**DATE PRESENTING CLINICAL SIGNS**

2/4/22

History: Patient presented on 01/31/2022 for decreased appetite and occasional vomiting. He is usually ravenous and on 01/29 he did not eat. On 01/30 AM he did eat his kibble but there was some vomiting after wards. That evening he ate wet food which he kept down. On 01/31 AM he was given wet food which he vomited. On 01/31 ab rads were performed which were NSF. He was given Cerenia 1mg/kg SQ and started on sucralfate. He had been on carprofen since 01/19/2022 which the owners were instructed to discontinue for the time being. Since 01/31, he continues to occasionally vomit after some of his meals.

PATIENT

Tucker Swim

SPECIES

Canine

Current Medications: Sucralfate 1 gm PO TID.
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: IV sedative.
Stat Report: Not requested.

BREED

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

7/5/12

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.7 cm. The right kidney measured 6.71 cm.

WEIGHT

85 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Adrenal Glands**

The **left adrenal gland** was upper limits of normal, measuring 3.11 cm x 0.88 cm at the caudal pole and 0.80 cm at the cranial pole. The **right adrenal gland** measured 3.02 cm x 0.99 cm at the caudal pole and 0.94 cm at the cranial pole.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

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.

HOSPITAL NAME

Madonna Vet Clinic

REFERRING VET

Dr. Smith

Liver

The **liver** revealed increased portal markings and slight coarse architecture. The gallbladder was unremarkable.

INVOICE

35494

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

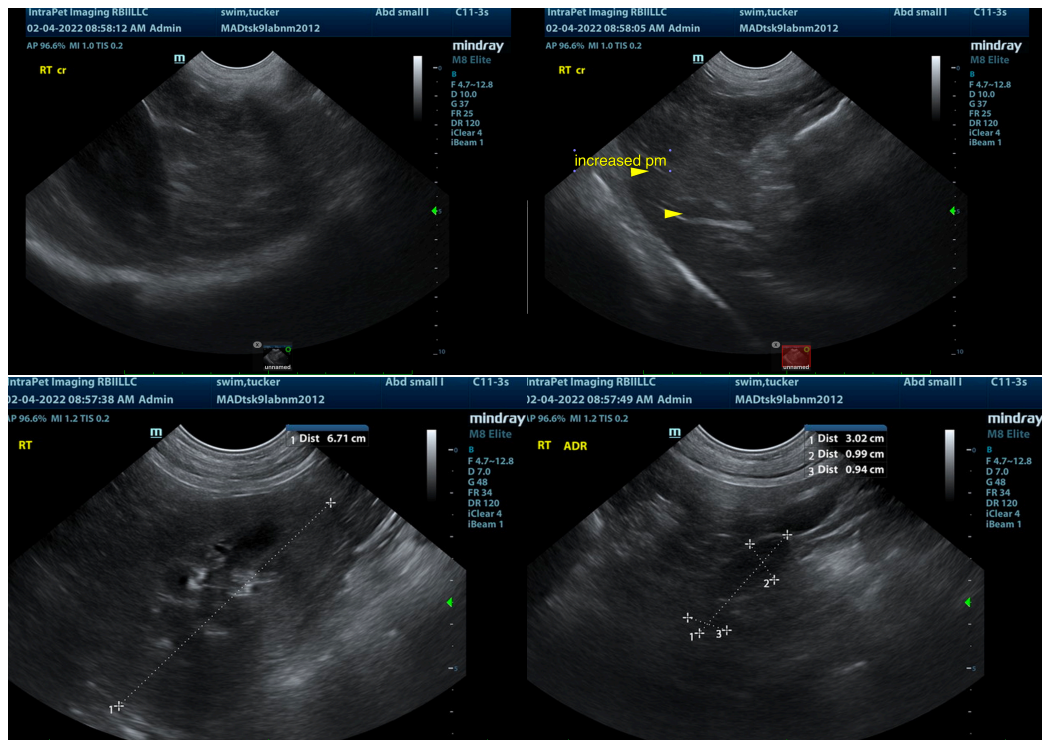
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

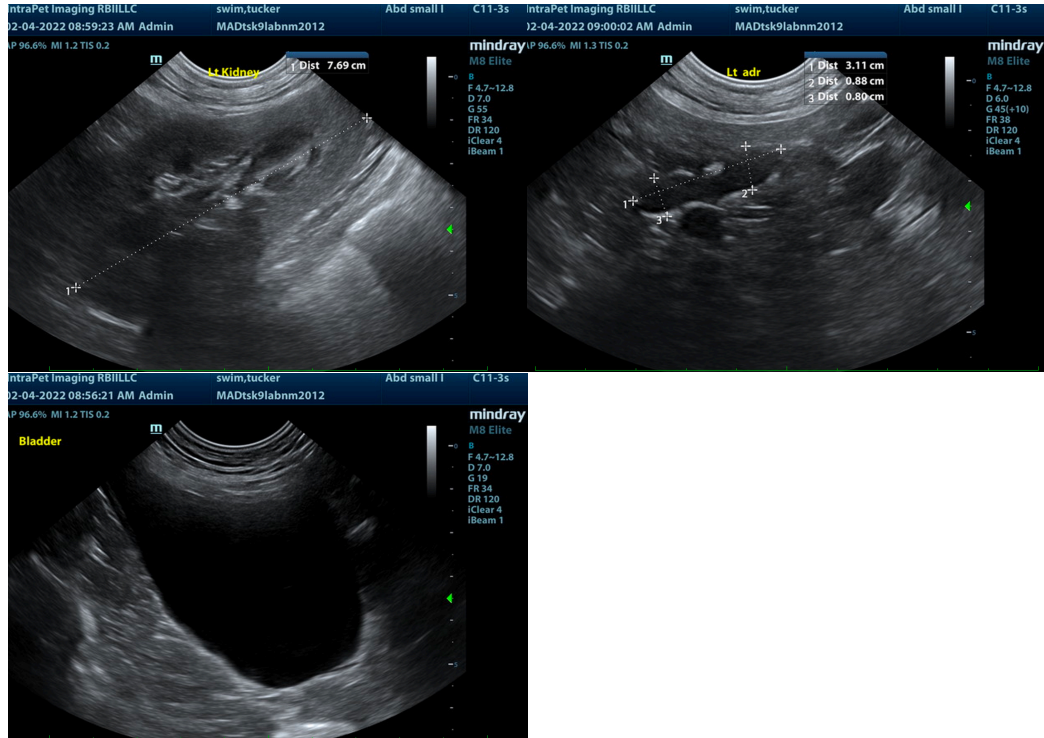
ULTRASONOGRAPHIC FINDINGS

- Mild hepatic remodeling
- Unremarkable abdomen otherwise with age related changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment of liver enzymes +/- bile acid profile would be indicated. However, changes were mild to moderate. The cause of anorexia is unclear, unless liver enzyme profile is aggressive and/or bile acids are elevated. Other causes of anorexia such as orthopedic pain, thoracic or CNS disease should be considered.





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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