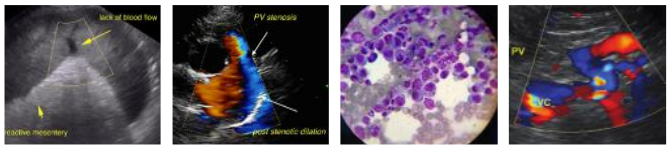
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Valor George

SPECIES

Canine

BREED

Doberman

SEX

Neutered Male

AGE

4

WEIGHT

92.5

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cathleen Whitcraft

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Sarah Jansen

INVOICE

22237

DATE

4/30/23

PRESENTING CLINICAL SIGNS

History: 4 yo MN Doberman presenting for persistent vomiting. Presented initially on 4/27 - concern for possible foreign body ingestion/early obstruction. Hospitalized overnight on IVF therapy, x-rays improved in AM, sent home and did well until this AM and last PM vomited after eating. Still interested in eating and drinking at home. Ate breakfast this AM around 9 AM. Imaging performed around 4 PM. Tense on abdominal palpation with loose stool on rectal exam. Hypersalivating. Otherwise unremarkable PE.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem performed 4/28 WNL, however, all proteins on low end of normal. 2-view AXR performed today - ingesta in stomach but no concerns for mechanical obstruction. Parasite PCR currently pending.

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 left kidney measured 7.6 cm. The right kidney measured 7.2 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 0.45 cm. The left adrenal gland measured 0.52 cm.

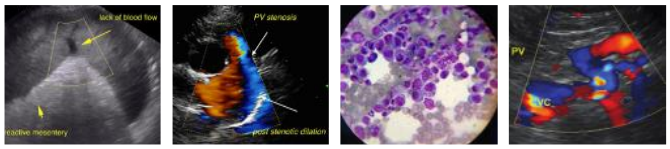
Spleen

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. 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



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The **stomach** was empty. A minor amount of excessive gas was noted. No evidence of foreign bodies. Curvilinear patterns were maintained throughout the GI tract. Transit of chyme into the small intestine appeared to be normal.

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.

Free Abdomen

The **mesenteric lymph nodes** (up to 1.0 cm in width) 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.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen- no evidence of primary pathology
- Minor amount of excessive GI gas
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Given the persistent vomiting, endoscopy would be ideal to assess mucosal quality. Screening for Addisons would be warranted given that the adrenals appear structurally normal. I recommend a fresh fecal smear and fecal floatation analysis. Diet change and GI protectants are indicated.

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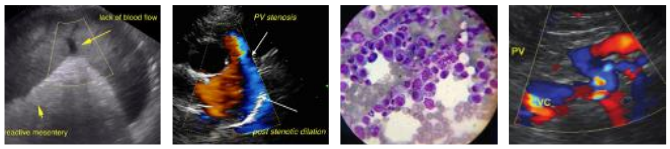

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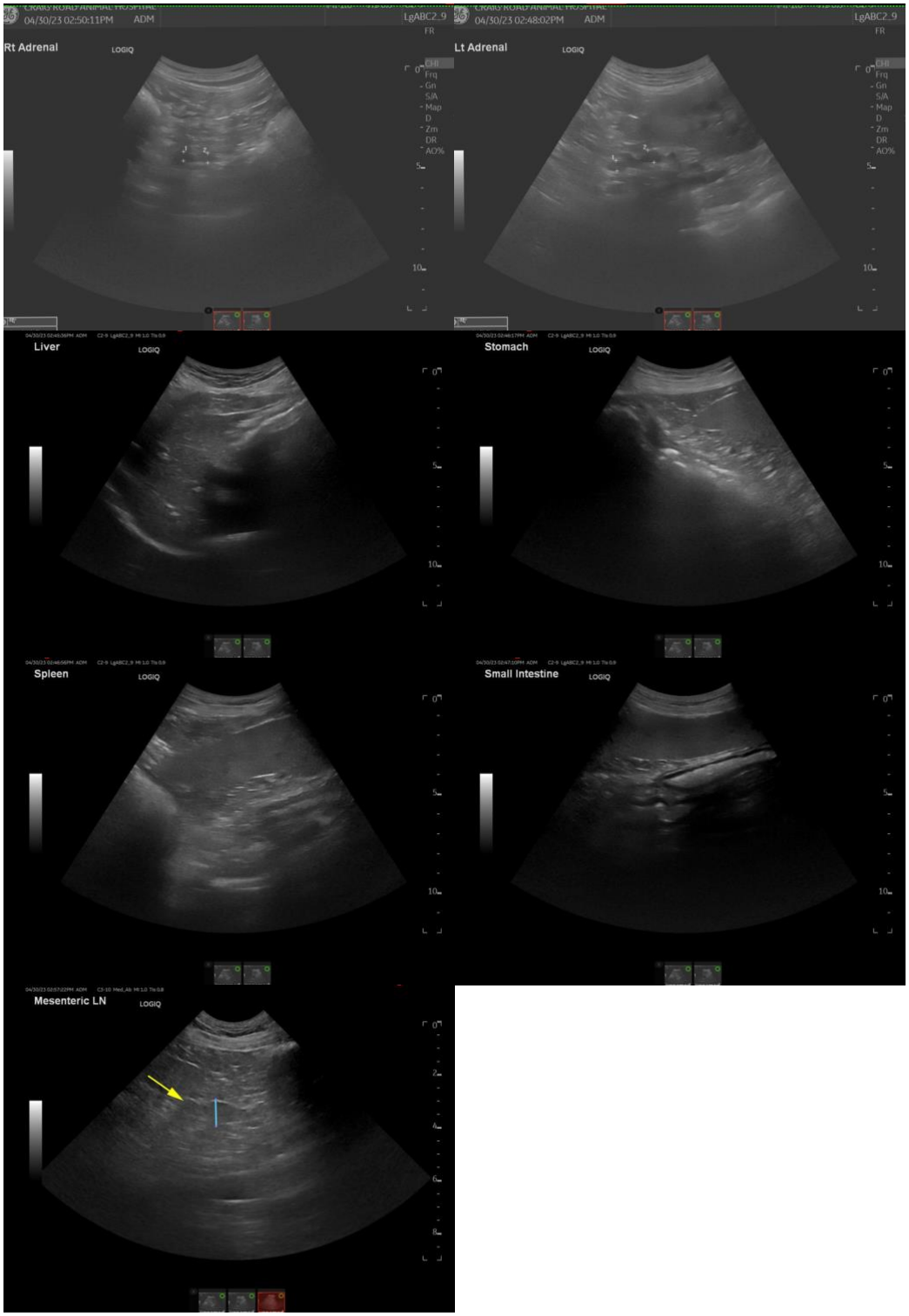

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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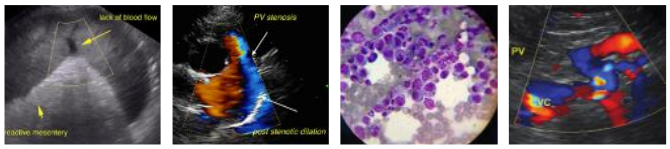

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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