



## DATE PRESENTING CLINICAL SIGNS

04/13/26 Patient History: Started vomiting and diarrhea on Saturday evening. He ate on Saturday at 2 pm and then vomited. Currently on benazepril for protein losing nephropathy. Eats a homemade diet. Not able to hold anything down. Not interested in eating.

## PATIENT

Rusty Carbaugh Current Medications: Benazepril 5 mg po q 12 h, maropitant 1 mg/kg iv q 24 h, ondansetron 0.4 mg/kg iv q 8 h

## SPECIES

Canine

Labwork Results: Labwork not attached, reported as: CBC: wnl. Chemistry: BUN 57.6 H, creat 1.4 normal, Globulin 1.4 H, Alk phos 228 H, cPL: 217.4 grey zone

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Torbugesic/Propofol.

Stat Report: Requested.

## BREED

Yorkie

Imaging Performed by: Stephanie Warga RDCS, RVT.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### SEX

Neutered Male

### Urinary System

The **urinary bladder**, trigone, and pelvic urethra to a depth of 3.0 cm 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.

### AGE

04/12/13

The **residual prostate** measured 7.0 mm.

### WEIGHT

6.91 kg

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild to moderate 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. Slight pyelectasia and slight pinpoint mineralizations were present. The left kidney measured 4.88 cm in length. The right kidney measured 4.1 cm in length.

## INTERPRETED BY

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### Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some mild heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 2.09 cm x 0.71 cm width at the caudal pole and 0.55 cm width at the cranial pole. The right adrenal gland measured 1.94 cm x 0.67 cm width at the caudal pole and 0.59 cm width at the cranial pole.

## HOSPITAL NAME

Mason Dixon Animal  
Emergency Hospital

## REFERRING VET

Dr. McCafferty

### Spleen

The **spleen** was folded upon itself caudally.

## INVOICE

15043

### Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subnormal liver size, normal 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 small intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small intestine demonstrated normal luminal chyme respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

The colonic wall presented with thickening measuring up to 0.70 cm. A majority of the colonic presentation maintained mural detail with a mild portion of loss of mural detail in one section adjacent to the urinary bladder.

### ***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.

### ***Free Abdomen***

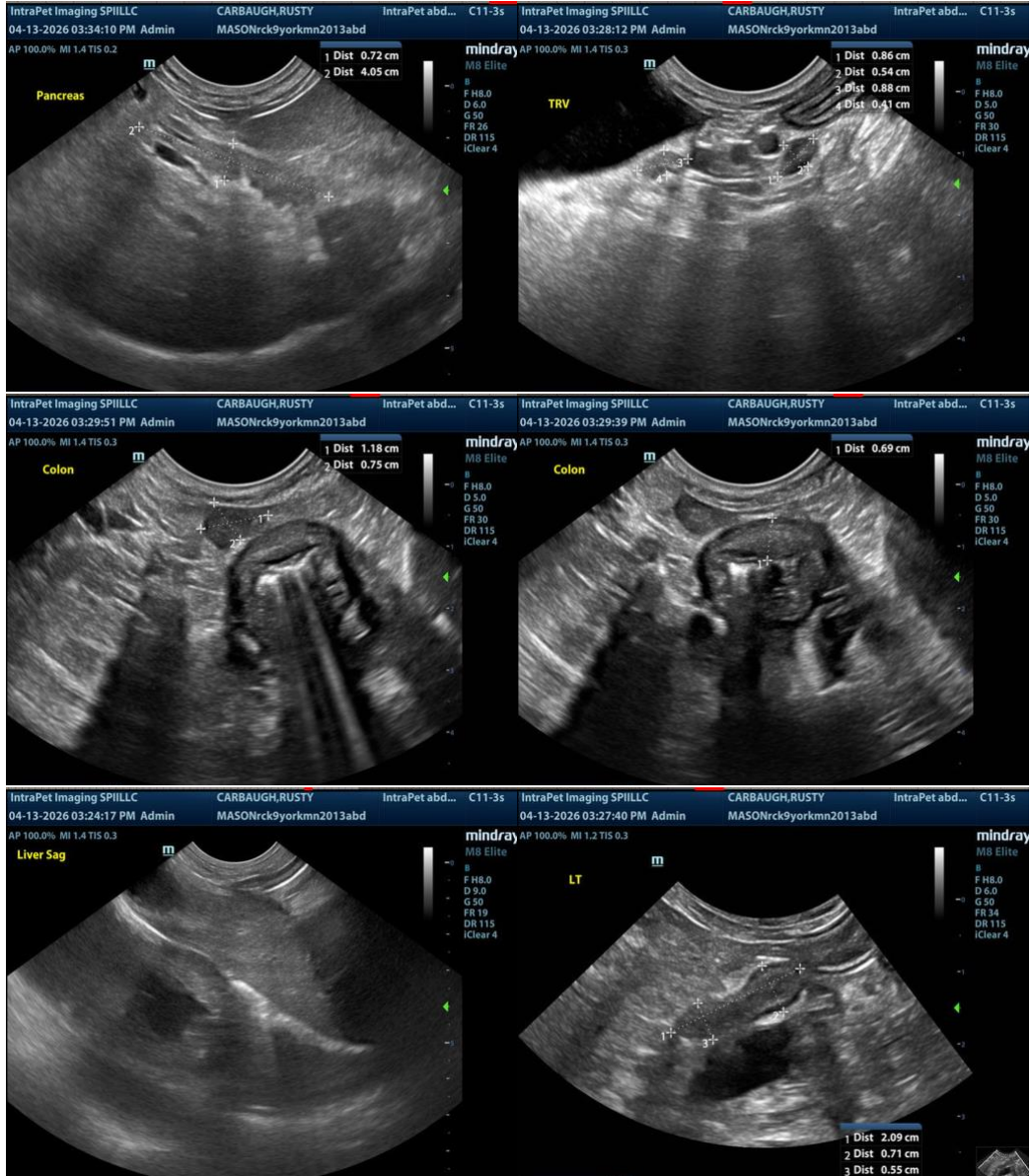
Slightly enlarged colonic/mesenteric lymph nodes were present measuring 0.56 cm and 1.18 cm.

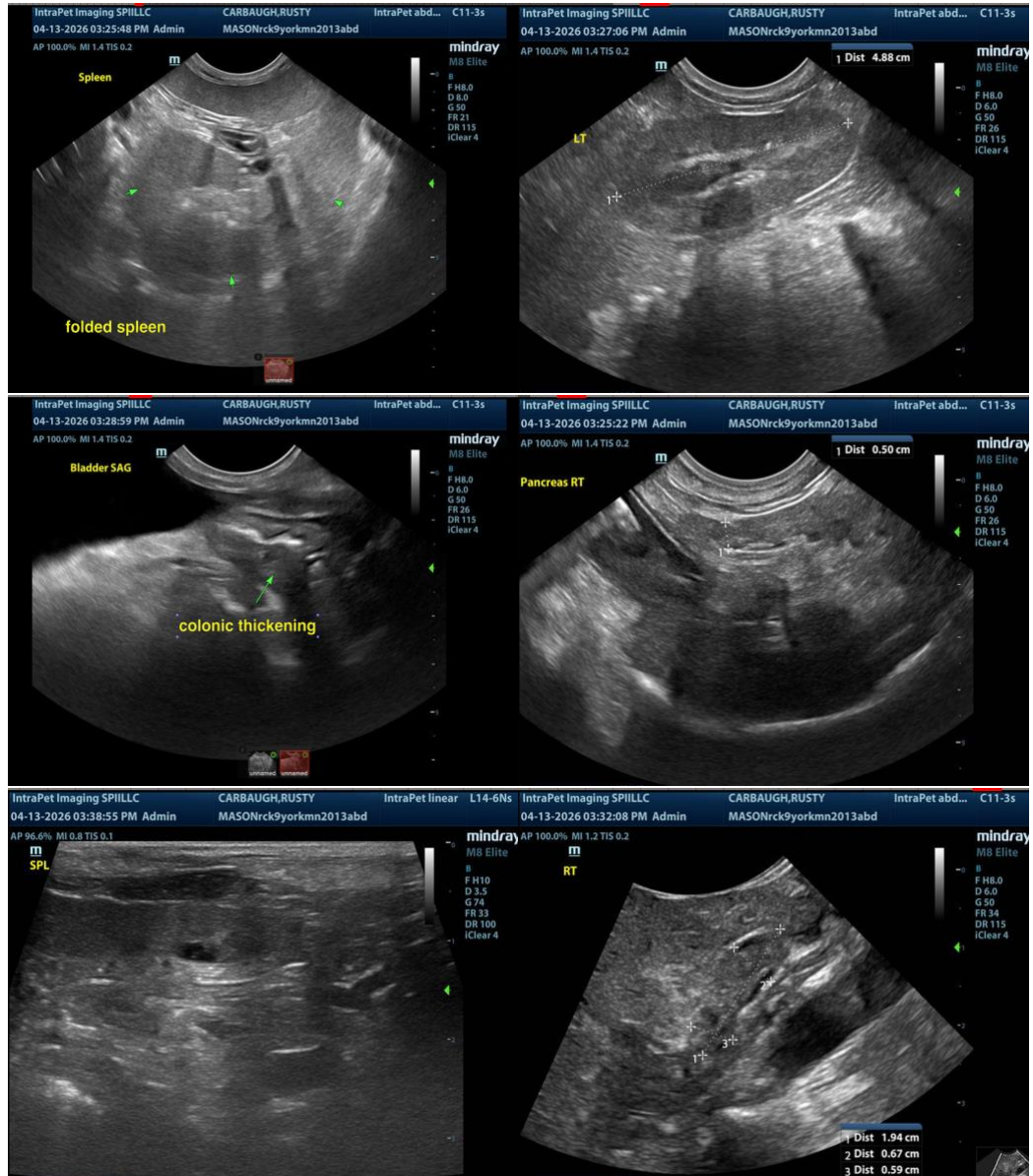
## **ULTRASONOGRAPHIC FINDINGS**

- Colonic wall thickening with colitis pattern.
- Colonic and mesenteric lymphadenopathy- lymphadenitis possible.
- Age-related renal changes with mineralizations and slight pyelectasia.
- Folded spleen.
- Age-related abdominal changes.

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

Ultrasound guided FNA of the thickened colonic wall with cytology and culture is indicated with colonoscopy. Management for colitis with parasite management, enrofloxacin/metronidazole combination, hydrolyzed diet could be considered empirically and recheck sonogram in 7 to 10 days. The azotemia is likely pre-renal as the kidneys appear to have only minor changes.





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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