

**DATE**

2/25/22

PRESENTING CLINICAL SIGNS

Came in for routine physical exam and palpated possible mass.
Current Medications: None.
Radiographs: No obvious mass seen.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Stephanie Pearce RDCS, RVT.

PATIENT

Maisy Campbell

SPECIES

Canine

BREED

Cavachon

SEX

Spayed Female

AGE

9/2/16

WEIGHT

16 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Chadwell AH

REFERRING VET

Dr. Gold

INVOICE

96373

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pinpoint mineralization was noted. The right kidney measured 4.24 cm. The left kidney measured 4.17 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 2.31 x 0.68 cm at the caudal pole and 0.47 cm at the cranial pole. The left adrenal gland measured 2.24 x 0.49 cm at the caudal pole and 0.44 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** revealed slight coarse architecture with minor uniform swelling. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** was over distended with echogenic chyme. Slight amount of free fluid was noted in the abdomen. There was shadowing material noted in the gastric lumen. I cannot rule out the possibility of foreign matter. However, no obstructive pattern is noted. There are some areas of mucosal fogging noted. The small intestine revealed areas of reactive mesentery adhered to the small intestine. The colon was 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.

ULTRASONOGRAPHIC FINDINGS

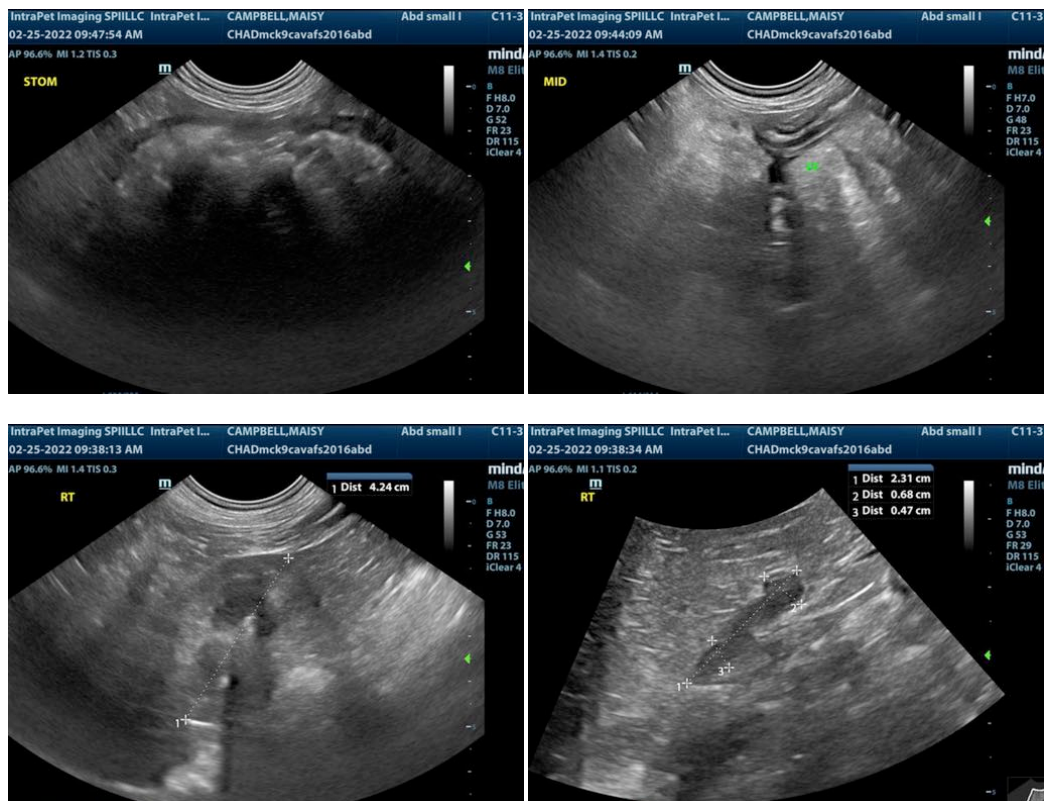
Subacute on chronic inflammatory bowel presentation. Some areas of mucosal fogging.

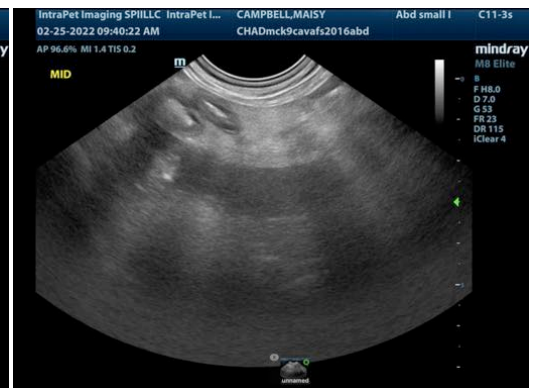
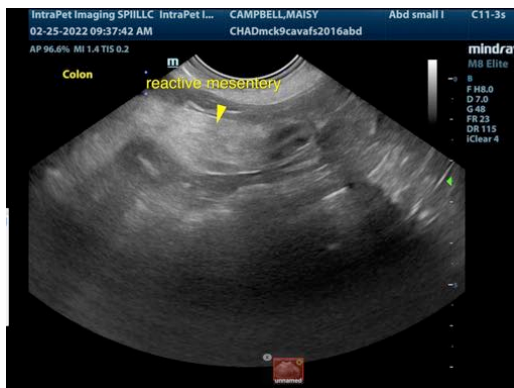
Underlying lymphangectasia may be an issue.

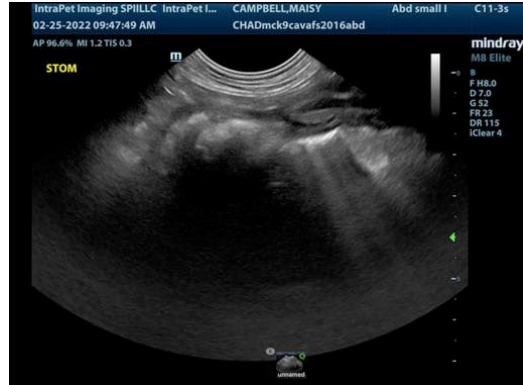
Free fluid is likely owing to mesenteric inflammation associated with the GI tract.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No neoplastic criteria was met. Medical management is warranted with IV fluid support, 24 hour n.p.o., broad spectrum antibiotics. A recheck sonogram is recommended in 2-5 days or earlier if clinical decline occurs. I would like to reevaluate the presence of the free fluid and aspects of the reactive mesentery as well as the contents of the stomach. Recheck sonogram is recommended at full n.p.o. status. IV fluid support is recommended if clinically indicated. The adhesions and intestinal clumping may be palpable as a grouping.







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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