

**DATE**

4/29/22

**PRESENTING CLINICAL SIGNS**

Presenting Complaint: Lethargic, vomiting, restless

History: Date: 04-27-2022 Notes: Has food allergies, gets lamb and sweet pot only-- took a while to get to that, doing well, gained wt and skin improved tonight, started vomiting large amounts of water, would drink, then vomit no known food changes or ingestions

Assessment: HGE

Discussed potential causes such as ingestion, foreign body, metabolic (renal, liver, addisons) , pancreatitis, HGE viral, parasites

Recommend looking for underlying cause with labwork, abdominal radiographs, fecal parasite exam Often, workup is not remarkable except for dehydration

Discussed recommend rehydration with IVF, treat supportively with gi medications, ab if indicated and monitor for improvement

If this is the case- we treat supportively. in most cases the signs will improve in 24 hours , if they do not start to improve or declining will need to consider additional diagnostics

Current Medications: Attached.

Lab Results: Attached.

Radiographs: Xray Abdomen 2 View: hazy, no obvious mass/fb Spleen - prominent/folded?

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.

**PATIENT**

Buddy Morris

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Neutered male

**AGE**

2016

**WEIGHT**

84.2 lbs

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. King

**INVOICE**

14968

**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 7.05 cm. The left kidney measured 7.76 cm.

**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 right adrenal gland measured 2.81 cm x 0.8 cm at the caudal pole and 0.89 cm at the cranial pole. The left adrenal gland measured 3.76 cm x 0.76 cm at the caudal pole and 0.7 cm at the cranial pole.

**Spleen**

Slight heterogeneous micronodular **splenic** changes noted, most consistent with reactive spleen.

**Liver**

The **liver** revealed increased portal markings, consistent with a history of cholangitis. The gallbladder wall was double layered and edematous, measuring 0.4 cm.

### **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. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a mild change. Intestinal wall thickness measured 0.38 cm.

### **Pancreas**

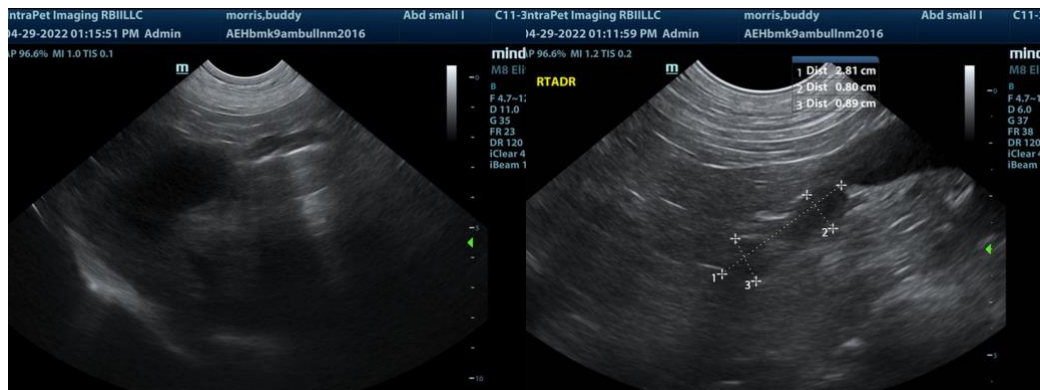
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal, and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

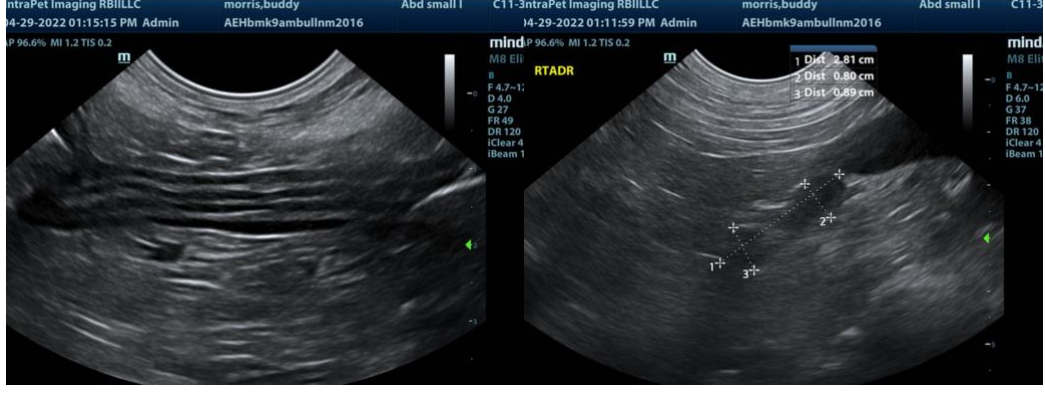
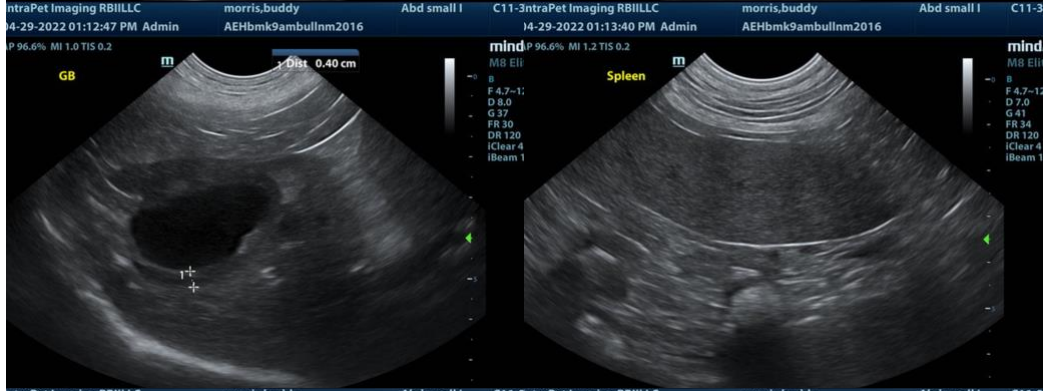
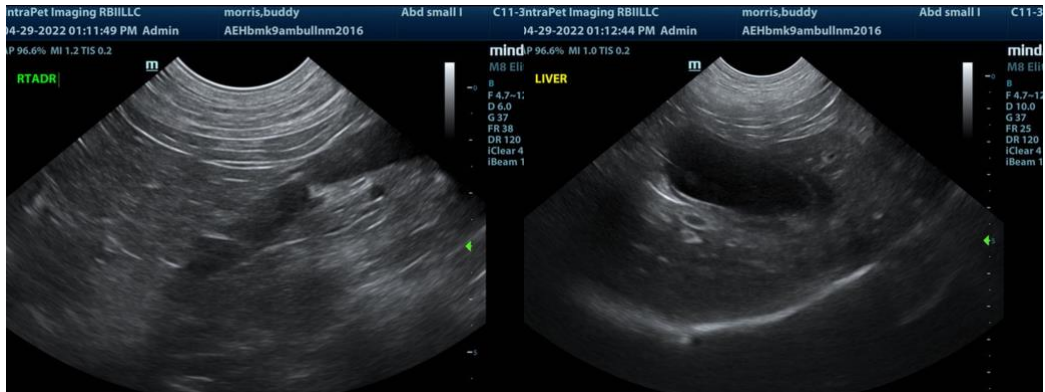
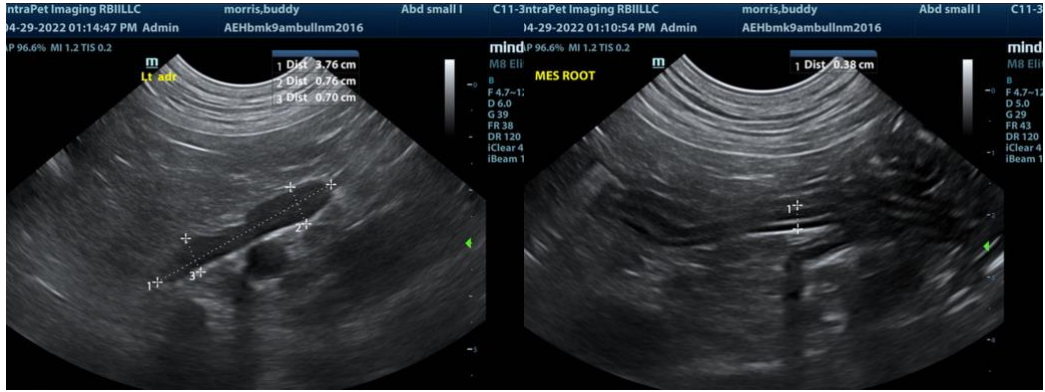
### **ULTRASONOGRAPHIC FINDINGS**

- Minor intestinal thickening without neoplastic criteria, most consistent with inflammatory bowel. Underlying parasitic disease should be ruled out. No overt evidence of neoplasia.
- Liver, increased portal markings
- Edematous gallbladder, immune mediated disease, cholangitis are two main differentials
- Heterogeneous micronodular spleen

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

FNA of the mesenteric lymph nodes and liver would be ideal for further definition. Hydrolyzed diet is likely in this patient best interest, if not already being utilized. Otherwise full thickness GI biopsies indicated.





**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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