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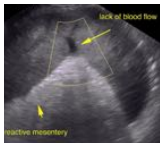

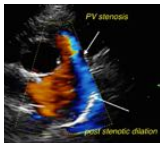

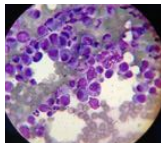
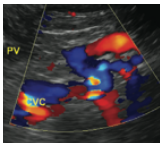

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1-800-838-4268 info@sonopath.com

PATIENT
Chevy Penwell

SPECIES
Canine

BREED
German Shepherd Mix

SEX
Neutered male

AGE
10 years

WEIGHT
74 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Griffin

HOSPITAL NAME
Northside VC

REFERRING VET
Dr. Griffin

INVOICE
42966

DATE
2/24/23

PRESENTING CLINICAL SIGNS

History: Vomiting blood for past 24 hrs. Patient has lost 8 lbs since Oct
Abnormal PE/Chem/CBC/UA Results: CBC: WBC 17% CHEM: WNL T4: 0.9 Rads: No evidence of thoracic mass, abnormal gas pattern of mixed intestinal wall thickness concerning for functional ds, vs obstruction (no history of eating foreign material) or neoplasia

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 left kidney measured 5.9 cm. The right kidney measured 6.1 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 1.33 cm at the cranial pole and 0.87 cm at the caudal pole. The left adrenal gland 0.69 cm at the caudal pole and 0.52 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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. The liver revealed increased portal markings. 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 and common bile duct were unremarkable.

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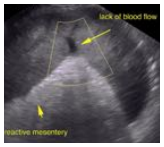
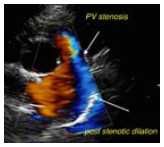
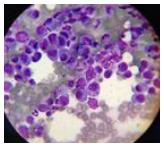
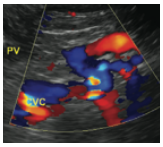

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The descending colon was fluid filled. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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.

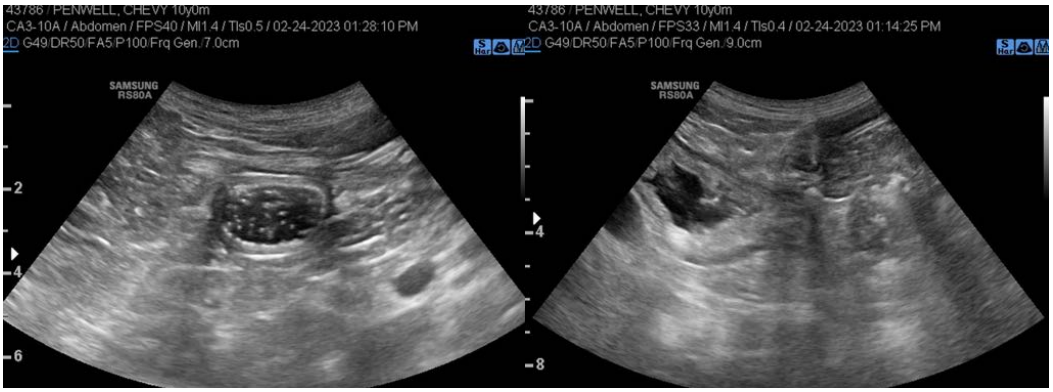
ULTRASONOGRAPHIC FINDINGS

Upper gastrointestinal thickening with fluid filled colon. Consistent with non-specific acute on chronic inflammatory bowel.

Mild hepatic remodeling. History of cholangitis is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal exam is recommended in this patient. 24-hour n.p.o. is recommended along with treatment for enterotoxins and broad spectrum anti-parasitic protocol is indicated. There was no evidence of foreign bodies or neoplasia.



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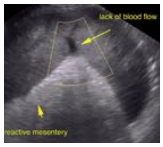

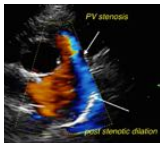

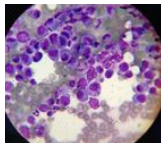
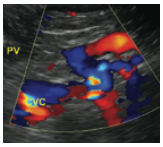

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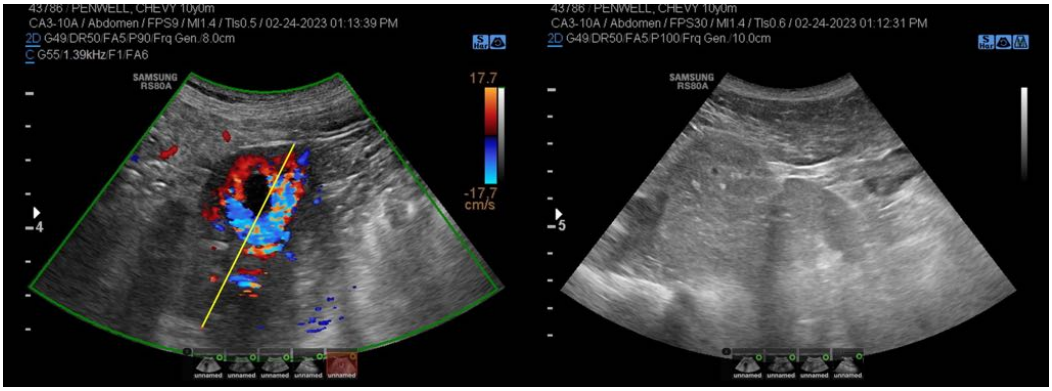

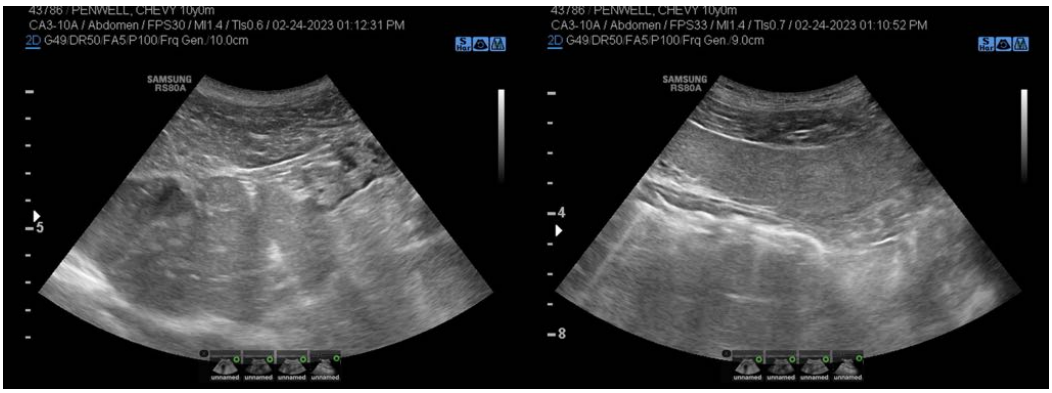

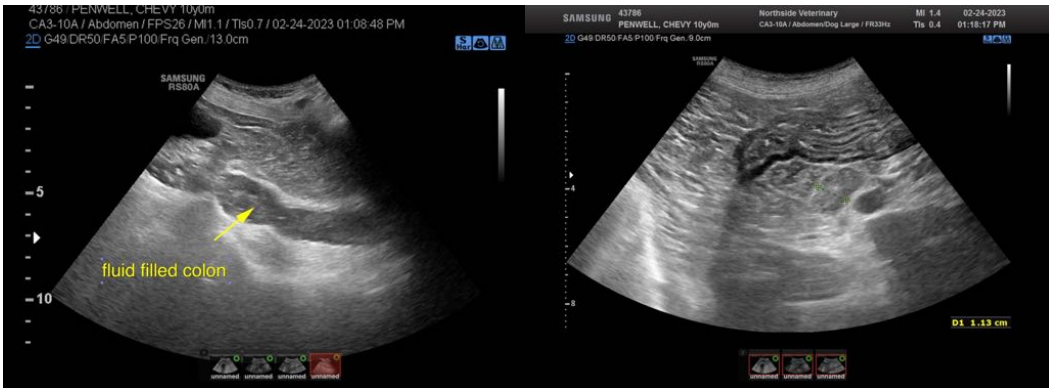

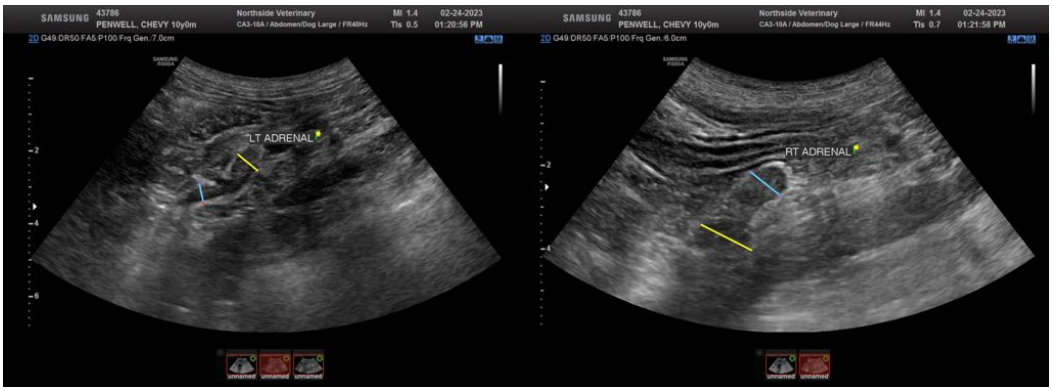

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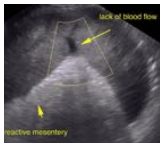
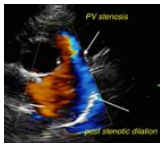
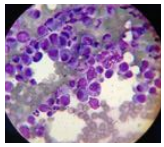
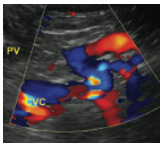

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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