

**DATE PRESENTING CLINICAL SIGNS**

3/10/23 History: Not eating well, lethargic.

PATIENT

River Conlisk

Current Medications: Clavacillin 375mg BID.
 Lab Results: See attached.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: IV sedation utilized.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Mixed

SEX

Intact Female

AGE

4/21/21

WEIGHT

59 Pounds

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

Forest Hills Vet

REFERRING VET

Dr. Saad

INVOICE

21567

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 3.0 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 6.52 cm. The right kidney measured 6.06 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 left adrenal gland measured 2.55 cm x 0.61 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 3.42 cm x 0.59cm at the caudal pole and 0.72 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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall. Muscularis/mucosal ratio was 1:1. The intestinal submucosa was

slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The stomach was overdistended with fluid and chyme. 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.

Free Abdomen

A mesenteric **lymph node** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph node measured 2.1 cm x 0.86 cm.

Other

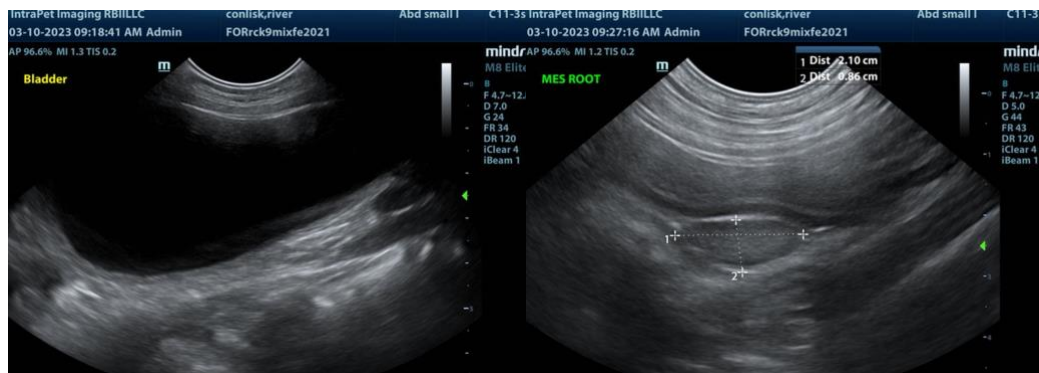
The right **ovary** was uniform, measuring 0.4 cm x 1.5 cm. The left ovary measured 1.66 cm x 0.96 cm. A trace amount of fluid filled lumen was noted in the uterus. The uterus measured approximately 6.0 mm at maximum width. Underlying metritis is possible.

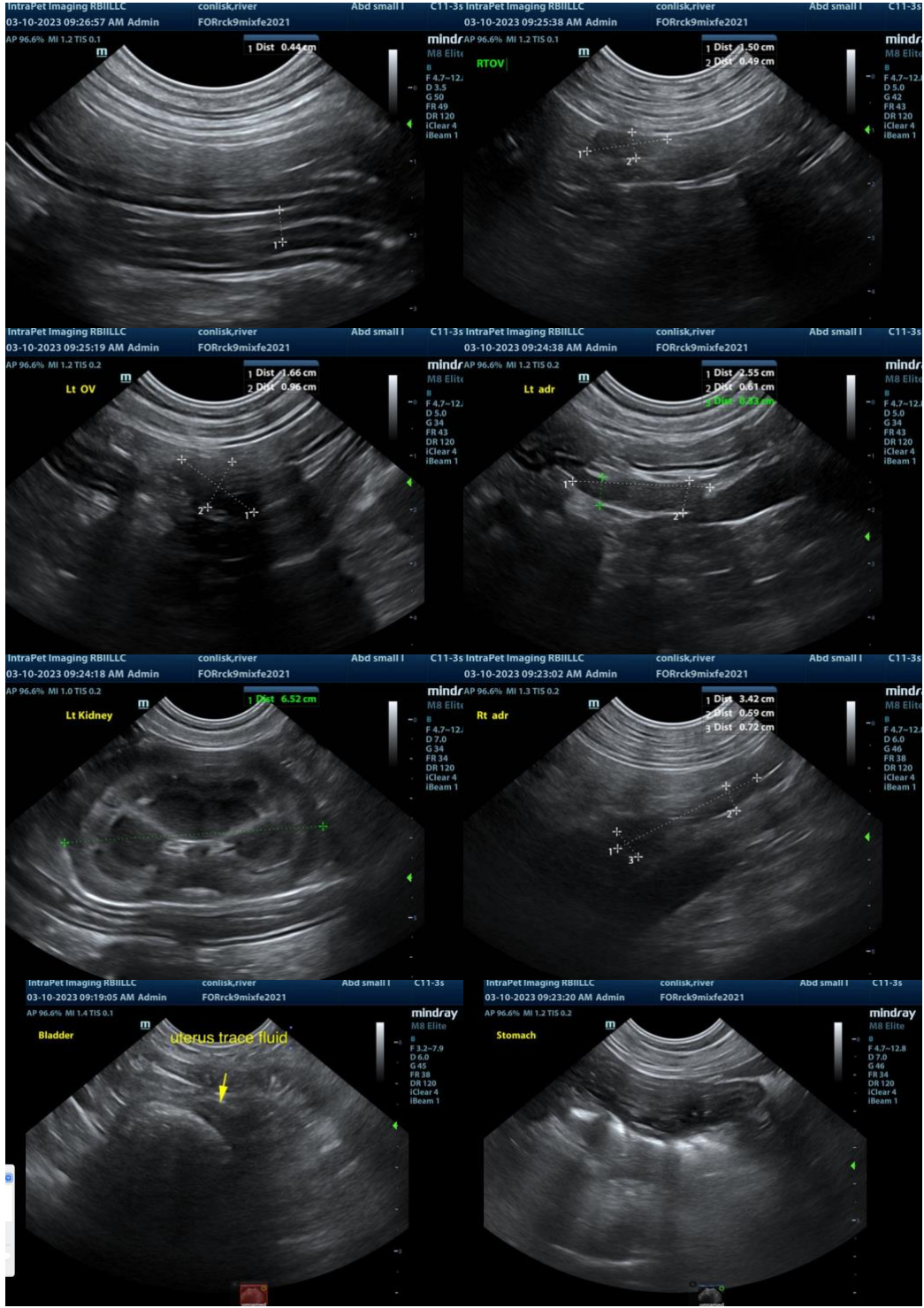
ULTRASONOGRAPHIC FINDINGS

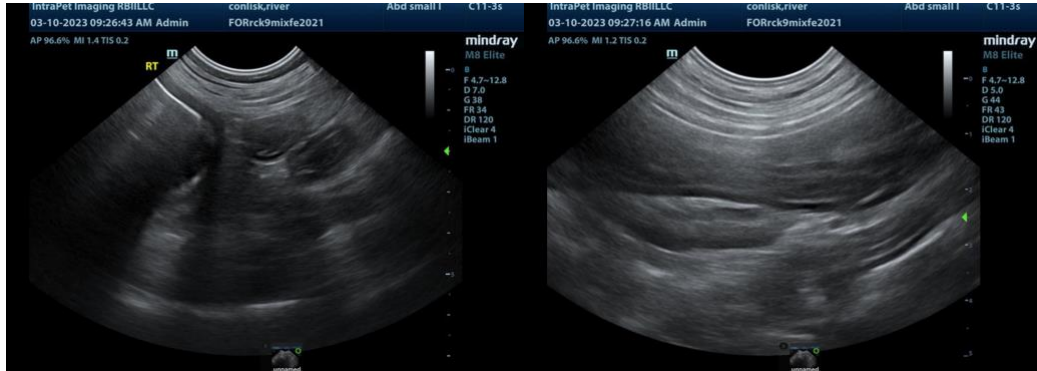
- Chronic inflammatory bowel presentation with fluid filled stomach
- Slightly fluid filled uterus
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Primary GI disease is likely causing the clinical signs. If this patient is destined for ovariohysterectomy, GI inspection and biopsies may prove globally effective in this patient, especially given the trace amount of fluid in the uterus and emerging pyometra. I recommend a fresh fecal smear and fecal floatation analysis. Mesenteric lymph node cytology or biopsy and culture would be ideal. No overt neoplastic criteria noted, however, the muscularis thickening and gastrointestinal presentation is significantly evident and would, ideally, be defined with full thickness biopsies.







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
info@SonoPath.com