



**DATE PRESENTING CLINICAL SIGNS**

04/27/26

Patient History: Normal defecation Friday - Saturday: straining to defecate with no production - Anorexic since Friday (no food intake for 2 days) - Vomited today around 7:00 PM - Dark/blackish diarrhea overnight last night - Bloody diarrhea at clinic today - No major illnesses or surgeries.

**PATIENT**

Current Medications: Provable, Metronidazole, Cerenia, Gabapentin.

Daisy Fiorito

Labwork Results: labwork attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

**SPECIES**

Stat Report: DVM requested.

Canine

Imaging Performed by: Andi Parkinson RDMS

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Mixed Breed

**Urinary System**

**SEX**

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.

Spayed Female

**AGE**

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Dystrophic mineralization was noted and non-obstructive at this time. The left kidney measured 5.62 cm in length. The right kidney measured 5.6 cm in length.

04/26/15

**WEIGHT**

21.2 pounds

**Adrenal Glands**

**INTERPRETED BY**

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 1.9 cm x 0.46 cm width at the cranial pole and 0.56 cm width at the caudal pole. The right adrenal gland measured 2.09 cm x 0.72 cm width at the cranial pole and 0.42 cm width at the caudal pole.

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**HOSPITAL NAME**

**Spleen**

Animal Emergency  
Hospital

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. Reynolds

**Liver**

**INVOICE**

The **liver** was uniformly swollen with minor, excessive gallbladder debris and minor over distension with dependent and suspended bile. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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### *Gastrointestinal*

Mild **pyloric** hypertrophy was noted without obstruction and no loss of mural detail. 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. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### *Free Abdomen*

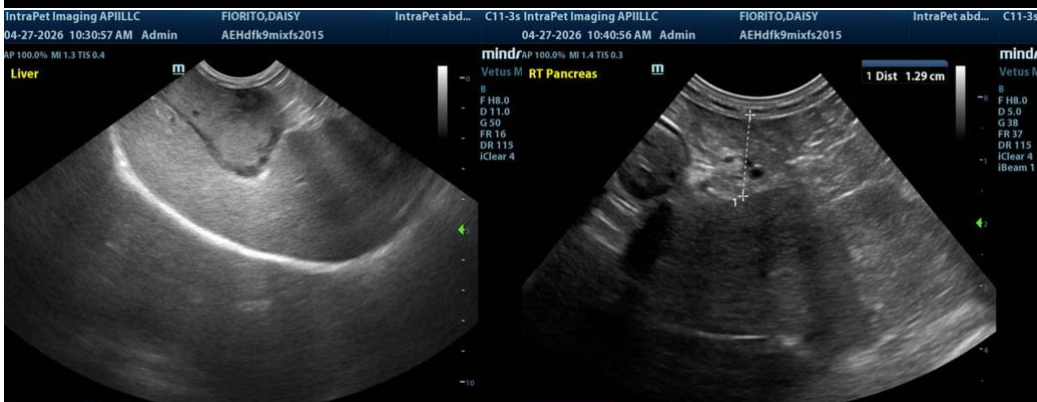
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. The lymph nodes measured up to 1.5 cm x 0.45 cm.

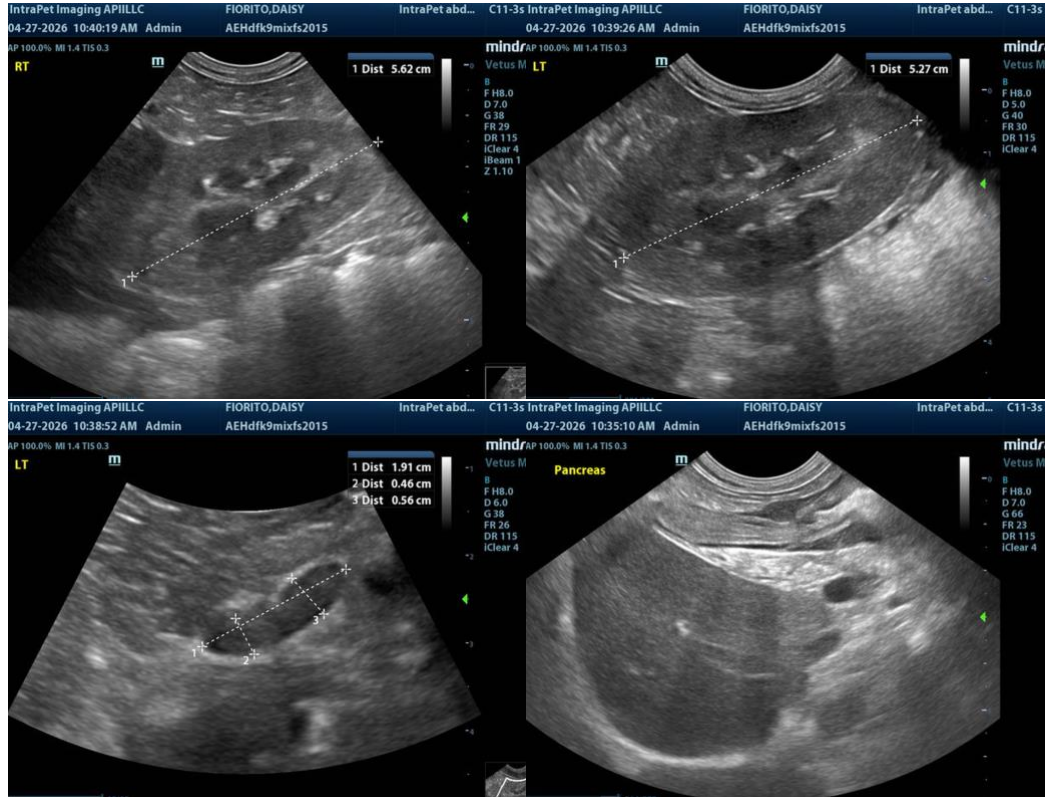
## **ULTRASONOGRAPHIC FINDINGS**

- Age-related renal changes with mineralizations.
- Vacuolar hepatopathy liver pattern with emerging gallbladder mucocele.
- Mild gastric hypertrophy- underlying nonspecific gastritis is likely.
- Heterogeneous pancreas consistent with age-related changes.

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

Ursodiol therapy is warranted over the next 6-8 weeks. The cause of strain to defecate was unclear. GI protectant protocol is warranted. Some level of low-grade pancreatitis is possible.





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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