

**DATE**

3/13/23

**PATIENT**

Tank Phaneuf

**SPECIES**

Canine

**BREED**

Pit Bull

**SEX**

Neutered Male

**AGE**

3/12/12

**WEIGHT**

75.4 Pounds

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

Dr. Hicks

**INVOICE**

45862

**PRESENTING CLINICAL SIGNS**

Bloody stool started Friday evening, does have colitis, is on on Pred 20mg 2x, Metro 2x, Thyroid 2x, gabe currently for hurt paw. Started vomiting this am (3x), light pink gums. Ongoing Problems? Colitis, thyroid, hurt left front paw Medications? Pred 20mg 2x, Metro 2x, Thyroid 2x, gabe currently for hurt paw. ATO P was at reg vet on Friday for hurt LF - suspect soft tissue and started on Gaba Friday evening a small amount of blood was in stool - P had Milkbone at the vets office. Sat P ate in the a.m. and p.m. and had soft severe stool. This morning Ps stool was liquid, just blood and P has vomited 4 times at home \*\*Hx of Colitis, hypothyroidism, spleen removed in 2020, Protein elevated in urine, High WBC (45,000-50,000) \*\* Meds: Pred 20mg SID, Metro BID, Thyroid BID, Gaba BID started Friday, Mycequin SID

Current Medications: Metronidazole, Prednisone, Buprenorphine, Ondansetron, Protonix.

Lab Results: ALP 1146, ALT 179

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** was significantly overdistended, yet structurally unremarkable, with anechoic urine. The pelvic urethra was mildly dilated. Residual prostate was uniform at 0.50 cm.

Reactive iliac lymph nodes noted up to 3.6 cm x 1.05 cm.

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. The left kidney measured 8.4 cm. The right kidney measured 8.57 cm with slight pyelectasia at 0.43 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 3.04 cm x 0.42 cm at the caudal pole and 0.38 cm at the cranial pole. The left adrenal gland measured 2.59 cm x 0.58 cm at the caudal pole and 0.44 cm at the cranial pole.

**Spleen**

The region of the **splenic fossa** was unremarkable.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

### ***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***

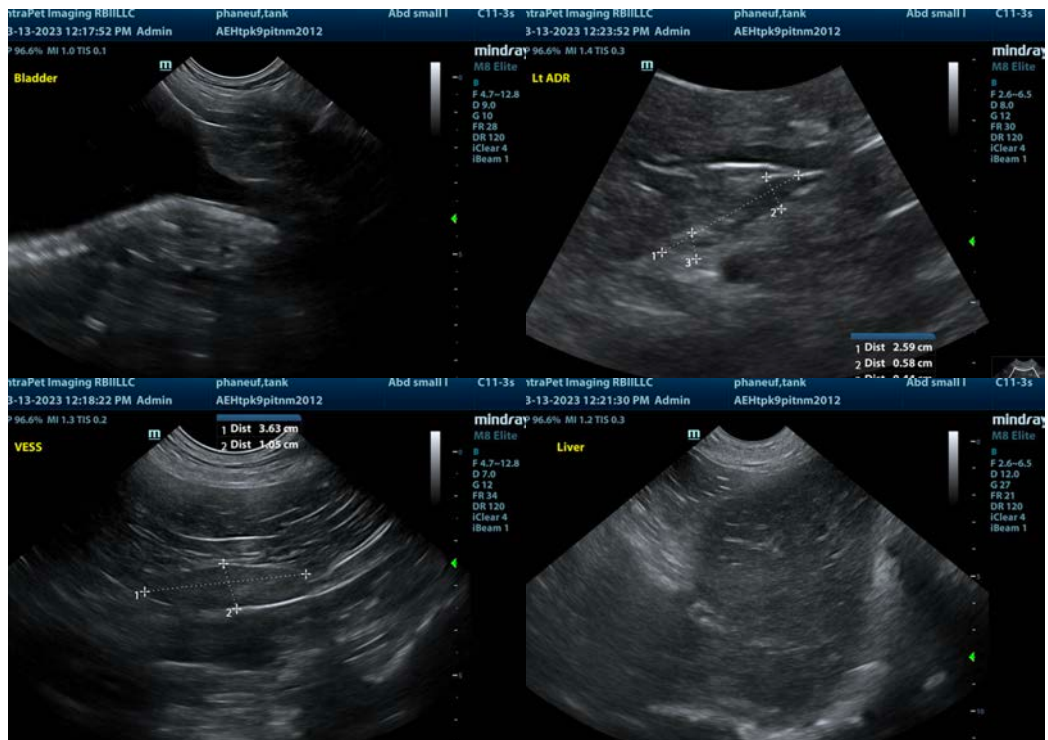
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

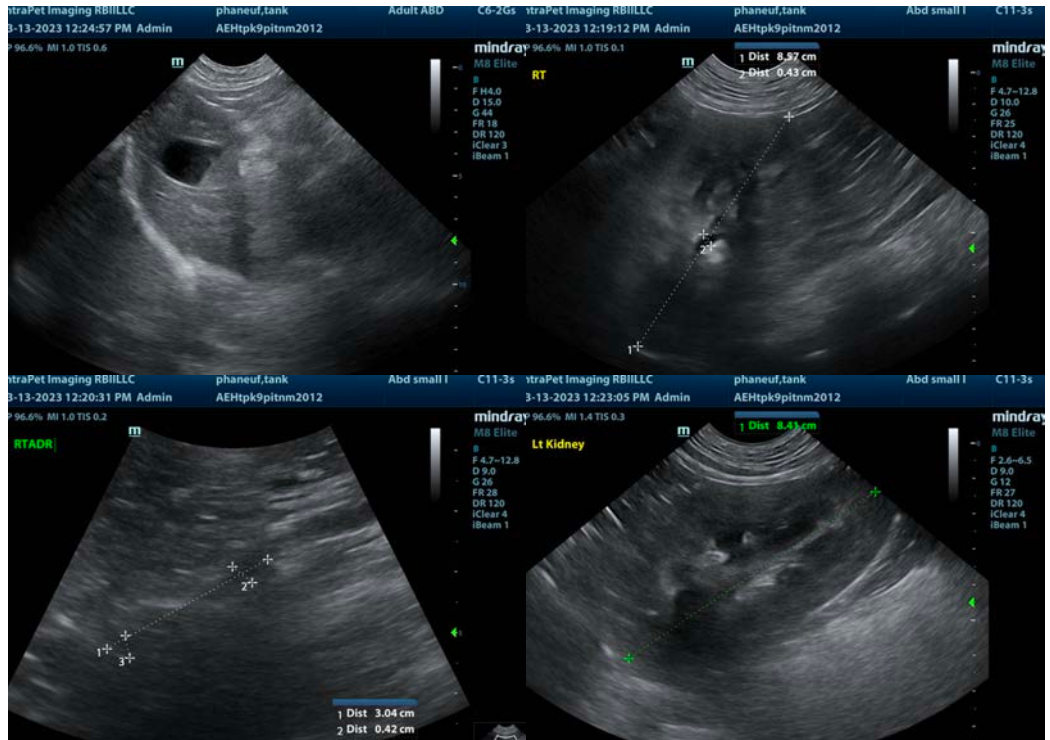
### **ULTRASONOGRAPHIC FINDINGS**

- Structurally unremarkable abdomen with age related renal and hepatic changes, non-specific.

### **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant disease. The Prednisone therapy may be suppressing a more significant presentation. Fecal test, rectal palpation, treatment for enterotoxins and baytril responsive colitis could be considered with Enrofloxacin implementation along with the current protocol.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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**  
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