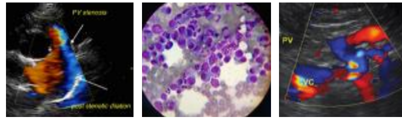
IMAGING PERFORMED BY

IntraPet.com



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

DATE

5/1/23

PATIENT

Chica Rohe

SPECIES

Canine

BREED

Rat Terrier

SEX

Spayed Female

AGE

4/16/22

WEIGHT

27 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Northwind AH

REFERRING VET

Dr. Jones

INVOICE

22275

PRESENTING CLINICAL SIGNS

History: Two episodes of severe vomiting a couple months apart with seemingly no change in diet or getting into
anything outside. P otherwise completely normal outside these vomiting fits (where the p is vomiting 10 + times in a day)

Current Medications: Metronidazole 250mg BID.
Lab Results: See attached.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brilhart, RDMS.

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 4.92 cm. The left kidney measured 5.54 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 left adrenal gland measured 2.5 cm x 0.78 cm at the caudal pole and 0.62 cm at the cranial 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.

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** was overdistended with progressively shadowing chyme. The pylorus appeared to be structurally patent with ingesta laying on the stomach. No obvious structural evidence of stenosis. No obvious foreign body obstruction was noted yet foreign matter cannot be completely ruled out. The duodenum revealed chyme transit. The distal small intestine was empty. The colon presented a minor amount of stool.

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

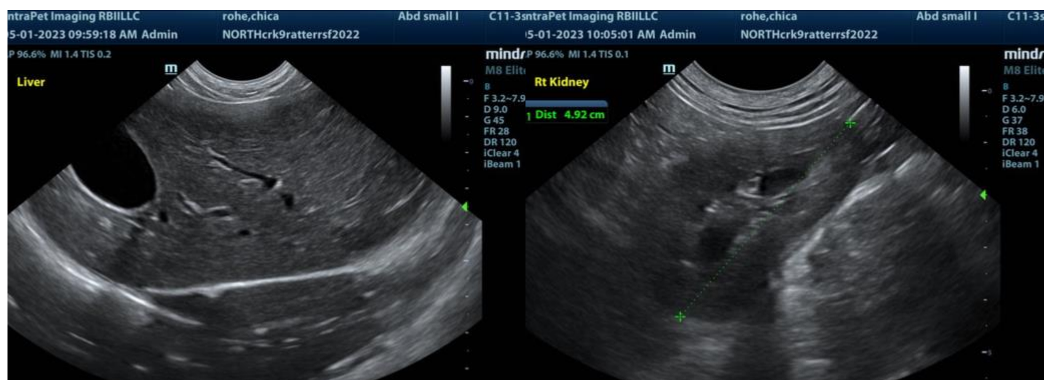
The **sublumbar lymph node** (an example measured 2.7 cm x 0.62 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

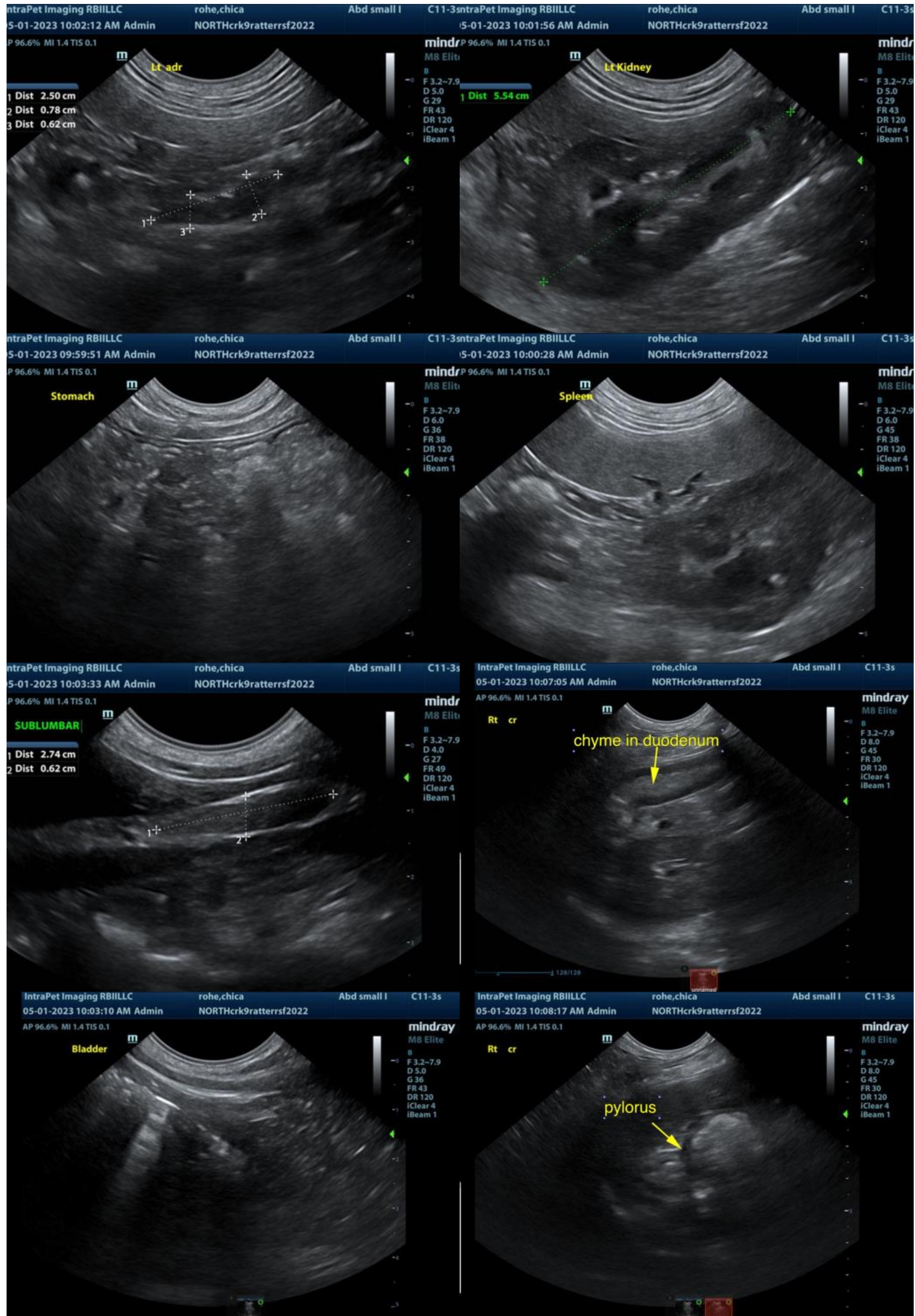
ULTRASONOGRAPHIC FINDINGS

- Full stomach, delayed outflow gastric pattern
- Reactive sublumbar lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was NPO at the time of the sonogram, then delayed outflow is likely. I recommend 24hr NPO and recheck sonogram, ideally, of the upper gastrointestinal tract. I recommend a fresh fecal smear and fecal floatation analysis. If ingesta is persistently present over 24hrs, then gastrotomy could be considered with the objective of manually palpating the pylorus, evacuating the stomach and obtaining GI biopsies, even though structurally the stomach and pylorus appear unremarkable.





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