



PATIENT

Cash Ready

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

12

WEIGHT

80.20

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kristin Velasco

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Kristin Velasco

INVOICE

21468

DATE

3/6/23

PRESENTING CLINICAL SIGNS

History: Acute onset of vomiting and diarrhea in the last 24 hours, no foreign material ingestion known. CBC, Chem, UA pending. Diarrhea profuse hemorrhagic and mucoid. No current medications. 3 view thoracic rads consistent with hypovolemia.

Abnormal PE/Chem/CBC/UA Results: Pending- Chem and cbc PCV: 52 TS: 6.6

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. A minor amount of debris was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

The **kidneys** revealed moderate degenerative changes. Cortical infarcts and remodeling were noted. Pyelectasia and mineralization were noted in the right kidney. The left kidney measured 4.5 cm. The right kidney measured 4.1 cm.

Adrenal Glands

The **left adrenal gland** was mildly enlarged, measuring 1.0 cm at the caudal pole and 0.84 cm at the cranial pole.

The **right adrenal gland** was not visualized.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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 hyperperistalsis, variable wall thickening and areas of reactive mesentery. Some stasis was noted in the stomach.

Pancreas



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The **pancreas** revealed heterogenous mixed echogenic changes in the left and right limb consistent with remodeling and potential low-grade inflammation.

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ULTRASONOGRAPHIC FINDINGS

- The gastrointestinal tract revealed hyperperistalsis, variable wall thickening and areas of reactive mesentery. No overt cause of obstruction was noted. Acute on chronic inflammatory bowel is likely.
- Moderate degenerative renal changes
- Possible minor chronic active pancreatitis
- Enlarged left adrenal gland- hyperplasia is likely
- Age-related hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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24-hour NPO, fecal test, GI protectants and treatment for enterotoxins are all valid in this patient. If the patient appears cushingoid, then underlying pituitary dependent Cushings is possible, however, further imaging of the right adrenal gland would be indicated in that case.

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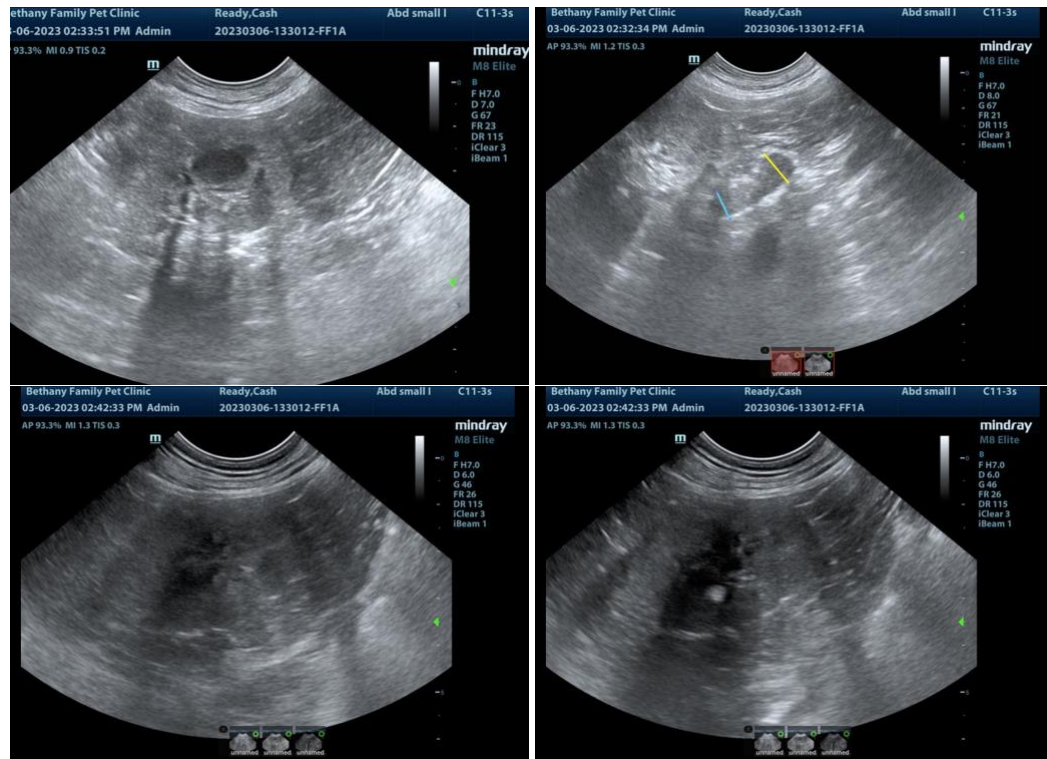
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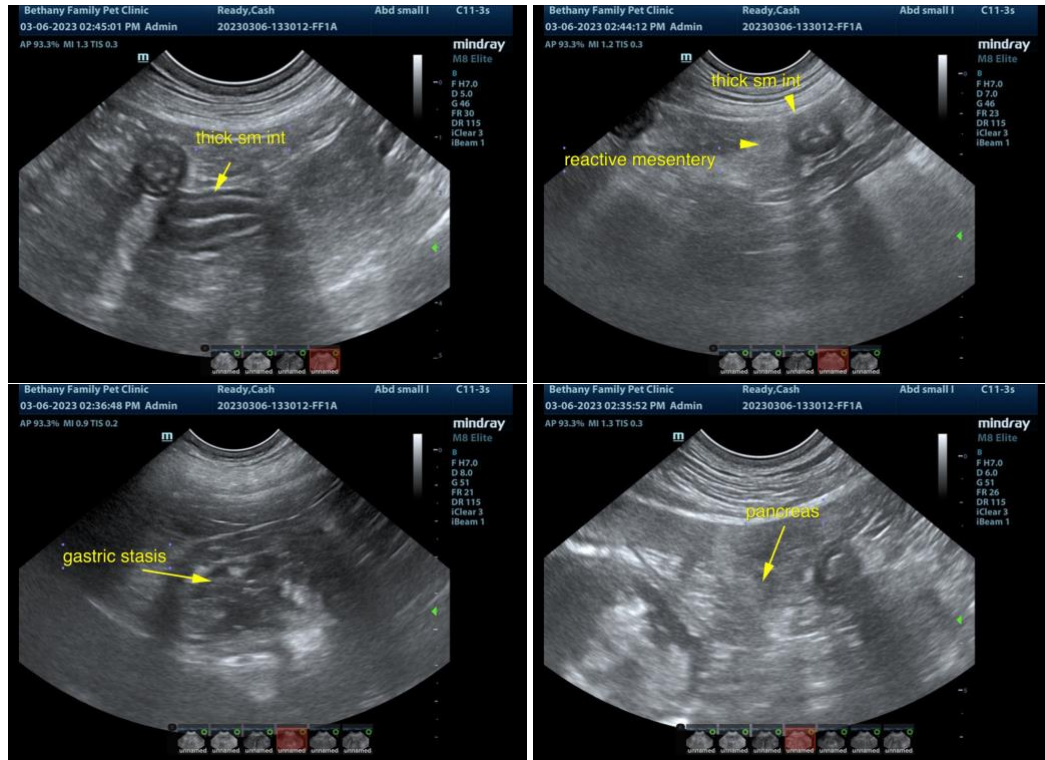
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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