



DATE PRESENTING CLINICAL SIGNS

04/04/26 Patient History: Hx of bilious vomiting. Acute worsening the past 48 hours of vomiting with LI diarrhea. Newborn in the home with pacifiers (non-missing). Hx of eating things o/s - r/o GE vs. partial FBO vs.other.

PATIENT

Penny Grove Current Medications: N/A.
Labwork Results: Labwork not submitted. Reported as moderate dehydration, normal cPL on bloodwork.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.

SPECIES

Canine Stat Report: Requested.
Imaging Performed by: Andi Parkinson, BS, RDMS.

BREED

Doodle Mix

SEX

Spayed Female

AGE

04/04/19

WEIGHT

31.6 kg

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 6.23 cm in length. The right kidney measured 6.23 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 2.38 cm x 0.57 cm width at the cranial pole and 0.68 cm width at the caudal pole.

The **right adrenal gland** revealed a slightly hyperechoic nodule at the cranial pole with mild capsular expansion. The right adrenal gland measured 2.81 cm x 0.72 cm width at the cranial pole and 0.55 cm width 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 were noted. The spleen measured 2.3 cm.

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

INTERPRETED BY

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HOSPITAL NAME

Mason Dixon Animal
Emergency

REFERRING VET

Dr. Parr

INVOICE

14867

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **colon** was full with normal stool consistency. The stomach was mildly thickened with minor fluid filled lumen. Slight hyperechoic periserosal enhancement was present. The small intestine was unremarkable.

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

Slightly enlarged mildly rounded colic **lymph nodes** were present measuring up to 1.14 cm consistent with reactive lymphadenitis. Slightly enlarged cranial abdominal lymph nodes were also present measuring 5.0 mm.

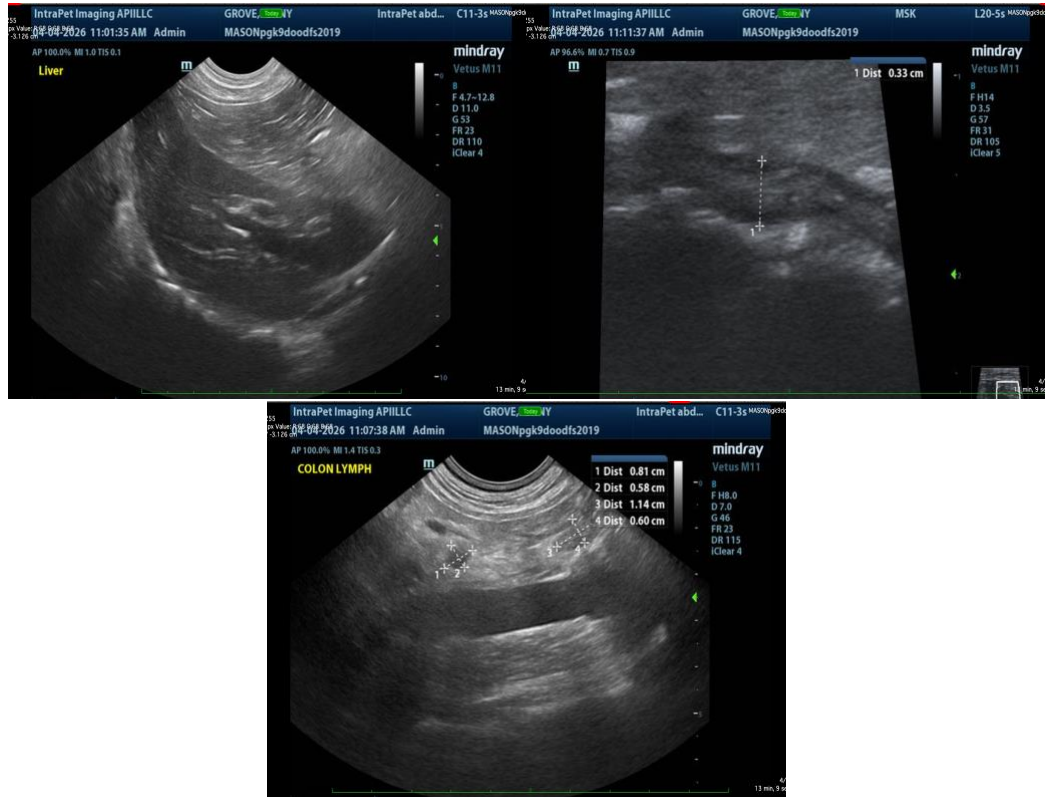
ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern
- Reactive colic/cranial abdominal lymphadenopathy
- Full colon.
- Right adrenal nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Medical management for gastrointestinal upset should prove effective in this patient. Right adrenal nodule to monitor, likely hyperplasia, emerging carcinoma or pheochromocytoma, technically possible yet not suspected. Serial blood pressure is warranted to assess for any hypertension related to the right adrenal.





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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