

**DATE PRESENTING CLINICAL SIGNS**

5/1/23

PATIENT

Scout Hansen

SPECIES

Canine

BREED

Collie Mix

SEX

Spayed Female

AGE

7/1/22

WEIGHT

44.5 Pounds

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

Dr. Kalwa

INVOICE

22268

History: Vomiting, now drooling, firm belly, visibly distressed, short shallow respirations Vomit- No Blood, Foamy, Approx 5 Times In Last Hr ATO in room- - O is an ER nurse, 3 kids. P is a big part of their family. O wants to do what she can for her but doesnt want her to suffer if poor prognosis. O has pet insurance. - O worried about foreign body- tense abdomen, ate plastic decorative ball - Last night seemed ok coughed, declined quick 2am dry heaved in room- P has had kennel cough before- O thought it may be this and monitored - 3:30am- coughed severely, with trouble breathing - Last night ate normally dry / biscuit and egg. - Os are around a lot with p, has electric fence, not in neighborhood, P doesnt go to dog parks. - P does go to doggy day care and has had kennel cough before. Last went to doggy day care on monday 24th- hereford bed and biscuit. - Asked about the "Vomiting vs coughing" O states it was white foam and a pice of undigested kibble - Adopted at 4 months - No other medical hx except kennel cough - Last week/ 2 weeks ago had URI- cough and runny eyes

Current Medications: Cerenia, Ondansetron, Unasyn.

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 Brillhart, 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 left kidney measured 6.25 cm. The right kidney measured 6.21 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 3.17 cm x 0.63 cm at the caudal pole and 0.52 cm at the cranial pole. The left adrenal gland measured 3.26 cm x 0.6 cm at the caudal pole and 0.64 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

Some minor retention of ingesta was noted in the **stomach**. The gastric wall was unremarkable. Curvilinear patterns were maintained. The small intestine and colon were 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

The mesenteric **lymph nodes** 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.

Other

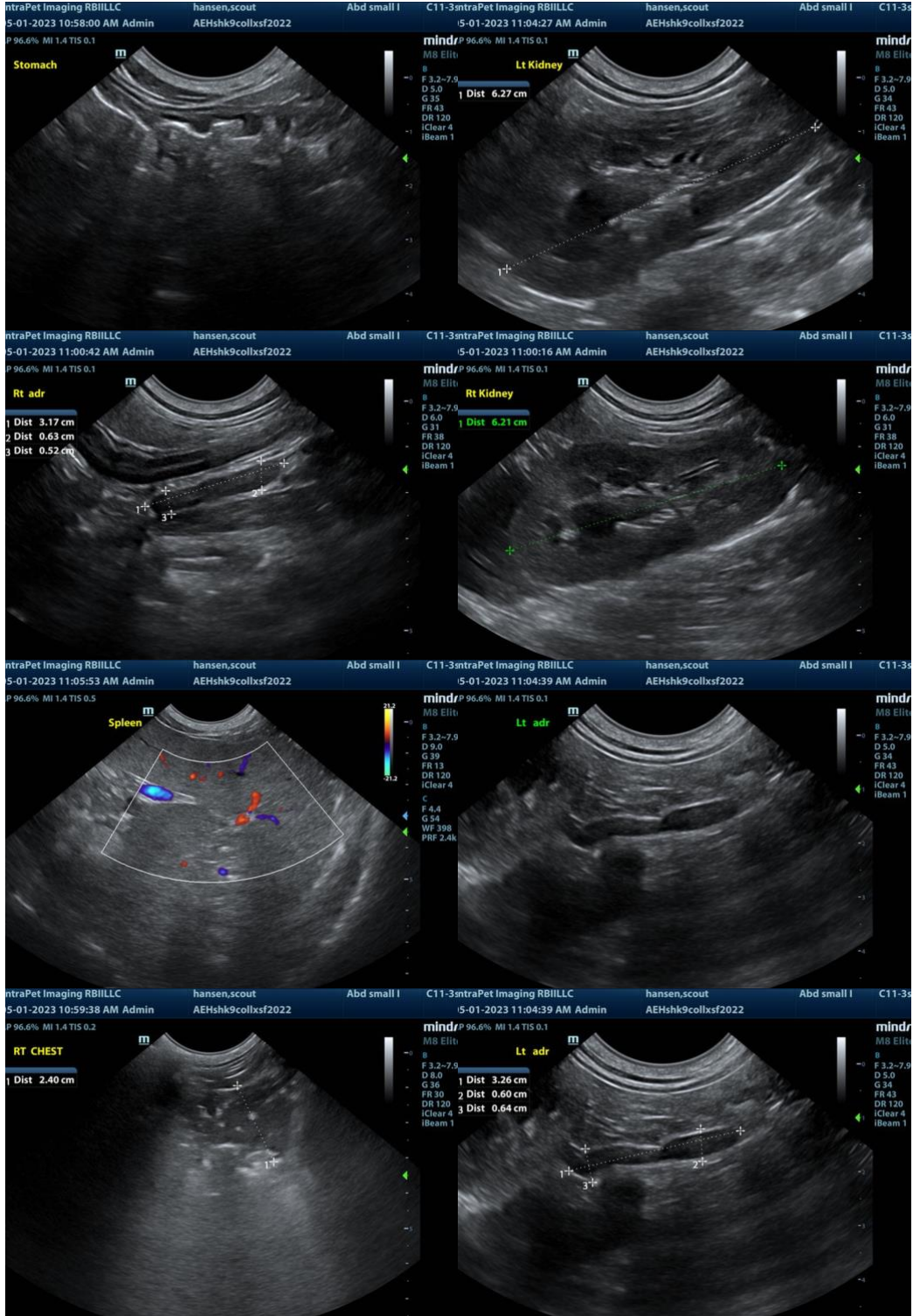
The right **thorax** in this patient revealed a lung consolidation, measuring 2.4 cm x 3.0 cm. This is most consistent with pneumonia. Depending upon radiographic findings, this may represent aspiration pneumonia, given the patient history.

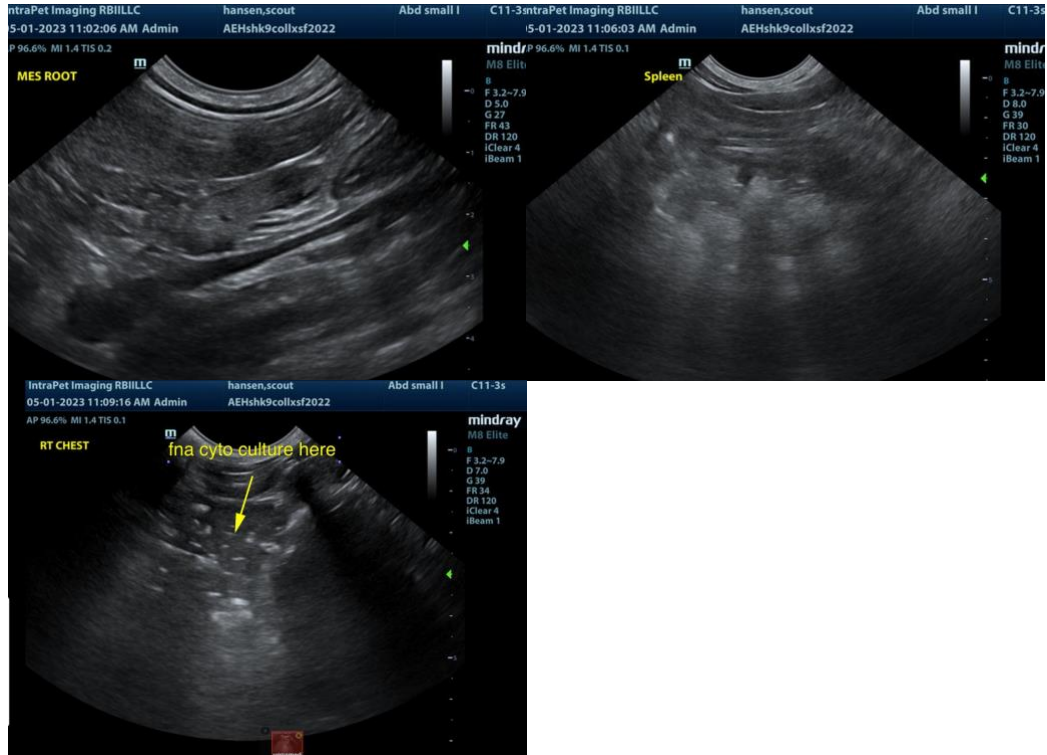
ULTRASONOGRAPHIC FINDINGS

- Right thoracic lung consolidation- pneumonia or aspiration pneumonia is possible. Carcinoma or sarcoma is possible yet less likely.
- Some retention of ingesta in the stomach
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the consolidation with cytology and culture is indicated. Delayed outflow may be an underlying issue given the patient history. Canned BID feeding with GI protectants protocol is warranted. I recommend a fresh fecal smear and fecal floatation analysis as well.





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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