**DATE PRESENTING CLINICAL SIGNS**

3/31/23

**PATIENT**

Monty Sampson

**SPECIES**

Canine

**BREED**

Italian Greyhound

**SEX**

Neutered Male

**AGE**

11/19/18

**WEIGHT**

14.5 Pounds

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

Dr. Hicks

**INVOICE**

21867

History: Continuing Gi Issues from Visit 2/16. Vomited Blood Last Night 7:30Pm, Refused Dinner. Signs Of Discomfort and Pain, Restlessness, Whining. Leaky Diarrhea From 3Am 8Am. Vomited Tues 3/28 Am Twice, Mucusy and Bile Present. Again, Last Night Thurs 3/30, Mucus and Dark Blood As Well As Flecks Of Blood Throughout - Primary care visit on Wednesday 3/29 - started Hill's Digestive Care Wet/Dry, no other medications. ATO - P was doing well since last visit but started vomiting again on Tuesday (3/28), Thursday (3/30) the vomit had blood present

- This morning (3/31) P started with bloody diarrhea - no recent fecal  
- no x-rays

Current Medications: None listed.

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 were 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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 4.06 cm. The right kidney measured 3.72 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 1.55 cm x 0.64 cm at the caudal pole and 0.64 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 and common bile duct were unremarkable. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

### ***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 right limb of the **pancreas** was hypoechoic and irregular with undulating contour.

### ***Free Abdomen***

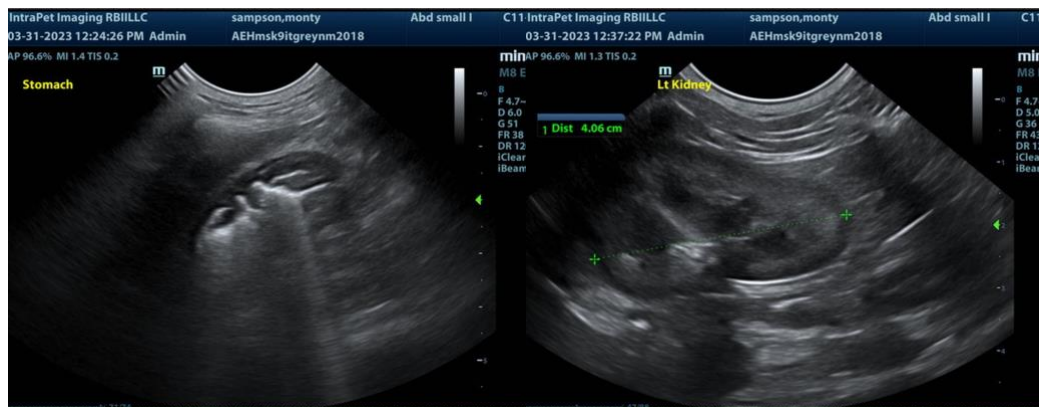
A mesenteric **lymph node** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The mesenteric lymph node measured 2.24 cm x 1.05 cm.

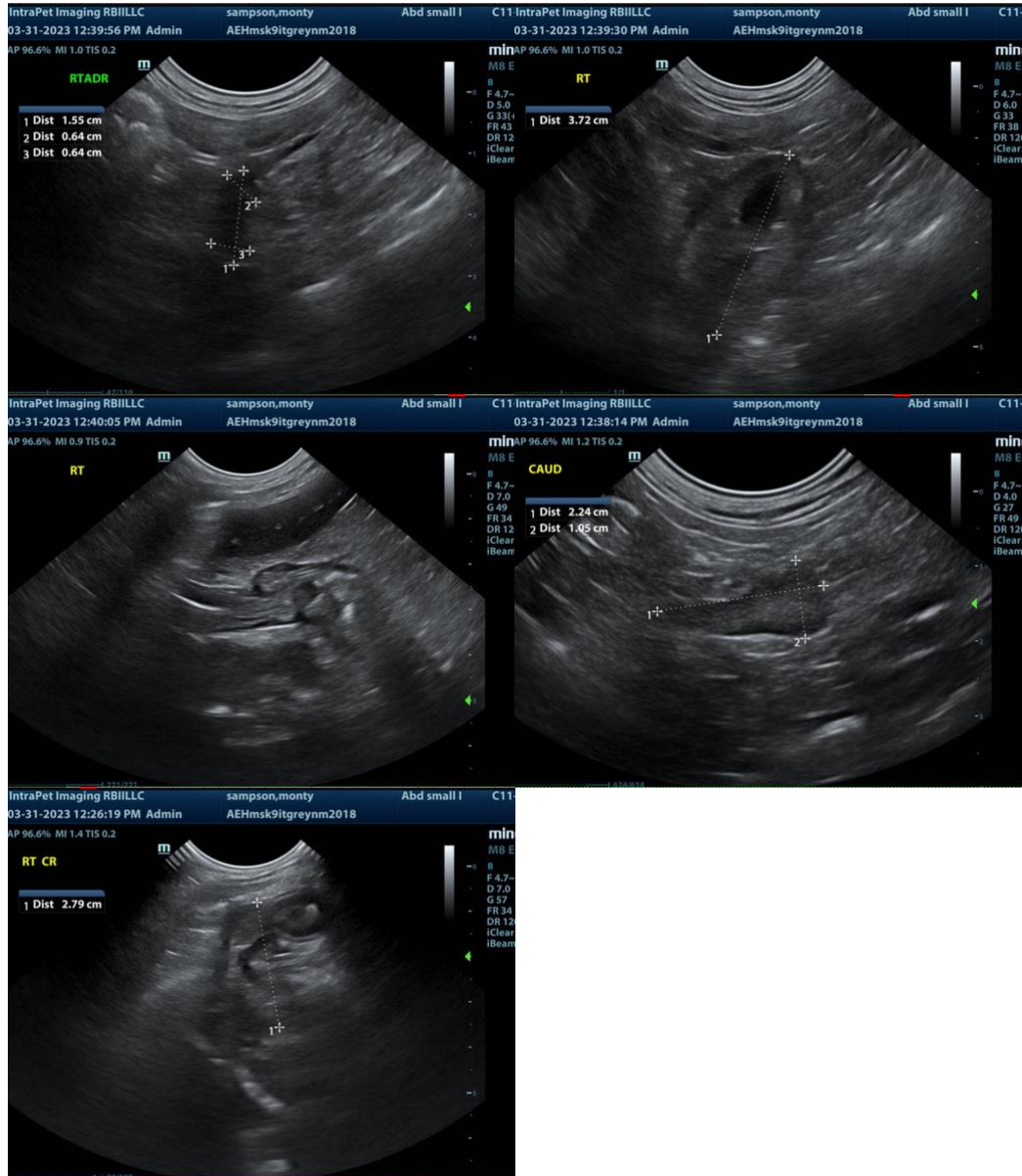
## **ULTRASONOGRAPHIC FINDINGS**

- Minor reactive mesenteric lymphadenopathy
- Minor heterogenous right pancreatic limb

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

Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas. The changes are fairly benign. Dietary intolerance, helicobacter and occult parasitism are all potentials in this patient.





**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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