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Clinical Sonography & Telecytology
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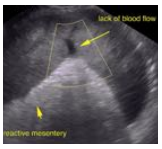
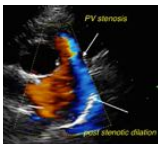
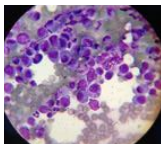
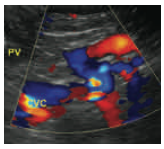

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Percy Toyer

SPECIES
Canine

BREED
Labrador

SEX
Neutered male

AGE
6 years

WEIGHT
35.6 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Moser

INVOICE
99346

DATE
4/19/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for AUS. Started about a month ago with vomiting bile early am. Then started refusing food, and started with dh. Seen at rdvm and tx with meds and was doing better, started giving a small meal at bedtime in case was due to having an empty stomach. Then started with same symptoms again last Sunday 4/10, tx again with anti nausea and anti diarrhea meds. Now doing better, rdvm rec AUS to check for underlying issues. Previous Health Concerns: no Current Medications: just finished with Tylan Powder and Cerenia, was prev tx with Cerenia, Metronidazole, Fortiflora
Abnormal PE/Chem/CBC/UA Results: Rdvm Chem/CBC: EOS 20; Abs EOS 2740; SDMA 16 Rdvm Fecal to lab: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

The **kidneys** were normal in size with mild, irregular contour. Increased cortical echogenicity and remodeling was noted. The right kidney revealed an anechoic cyst that measured 2.0 cm at the cranial pole and 6.54 cm in length.

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 2.42 x 0.58 cm at the cranial pole and 0.76 cm at the caudal 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 was noted.

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.

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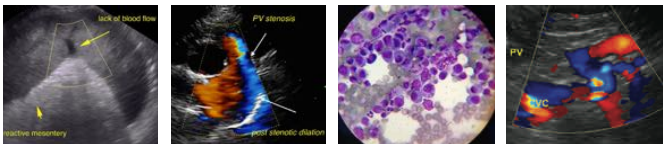

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Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. The stomach was filled with ingesta and chyme. The colon presented soft stool.

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.

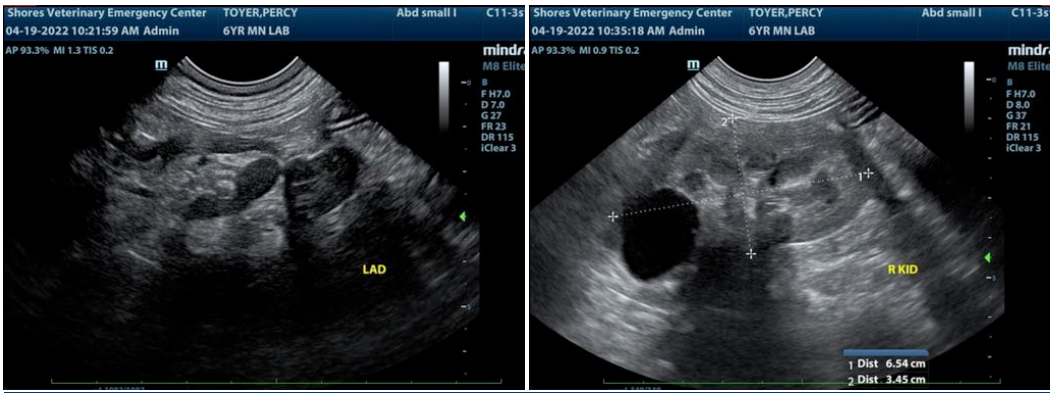
ULTRASONOGRAPHIC FINDINGS

Minor retention of ingesta noted in the stomach. IBD gastrointestinal pattern.

Mild, early degenerative renal changes, non-specific.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no overt obstruction noted. Supportive care should prove effective. Delayed outflow owing to inflammatory bowel may be an issue in this patient. Endoscopy would be ideal to further image the pyloric outflow. Note that the ingesta within the stomach was obscuring the pylorus in this patient and I cannot rule out underlying pyloric pathology. If clinical signs persist then full thickness GI biopsies are ideal given the intestinal thickening. There was no structural disease that would be consistent with neoplasia is present.



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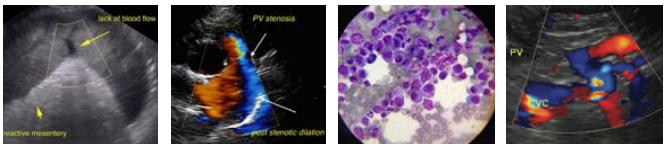

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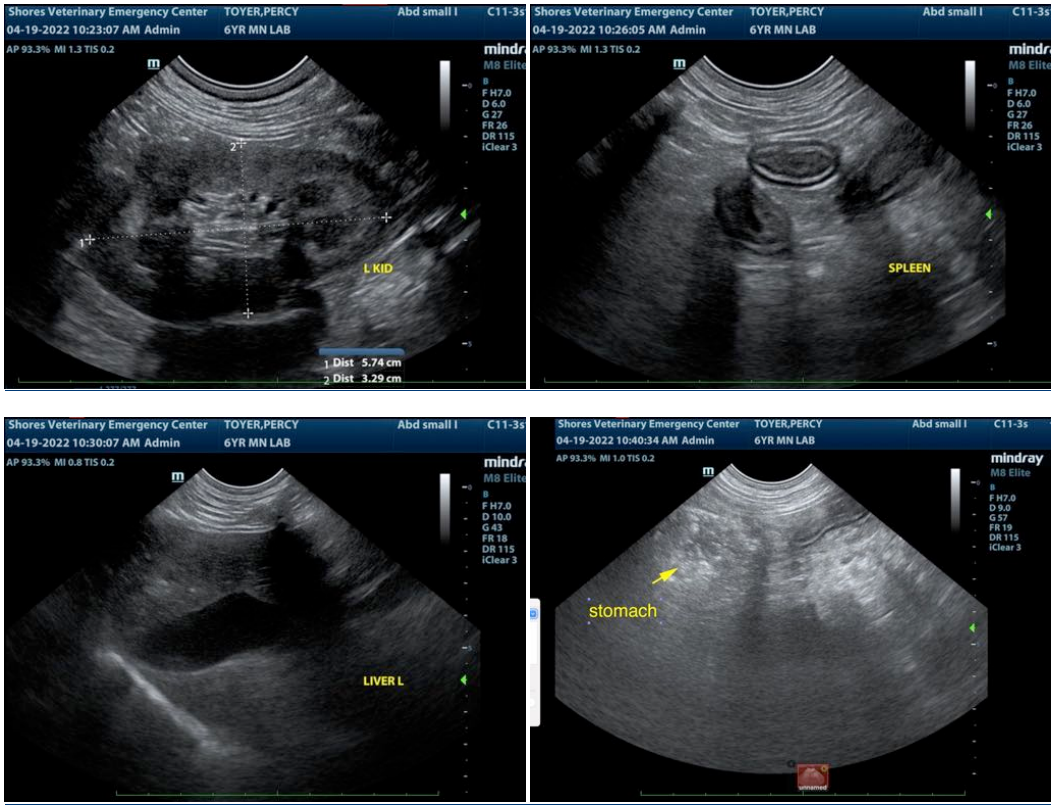

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com