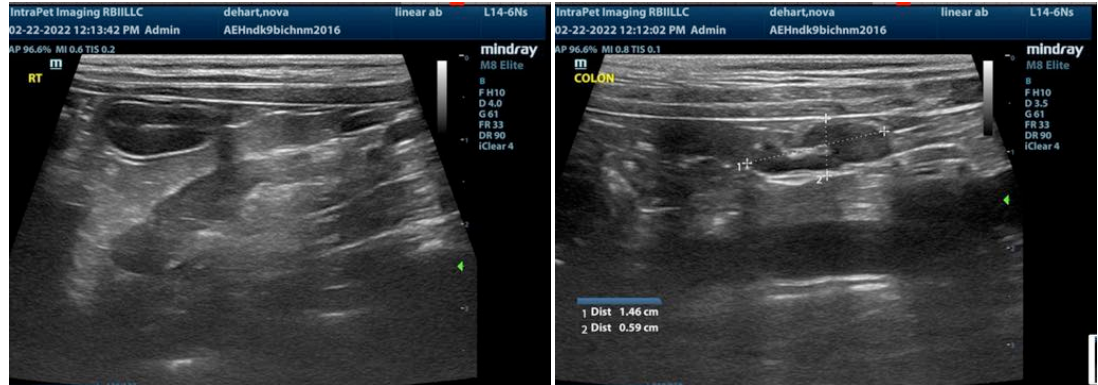
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.
Minor reactive colic lymph node.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Underlying food intolerance or non-specific GI insult is suspected. Structurally unremarkable abdomen. Supportive care should prove effective. Dietary indiscretion, food intolerance/indiscretion, 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. 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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