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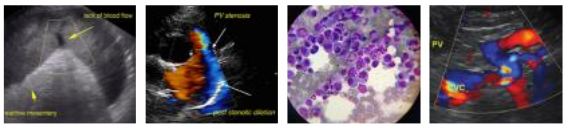


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Schooner Dimarco

SPECIES

Canine

BREED

Portugese Water Dog

SEX

Neutered Male

AGE

6 Years

WEIGHT

40 Lbs.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Breyernick

INVOICE NUMBER

13836

DATE

2/7/22

PRESENTING CLINICAL SIGNS

History: Weight loss Vomiting Diarrhea Current Medications Cerenia Radiographic Findings Fluid filled stomach - cannot rule out mass Primary Question/Differential to Be Answered in This Exam Source of apparent GI disease - assess stomach region
Abnormal PE/Chem/CBC/UA Results: Albumin 2.0 Low cobalamin, normal folate, TLI, PLI

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.02 cm. The right kidney measured 6.02 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 2.72 cm x 1.75 cm at the cranial pole and 0.62 cm at the caudal pole. The left adrenal gland measured 2.64 cm x 0.65 cm at the caudal pole and 0.53 cm at the cranial pole.

Spleen

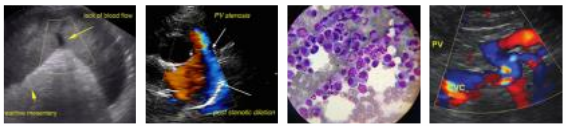
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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 severely dilated with chyme and partially shadowing material, yet the material was non-obstructive. Some of the shadowing material in the stomach was approximately 2.5 cm. The duodenum and pylorus were identified, however, the duodenal



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outflow appeared to be partially out of position, this is most consistent with bloat. Minor areas of gastric hypertrophy present. Transit of chyme in the duodenum appeared to be occurring. The descending colon revealed normal stool consistency. The gastroesophageal inlet was imaged, and the esophagus appeared to be unremarkable, uniform.

Pancreas

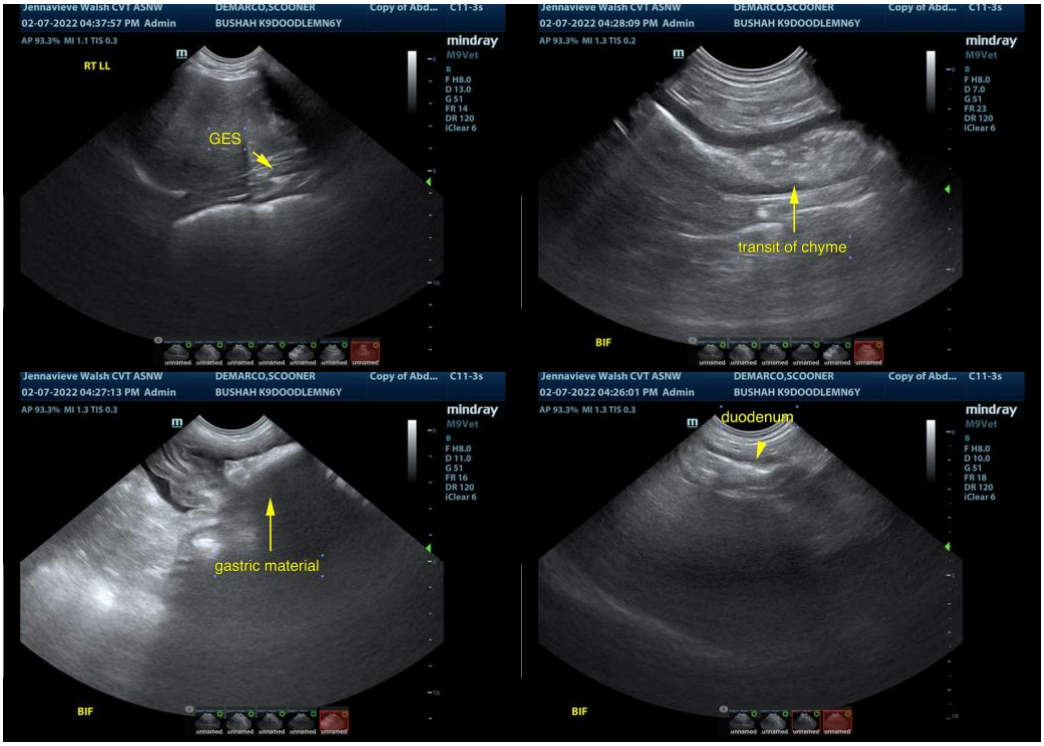
The **pancreas** was slightly hypoechoic and mildly irregular, yet any inflammation is likely minor and secondary.

ULTRASONOGRAPHIC FINDINGS

- Gastric overdistention with possible partial rotation and bloat. Some non-obstructive shadowing material in the stomach is present, likely ingesta.
- Slightly hypoechoic and mildly irregular pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend 24-hour NPO in this patient. Passing of a gastric tube to decompress the stomach would be appropriate. Concurrent protein-losing enteropathy may be an issue, if no significant proteinuria is present. The gastric presentation is the primary issue in this patient. No evidence of neoplasia. Recheck sonogram after 24-hour NPO would be ideal. VD and lateral radiographs to assess pyloric angle would be appropriate as to potential and/or rotation.



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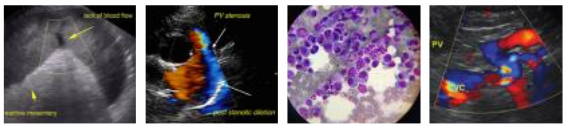

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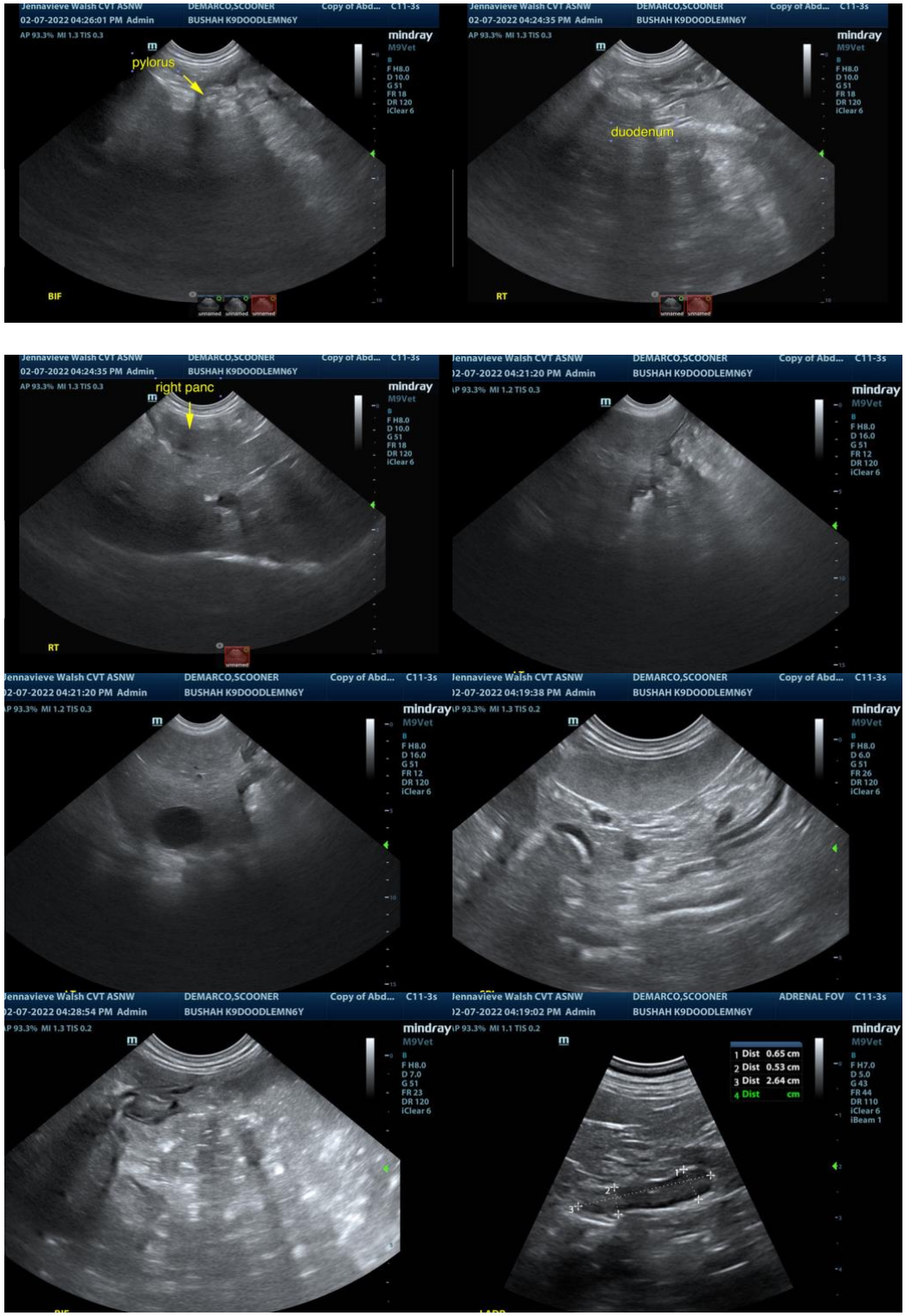

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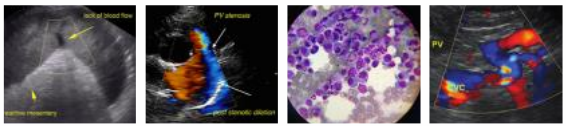

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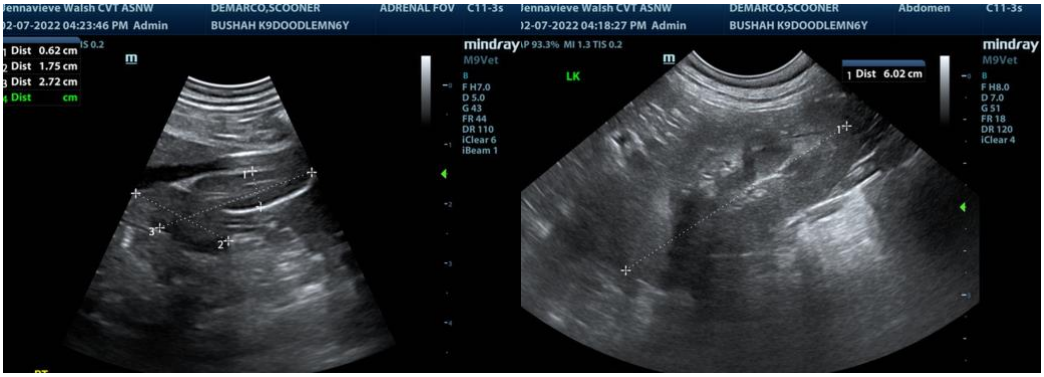

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com