

IMAGING PERFORMED BY

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**DATE**

4/15/22

**PATIENT**

Tucker Boone

**SPECIES**

Canine

**BREED**

Westie

**SEX**

Neutered Male

**AGE**

7/14/19

**WEIGHT**

17.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Andi Parkinson RDMS

**HOSPITAL NAME**

Belvedere Vet Center

**REFERRING VET**

Dr. Moulder

**INVOICE**

36946

**PRESENTING CLINICAL SIGNS**

Episodic vomiting. First ~3 weeks ago, p was acutely uncomfortable for abdominal palpation- rads revealed gas in colon and cecum. P improved with cerenia and IV fluids. Discharged the next day with metronidazole for 7 days. Symptoms returned ~4-5 days after cessation of metronidazole(4/11). P was vomiting but still eating and not uncomfortable for abdominal palpation. Outpatient care was elected with SQ fluids, restart of metronidazole and omeprazole TGH. P did not readily improve with 3 days of treatment.

Current Medications: Metronidazole 125mg BID, Omeprazole 5mg SID, Cerenia 8mg PRN. Gabapentin and Trazodone on arrival.

Lab Results: WNL. WBC 18 w/neutrophilia, mild hepatomegaly on radiographs.

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 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 right kidney measured 4.5 cm. The left kidney measured 4.65 cm.

**Adrenal Glands**

The **right adrenal gland** was flattened, measuring 2.02 cm x 0.32 cm at the caudal pole and 0.35 cm at the cranial pole.

The **left adrenal gland** was flattened, measuring 1.79 cm x 0.33 cm at the caudal pole and 0.31 cm at the cranial pole. Both adrenal glands are low end of normal width.

**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 submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Minor pronounced caudate process, yet benign. 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.

### ***Gastrointestinal***

The **stomach** presented a minor amount of fluid filled lumen. The small intestine and colon were 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.

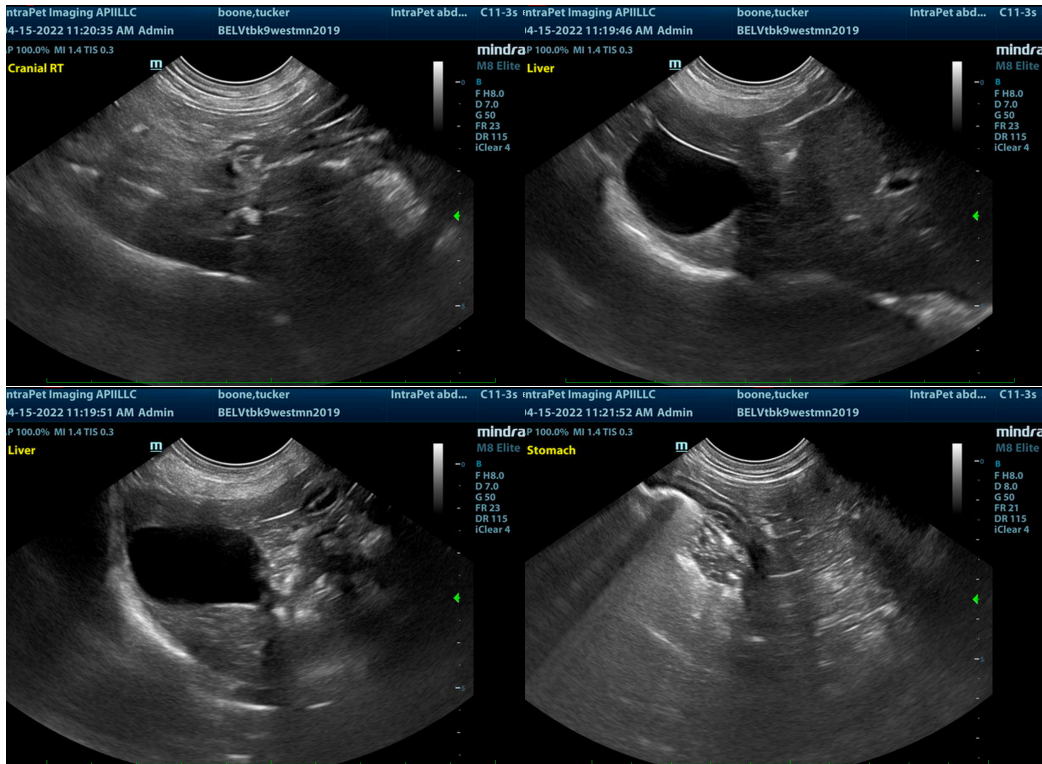
### **ULTRASONOGRAPHIC FINDINGS**

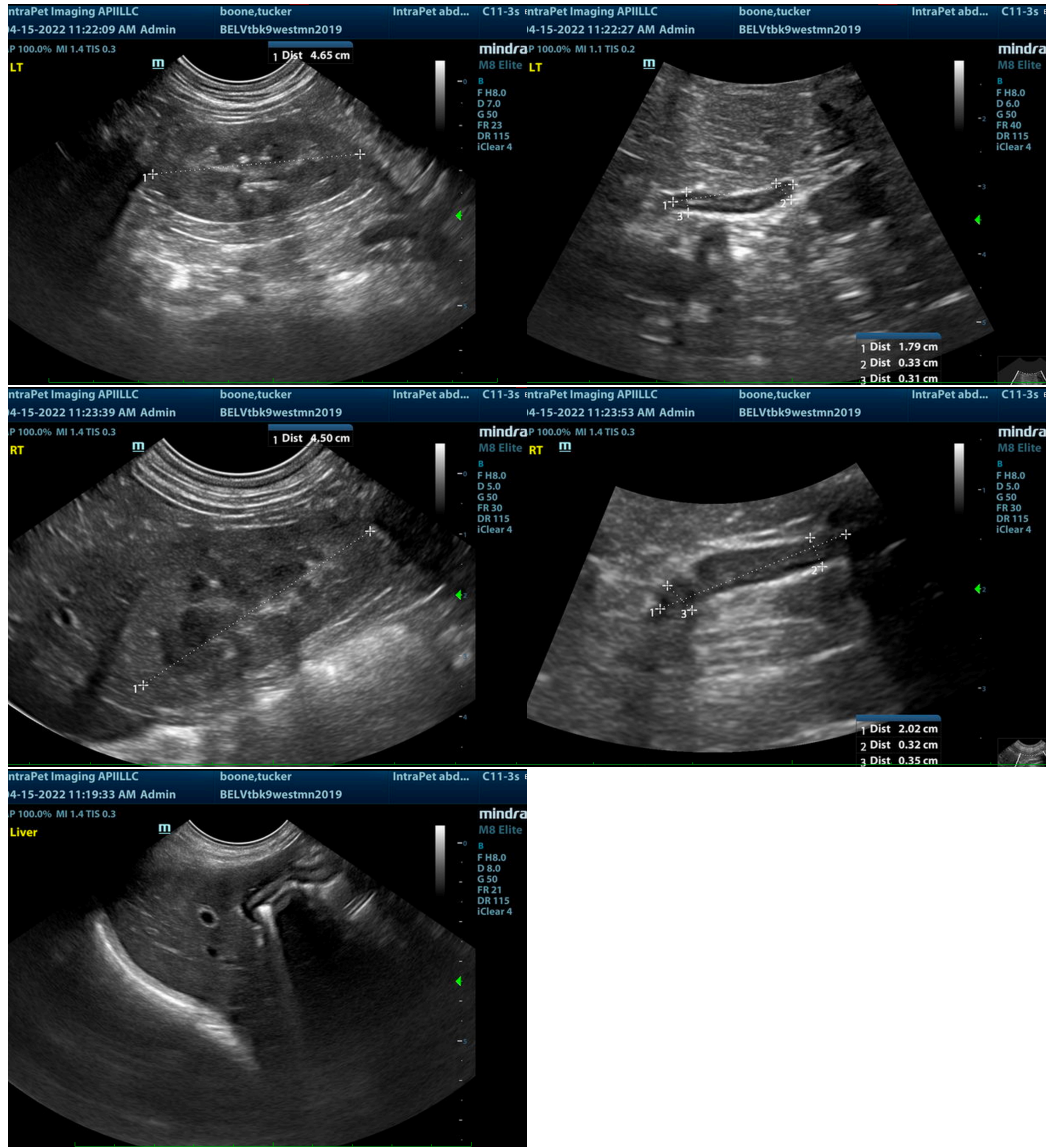
- Minor gastric fluid – possible low-grade gastritis.
- Subnormal adrenal size

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

Given the breed predisposition and vague clinical signs, screening for Addison's warranted. Otherwise, no evidence of significant disease present. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

**Radiographs: Excessive intestinal gas at the ileocecal junction.**





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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