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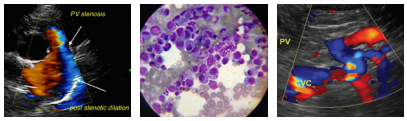
IntraPet.com



SonoPath
Clinical Sonography & Telecytology
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DATE

3/8/22

PATIENT

Pebbles Hudson

SPECIES

Canine

BREED

Old English Sheepdog

SEX

Spayed Female

AGE

3/6/13

WEIGHT

75.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Animal Emergency Hospital

REFERRING VET

Dr. Nacke-Horney

INVOICE

35990

PRESENTING CLINICAL SIGNS

Five weeks ago: started being very gassy - presented to the rdvm and was WNL. Started drooling and vomiting mucus intermittently - rdvm did BW and expressed concerns for an -itis related to a tick borne disease (2 weeks ago) Owner noted will vomit up the Doxy but will hold her food down. Owner believes she is coughing up mucus rather than vomiting - noted that she believes that mucus is dripping out of her mouth that is clear in color. Did not want to eat or drinking since yesterday and lethargic. Recently rdvm recommended trying Prilosec but she hasn't been able to keep it down. Not a known eater of things, No dietary indiscretion over the past month. Known to eat goose feces when outside. Has access to woods in their back yard.

Current Medications: Doxycycline 100 mg tab - 1.5 tabs
q12 - tried to give Monday and Tuesday but would not keep down so the owner stopped. Metoclopramide, Maropitant, Omeprazole, Doxycyline, Sucralfate.
Lab Results: Ehrlichia positive on snap test at RDVM a couple of weeks ago.
Radiographs: Megaesophagus. Large amount of feces in the colon with some gas. Suspicious gassy changes in the intestines.
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 and no evidence of pelvic dilation was present. The right kidney measured 6.25 cm. The left kidney measured 7.17 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 2.39 cm x 0.71 cm at the caudal pole and 0.88 cm at the cranial pole. The left adrenal gland measured 3.16 cm x 0.72 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 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.

The gastroesophageal inlet was unremarkable.

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.

Other

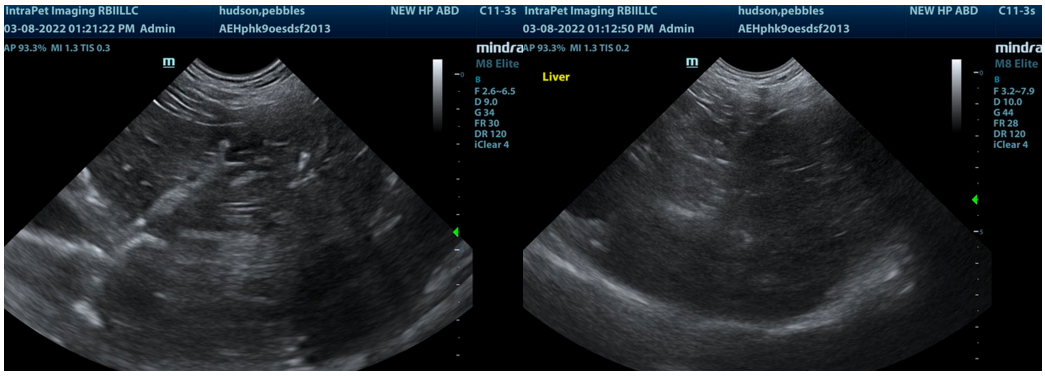
Rapid view of the chest revealed areas of lung consolidation.

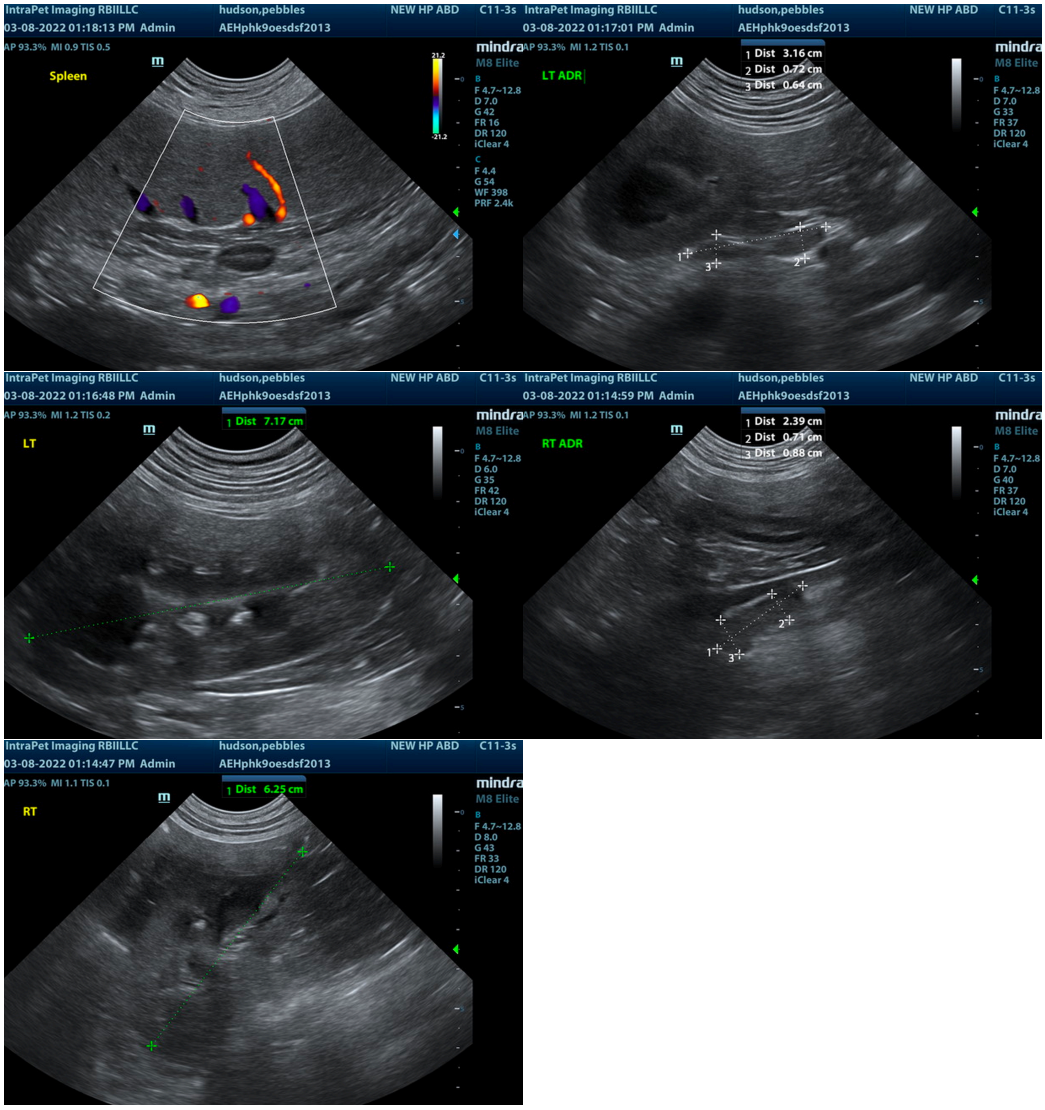
ULTRASONOGRAPHIC FINDINGS

- Normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral pathology. Thoracic workup recommended. Given the patient history, GI protectant protocol would be warranted. However, structurally the GI tract and abdomen appear unremarkable.





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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