

**DATE PRESENTING CLINICAL SIGNS**

5/1/23

PATIENT

Bailey Hyre

History: ATO P had an Antler on Saturday p.m. Seemed fine on Sunday - ate her breakfast and dinner - Soft stool but not diarrhea, O unsure if blood was present. Threw up today (Monday) at 7:10 a.m. - bile, no food; then vomited jelly like blood- Refused food this a.m. No known FB ingestion, doesn't usually have a sensitive stomach, has had antler before. No food since yesterday at dinner, vomit this morning had no food present.

SPECIES

Canine

BREED

Mastiff Mix

Current Medications: None listed.
 Date of Previous IntraPet Ultrasound: No previous.
 Sedation: IV: Torb.
 Stat Report: Not requested.
 Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

AGE

5/1/22

WEIGHT

86.6 Pounds

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 7.16 cm. The right kidney measured 7.01 cm.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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 3.39 cm x 0.8 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 3.15 cm x 0.78 cm at the cranial pole and 0.78 cm at the caudal pole.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Hicks

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.

INVOICE

22270

Gastrointestinal

The **stomach** revealed a minor amount of ingesta. The small intestine revealed mild mural thickening with increased muscularis layering. Intestinal wall thickness measured up to 0.41 cm.

Pancreas

The right limb of the **pancreas** was mildly enlarged (3.17 cm).

Free Abdomen

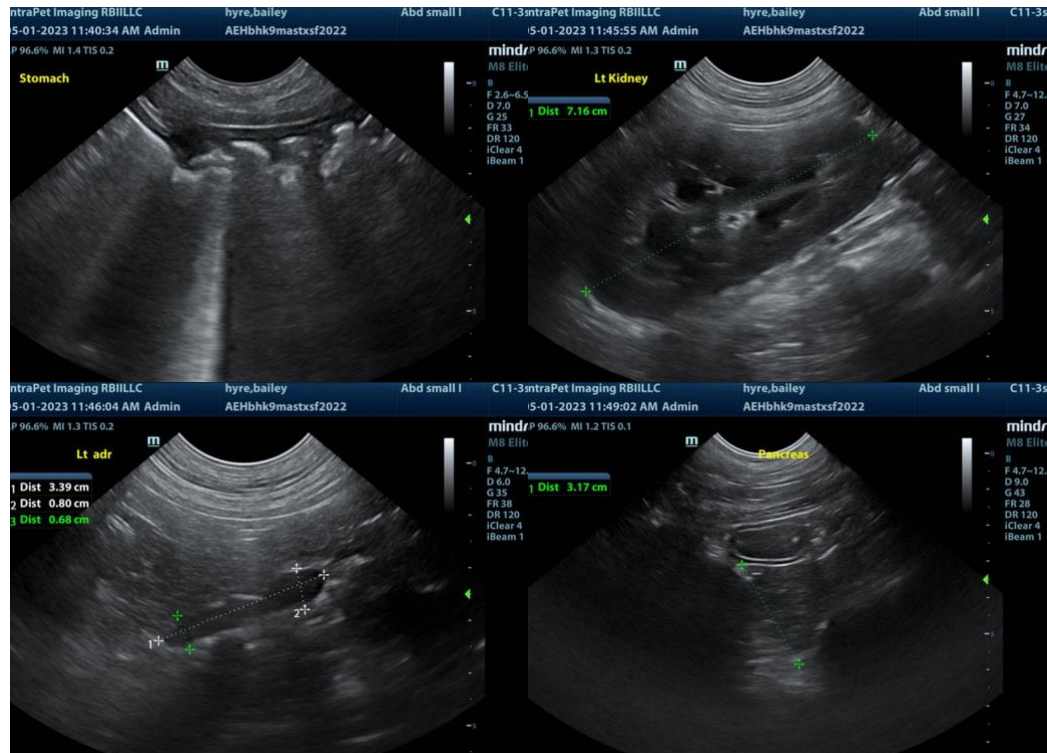
The **mesenteric lymph node** (the largest lymph node measured 5.16 cm x 1.36 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive/or juvenile lymphadenitis or lymphatic hyperplasia.

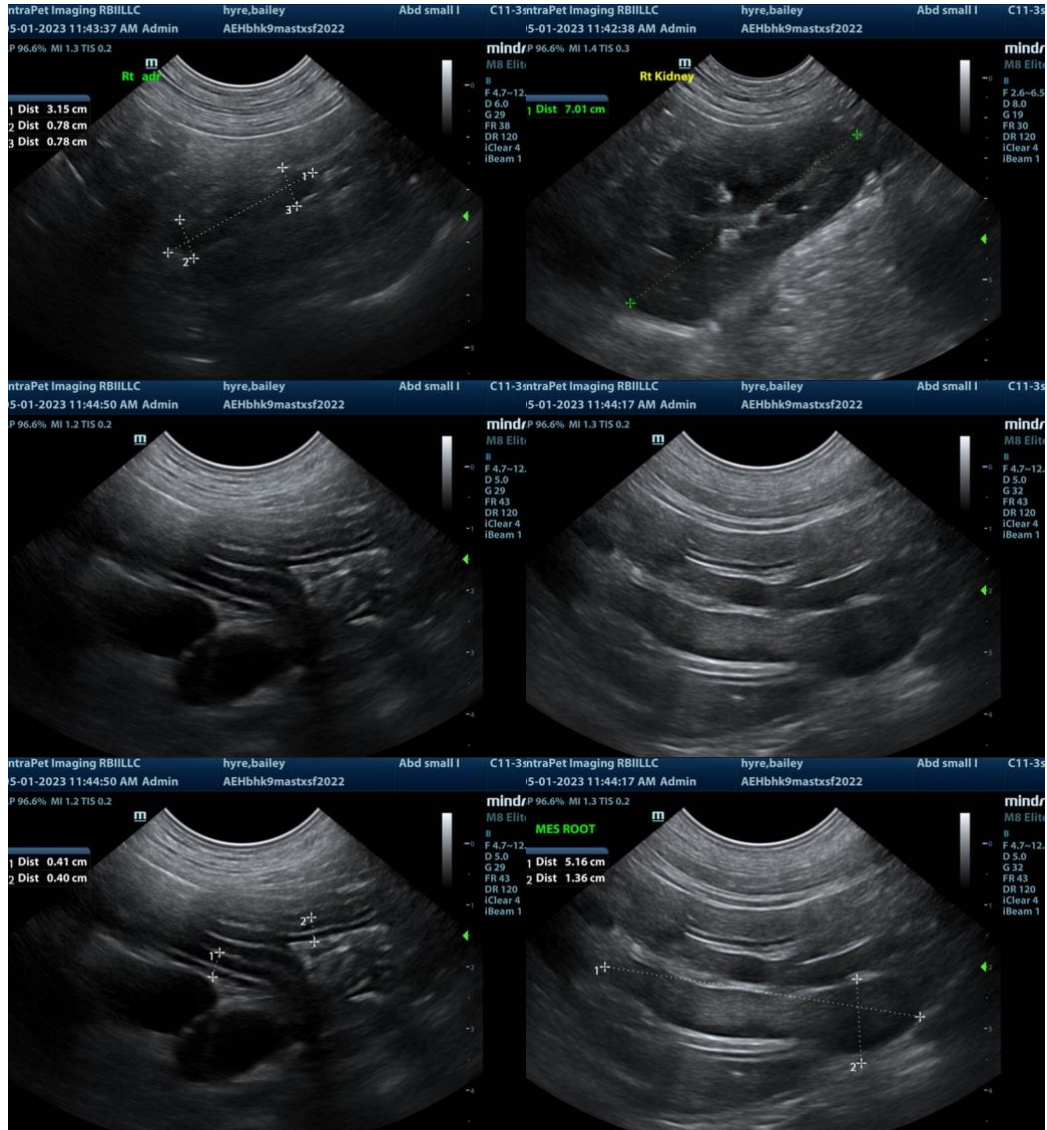
ULTRASONOGRAPHIC FINDINGS

- Diffuse intestinal thickening- underlying parasitic disease or inflammatory bowel with reactive lymph nodes suspected. No evidence of foreign bodies.
- Minor stomach ingesta
- Right limb of the pancreas was mildly enlarged

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. I recommend a fresh fecal smear and fecal floatation analysis.





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