**DATE**

3/10/23

PATIENT

Rockie O'Brien

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Intact female

AGE

6/1/22

WEIGHT

64.4 lbs

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. King

INVOICE

43261

PRESENTING CLINICAL SIGNS

HX - sock foreign body here on 10/9. 3/9 -- RDVM Chewed up trash and some carpet by door edges. Vomiting, progressed to extremely bloody vomit Rads- Thickened stomach, no obvious obstruction/fb, feel small microcardia, Superchem, CBC: HCT increased 65, platelets decreased but large clumps, ALKP 209, Phos 7.9 Na/K 29. Ultrasound in house : Liver appears normal with no masses or nodules. Gall bladder moderate with some sludge. Kidneys bilaterally appear normal. Stomach is grossly thickened and irregular. Area of pancreas irregular and bright with pronounced vessel. Spleen appears normal. No FB appreciated in small intestines. No blood on rectal. Last fecal August

Current Medications: Buprenorphine, Cerenia, Protonix, Metronidazole

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.85 cm. The left kidney measured 6.23 cm with slight pyelectasia that measured 0.2 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 2.62 x 0.69 cm at the caudal pole and 0.69 cm at the cranial pole. The left adrenal gland measured 2.6 x 0.68 cm at the caudal pole and 0.65 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. 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 **gastric** wall was thickened in this patient with hypertrophied muocsa. The gastric wall measured up to 1.6 cm. The muscularis and submucosa were unremarkable. Reactive mesentery was noted around the stomach. This is suggestive for active inflammation. The small intestine was unremarkable.

Pancreas

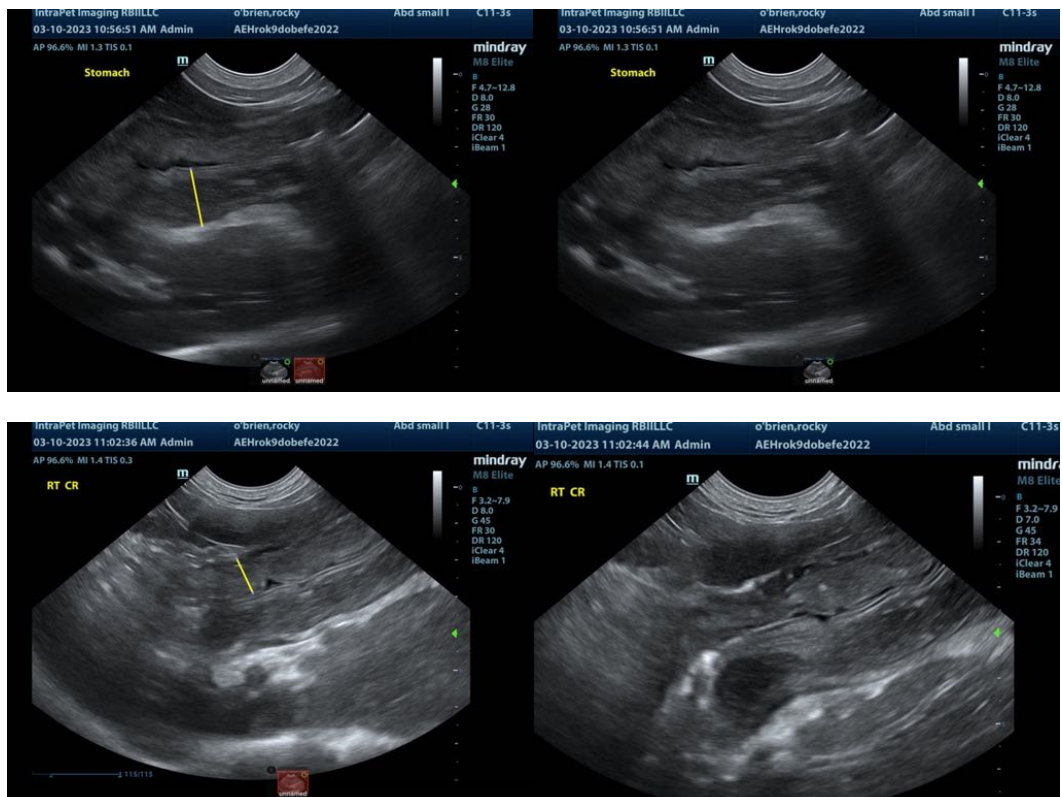
The left limb of the **pancreas** revealed hypoechoic, undulating contour measuring 1.61 cm in the left limb.

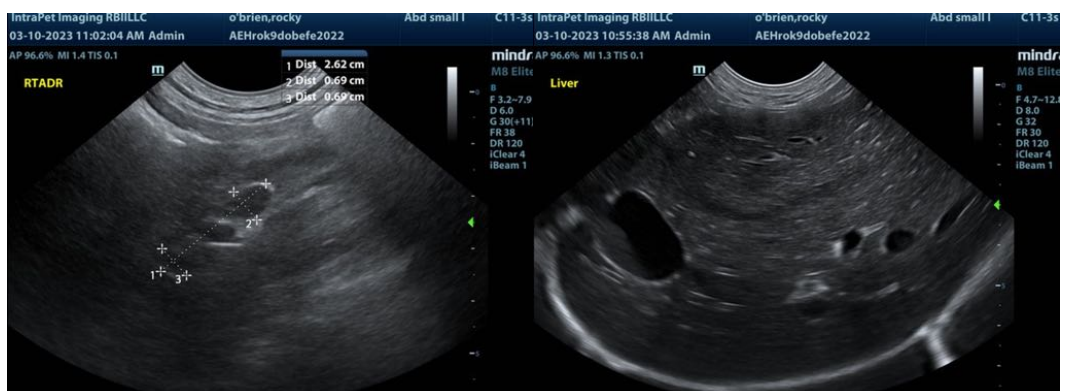
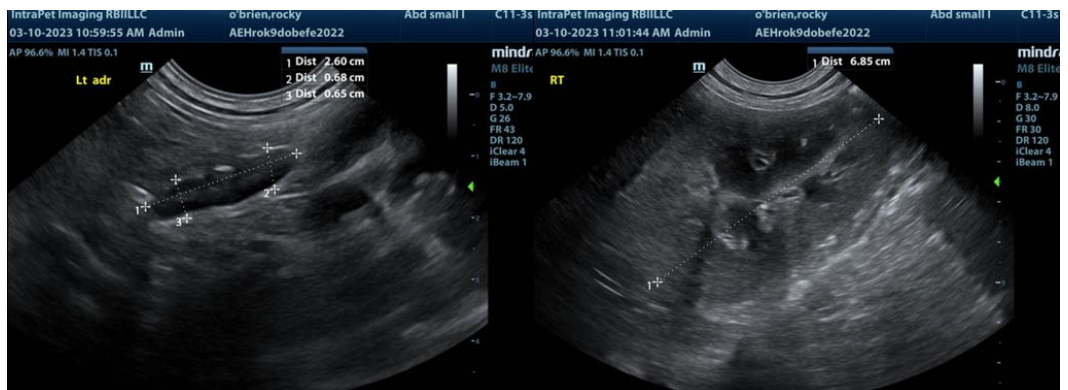
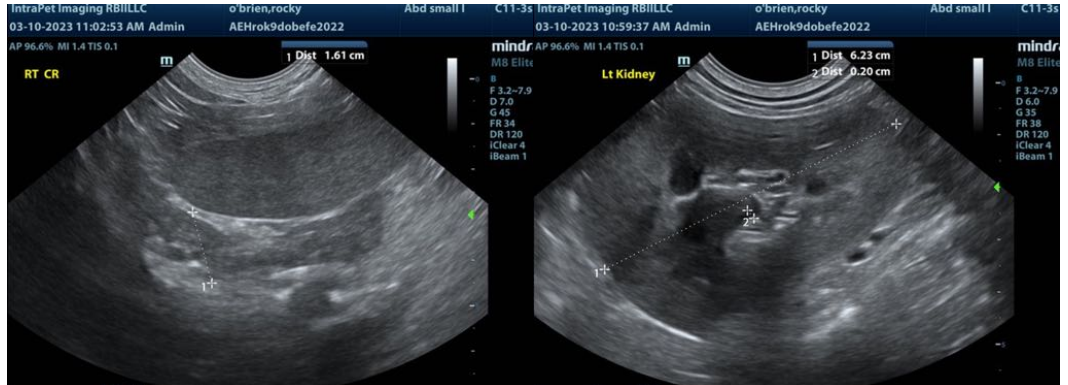
ULTRASONOGRAPHIC FINDINGS

Concentric gastric wall thickening.
Pancreatitis presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of foreign body. Subacute on chronic inflammation is likely. Endoscopy or full thickness gastric biopsies are strongly encouraged. Although the patient is exceedingly young for neoplasia, underlying gastric neoplasia cannot be ruled out. Some level of pancreatitis is also likely. Gastric biopsies are strongly encouraged. Helicobacter type protocol and anti-parasitic protocol as well as bland, b.i.d. canned feedings are recommended. Recheck sonogram in 10-14 days.





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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