

**DATE PRESENTING CLINICAL SIGNS**

4/28/23

History: 3 weeks ago: had a decreased appetite - did not have diarrhea - his energy level has been decreasing Has

PATIENT

Simba Huang

not been sleeping through the night to change his position - seems uncomfortable Was starting to eat grass and make noises like he wanted to vomit - nothing is really coming up Went to rdvm at that 3 week mark: did not find anything concerning - had a hard time taking meds At the 2 week mark was still not interested in eating so presented to rdvm again - recommended making adjustments to food - did bw and xrays - just got bw results back this past monday: white blood cells were elevated - was given convenia inj Tried baby food that he ate a bit but is no longer interested in Tuesday am: was still the same - owner order Sunday foods for dogs - ate 1 small cup then was no longer interested in eating it Last night was making a odd noise then had episode of vomiting - did have other episodes with trying to vomit but did not bring anything up Today still low energy Had diarrhea 8 months ago

SPECIES

Canine

BREEDMiniature
Goldendoodle**SEX**

Neutered Male

Current Medications: Cerenia.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

AGE

6/24/2020

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.

14 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

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 4.0 cm. The right kidney measured 3.71 cm.

HOSPITAL NAMEAnimal Emergency
Hospital**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 2.0 cm x 0.56 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 1.78 cm x 0.8 cm at the caudal pole and 0.75 cm at the cranial pole.

REFERRING VET

Dr. Nacke-Horney

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.

INVOICE

22199

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.

Gastrointestinal

The **stomach** in this patient was repleted with progressively shadowing material, occupying the entire stomach, measuring approximately 6-8 cm. Periserosal inflammatory pattern was noted around the stomach. Some of the material appeared to be entering into the upper duodenum as well. Soft stool was noted in the colon.

Pancreas

The **left pancreatic limb** was enlarged and hypoechoic, measuring 1.67 cm.

Free Abdomen

Reactive **mesentery** was noted.

ULTRASONOGRAPHIC FINDINGS

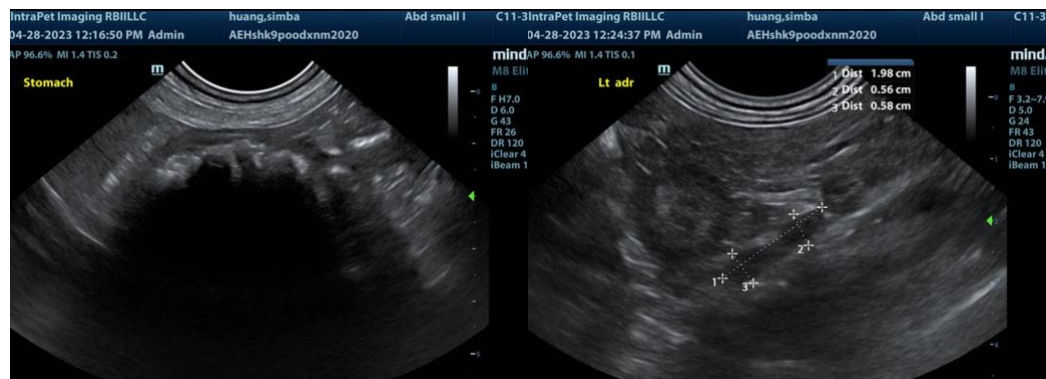
- Repleted stomach with shadowing material; carpeting, grass accumulation or similar is suspected. Some of the shadowing material appeared to be entering into the upper duodenum as well.
- Low grade pancreatitis
- Reactive mesentery

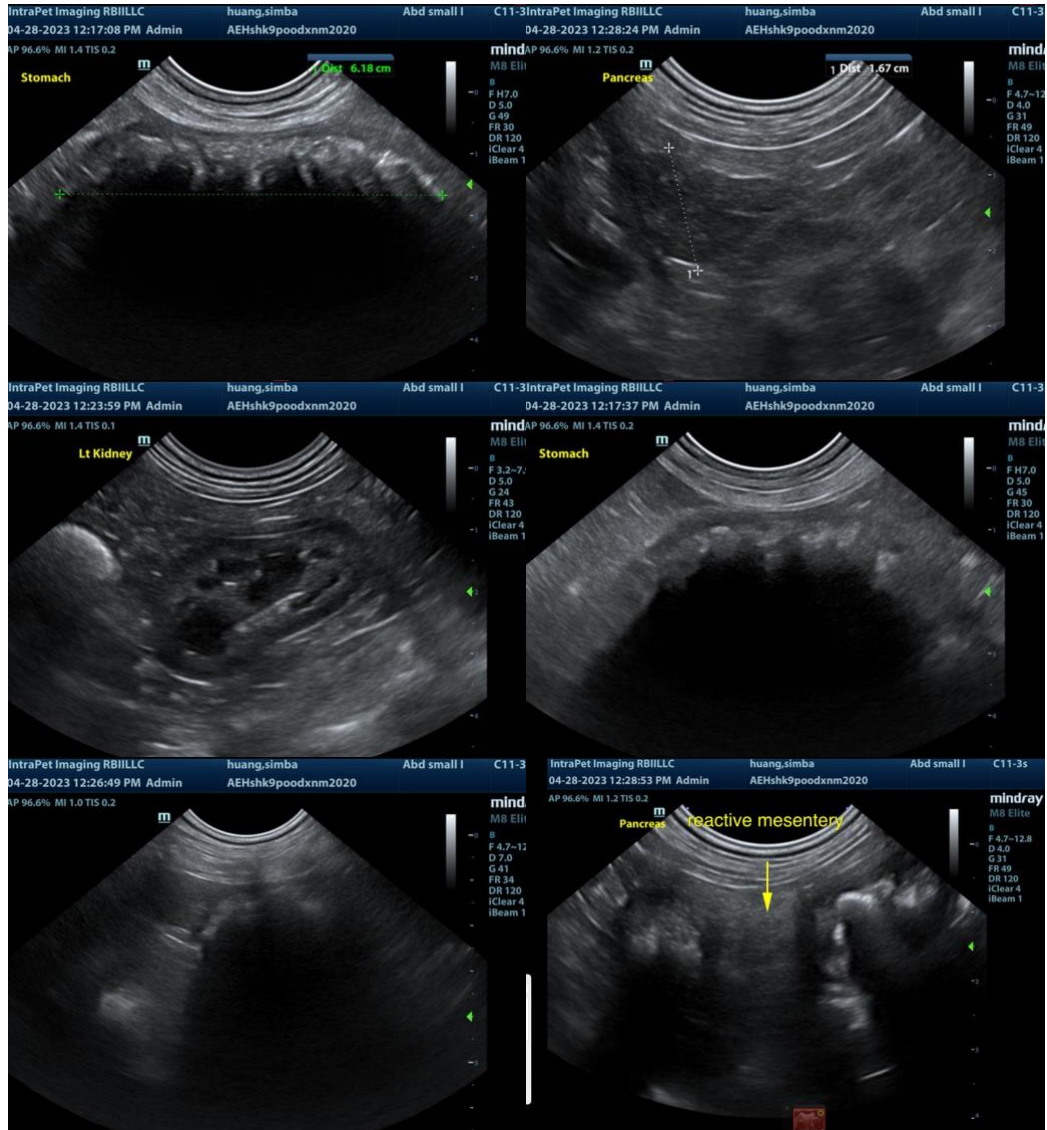
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend gastrotomy +/- duodenotomy in this patient. GI biopsies are warranted to rule out underlying disease.

GI Foreign Body Research

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.





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.

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