**DATE**

3/8/22

**PATIENT**

Grace Dixon

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Spayed Female

**AGE**

3/6/11

**WEIGHT**

90.7 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Thompson

**INVOICE**

35993

**PRESENTING CLINICAL SIGNS**

3/6/22- Grace presents for vomiting and inappetence. Previous history- started vomiting yesterday and overnight about 2 times- yesterday was not interested in eating yesterday evening or today- more lethargic. No change in urination- no diarrhea. O did not see defecate today- drinking normal, able to keep water down, last vomit was at 4am yellow bile. N C/S- no known FB or toxin ingestion- no recent change in treats or diet- hx: hooded vulva, no hx of urinary signs. Went home and O gave medications, proceeded to vomit a large amount.

Current Medications: Glucosamine, Buprenorphine, Maropitant, Protonix.  
 Date of Previous IntraPet Ultrasound: No previous.  
 Sedation: Not required to complete full diagnostic ultrasound.  
 Stat Report: Not requested.

**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 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 right kidney measured 7.5 cm. with pyelectasia of 0.31 cm. The left kidney measured 7.0 cm with slight pyelectasia of 0.16 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 2.56 cm x 0.82 cm at the caudal pole and 0.74 cm at the cranial pole. The left adrenal gland measured 2.42 cm x 0.82 cm at the caudal pole and 0.79 cm at the cranial pole.

**Spleen**

The **spleen** was enlarged with scalloping contour and heterogeneous parenchyma changes.

**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**

The **gastric wall** was particularly thickened, up to 2.0 cm with areas of early loss of mural detail. Variable intestinal thickening noted with regions of loss of mural detail. A portion of jejunum was particularly thickened at 1.1 cm. Reactive mesentery noted around the portions of intestinal thickening.

### Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### Free Abdomen

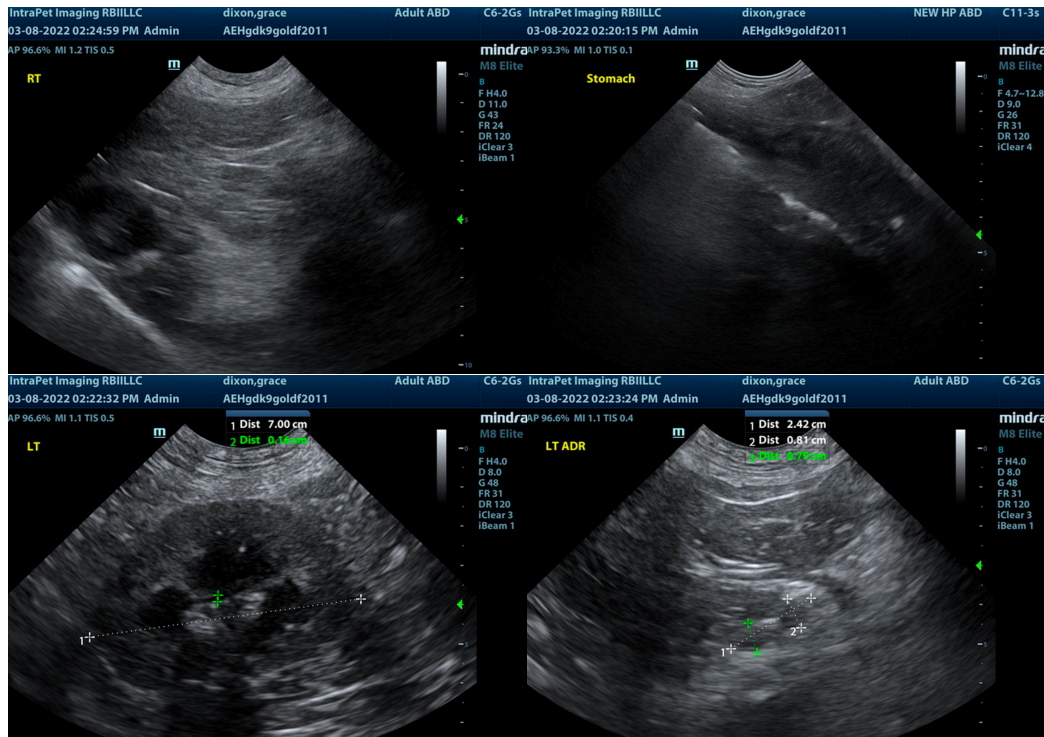
Rapid view of the heart revealed no evident pathology.

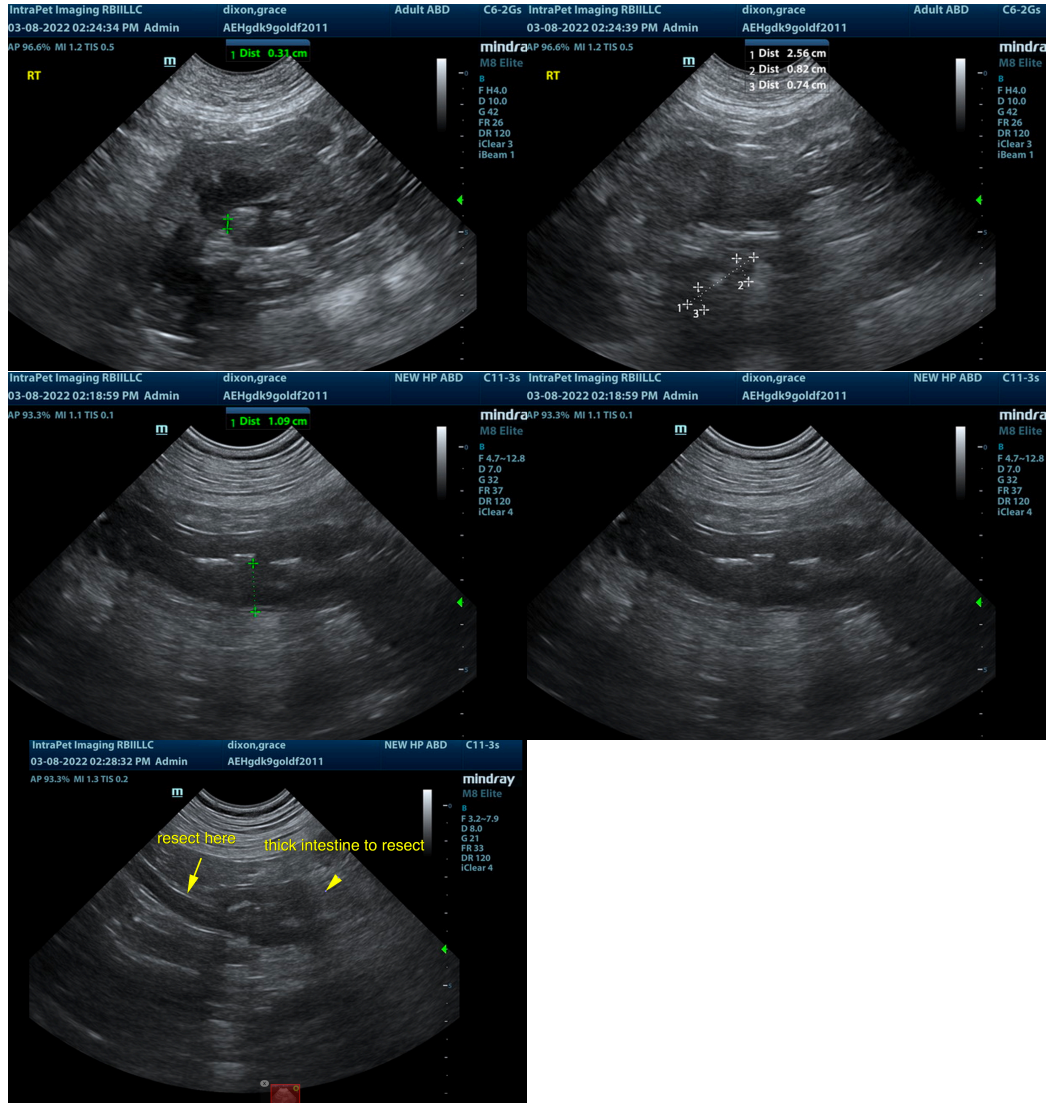
### ULTRASONOGRAPHIC FINDINGS

- Variable gastrointestinal thickening – strong concern for emerging round cell neoplasia.
- Mild splenic enlargement

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen warranted. However, exploratory surgery and intraoperative ultrasound with resection and anastomosis of the affected portion of intestine would be ideal. Upper gastrointestinal biopsies also indicated. Otherwise, endoscopy warranted, yet would not be able to assess the distal small intestinal pathology. Gastroenteritis with complicating mural disease versus emerging round cell neoplasia are the primary differentials.





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.

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