

**DATE**

3/25/22

PRESENTING CLINICAL SIGNS

Started beginning of March - vomiting. Seen rDVM 3/7 given Cerenia injection and dispensed Cerenia tablets. 3/12 - refilled Cerenia - vomiting when off medications. 3/14 - BW - Snap Cpl wnl. Elevated WBC and Hemoconcentrated and X-rays - Abdominal Lat & VD - gas in SI, fecal opacity in colon, soft tissue opacity "food" in stomach. Covenia given SQ Rimadyl and dispensed Previcox. Was given IV fluids while hospitalized. Has continued to vomit on/off Rechecked today - - started on IV fluids, Rimadyl injection & Cerenia injection. Referral for abdominal US.

PATIENT

Dakota Grimes

Current Medications: None listed.

SPECIES

Canine

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.

BREED

Chihuahua Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****SEX**

Intact male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A mild amount of debris was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

3/21/21

The testicles were imaged and found to be uniform with no evidence of pathology. The prostate was mildly heterogenous and measured 2.0 cm in width.

WEIGHT

11.9 lbs

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. A slight cortical infarct was noted in the caudal pole of the right kidney. The right kidney measured 4.4 cm. The left kidney measured 4.7 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 2.61 x 0.58 cm at the caudal pole and 0.59 cm at the cranial pole. The left adrenal gland measured 1.48 x 0.5 cm at the caudal pole and 0.42 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Saubier

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.

INVOICE**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 was mildly over distended with minor suspended debris.

Gastrointestinal

The **stomach** revealed fabric type shadowing material that measured 5.15 cm. A linear attachment was noted in the pylorus and continued into the small intestine.

Pancreas

The right limb of the **pancreas** was hypoechoic and mildly irregular measuring 1.46 cm.

Free Abdomen

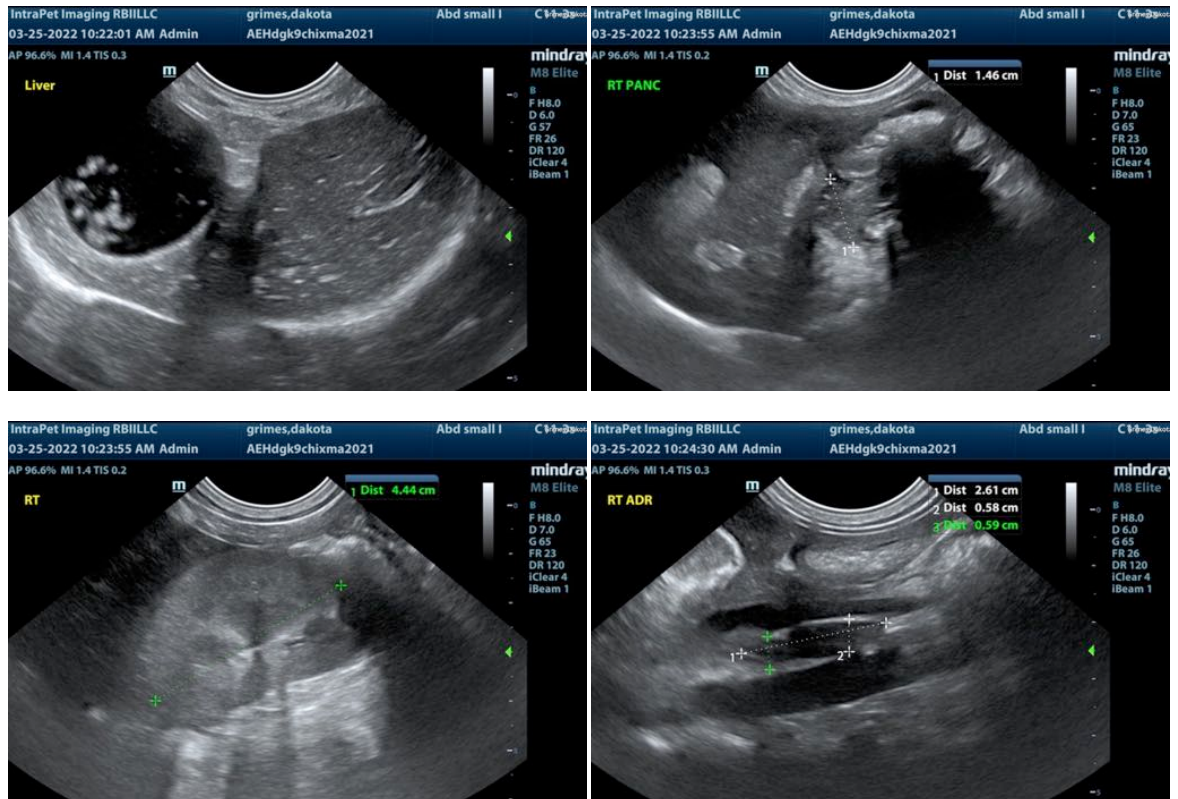
Slight fluid was noted adjacent to the prostate. This is likely a paraprostatic cyst.

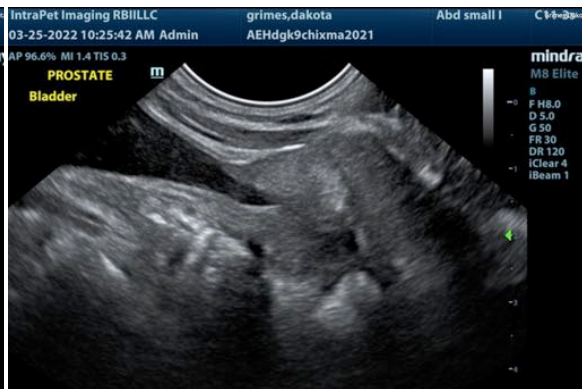
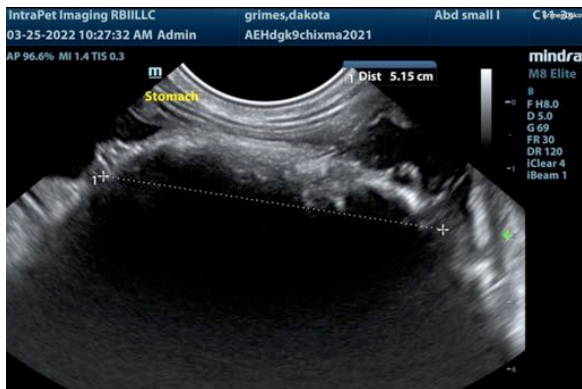
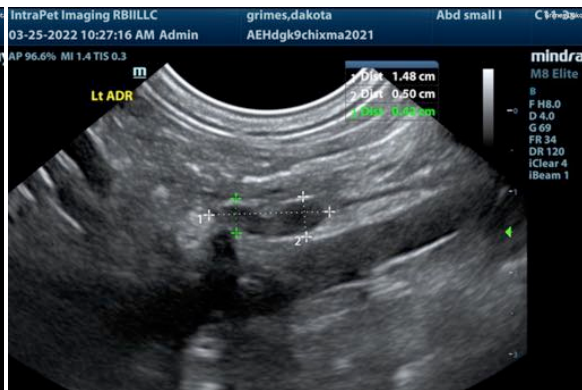
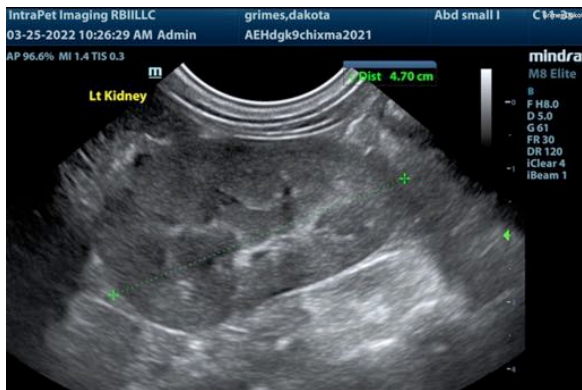
ULTRASONOGRAPHIC FINDINGS

- Gastric duodenal foreign matter with concurrent pancreatitis.
- Right renal infarct.
- Minor heterogenous pancreatic changes.
- Bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is indicated with GI biopsies. Neutering can be considered at the time of surgery. The free fluid is concerning for potential emerging peritonitis. Full urinary work-up is indicated.







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