

**DATE**

4/15/22

PRESENTING CLINICAL SIGNS

History: Hx of sensitive stomach. About 1 month ago had an episode where she vomited and went to RDVM. Xrays NSF, treated outpatient, did well. Yesterday owner mowed and she ate grass. Vomited this am with grass then bloody stool.

PATIENT

Sally Miller

Current Medications: Sucralfate, Metoclopramide, Ondansetron, Metronidazole, Ampicillin, Protonix.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Sedation: Not required to complete full diagnostic ultrasound.

Canine

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

10/24/18

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 6.23 cm. The right kidney measured 5.74 cm.

WEIGHT

72.5 Pounds

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 left adrenal gland measured 3.2 cm x 0.76 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 2.82 cm x 0.68 cm at the caudal pole and 0.68 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal emergency
Hospital**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.

REFERRING VET

Dr. Ruby

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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

14763

Gastrointestinal

Minor excessive GI gas was present. Luminal fluid was noted in the duodenum typical of GI upset/enteritis. Fluid filled colon noted.

Pancreas

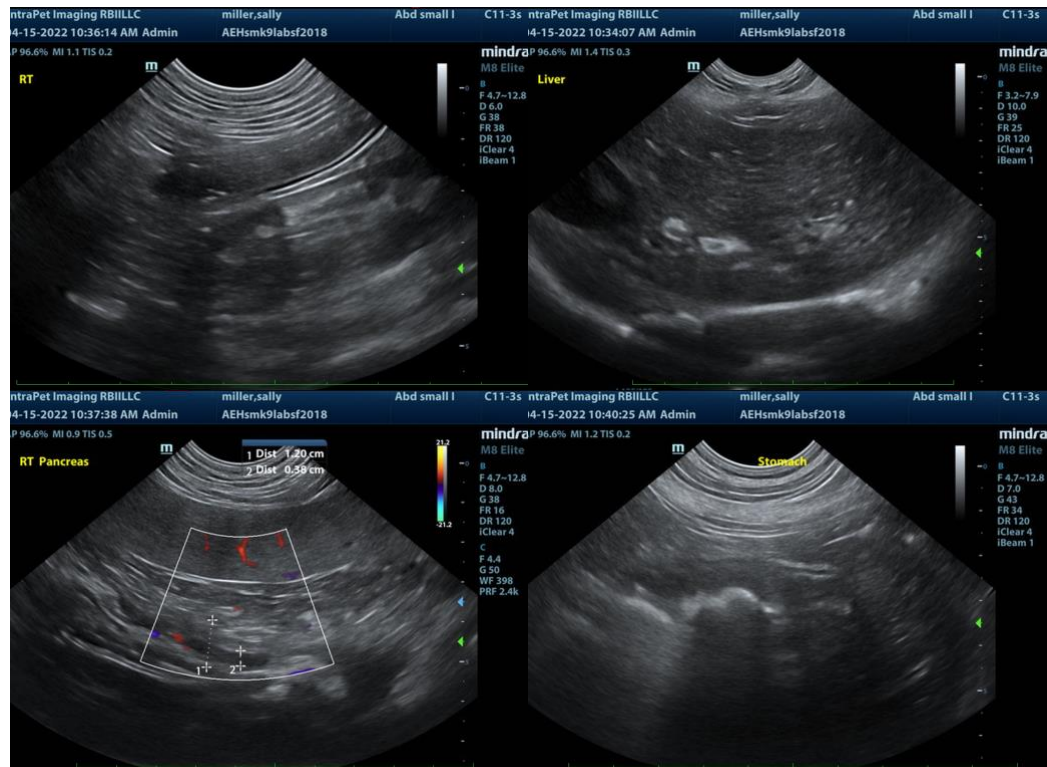
The pancreatic duct was slightly dilated at 0.38 cm. The left pancreatic limb measured 1.2 cm.

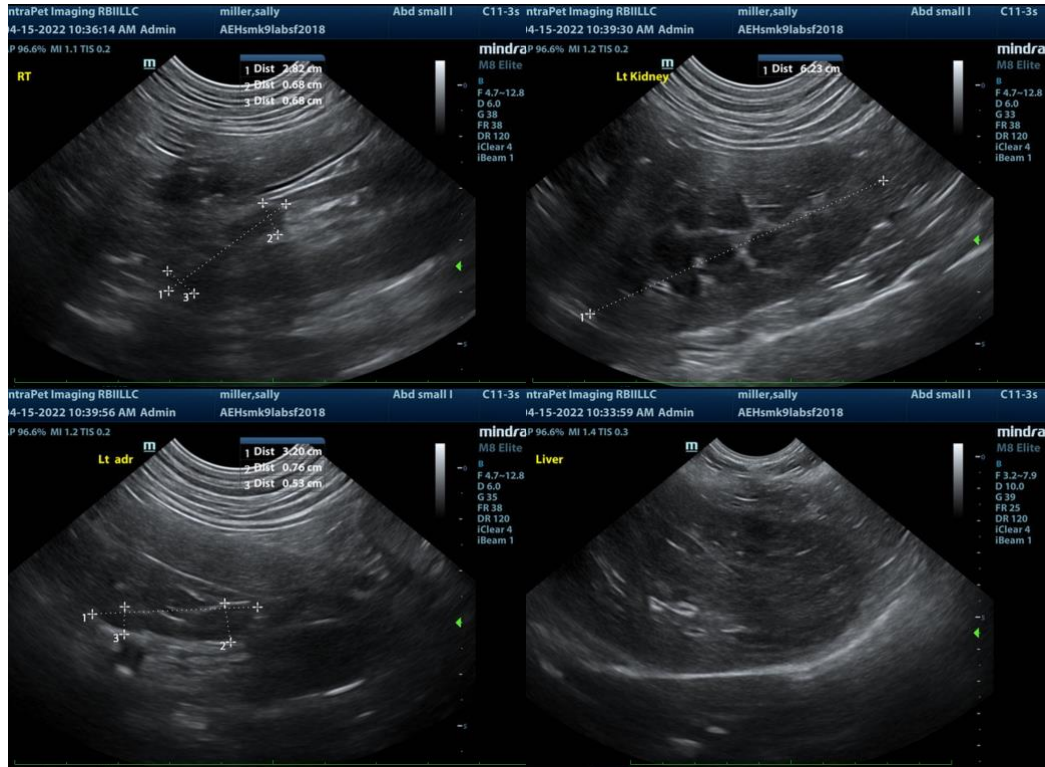
ULTRASONOGRAPHIC FINDINGS

- Nonspecific gastroenteritis presentation.
- Dilated pancreatic duct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. No evidence of foreign bodies. Fluid filled small intestine and colon noted. 24-hour NPO, treatment for enterotoxin and coverage for parasites should prove effective.





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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