

**DATE PRESENTING CLINICAL SIGNS**

5/1/23

History: 4-5 days ago vomited. Appetite on/off Now vomitus has blood flecks. No food in the vomitus. Ate last

PATIENT

West Vobian

night. For the last week has had some loose stool with blood. On weight management Fromm normally. Today the other lab didn't finish her food, Ears also inflamed more this week.

SPECIES

Canine

Current Medications: Protonix, Ondansetron.

Lab Results: See attached.

Radiographs: Increased gas in the intestines, suspicious area in the small intestine.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Labrador Retriever

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**AGE**

12/31/13

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.

WEIGHT

76.1 Pounds

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 6.0 cm. The left kidney measured 5.5 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 right adrenal gland measured 1.87 cm x 0.73 cm at the caudal pole and 0.66 cm at the cranial pole. The left adrenal gland measured 3.0 cm x 0.83 cm at the cranial pole and 0.73 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. Caudal folding of the spleen was noted.

REFERRING VET

Dr. Ruby

Liver

The **liver** revealed slight increased portal markings and coarse architecture – a history of inflammatory hepatopathy is likely. The gallbladder and common bile duct were unremarkable.

INVOICE

22267

Gastrointestinal

The **stomach** was empty. The gastric wall was normal with no overt evidence of ulcers. Minor excessive GI gas was present. The small intestine was unremarkable. The colon was mildly thickened (0.57 cm) with a thickened submucosal layer. Stool consistency appeared normal.

Pancreas

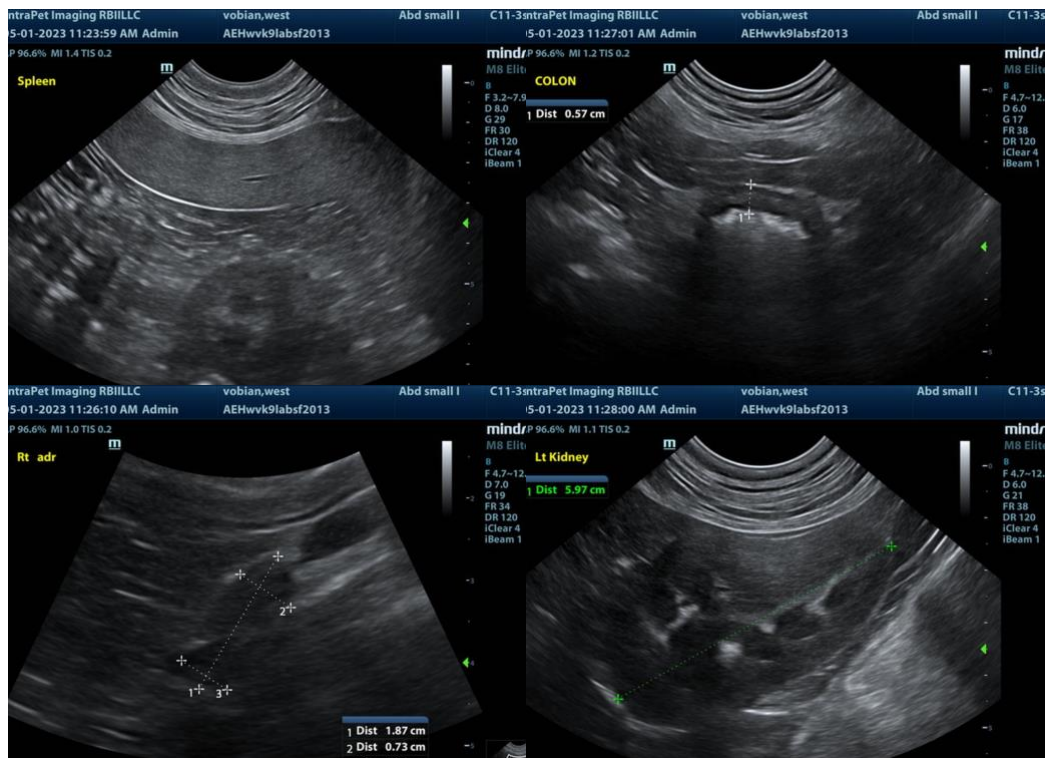
The **pancreas** revealed a mild amount of echogenic remodeling in the left limb.

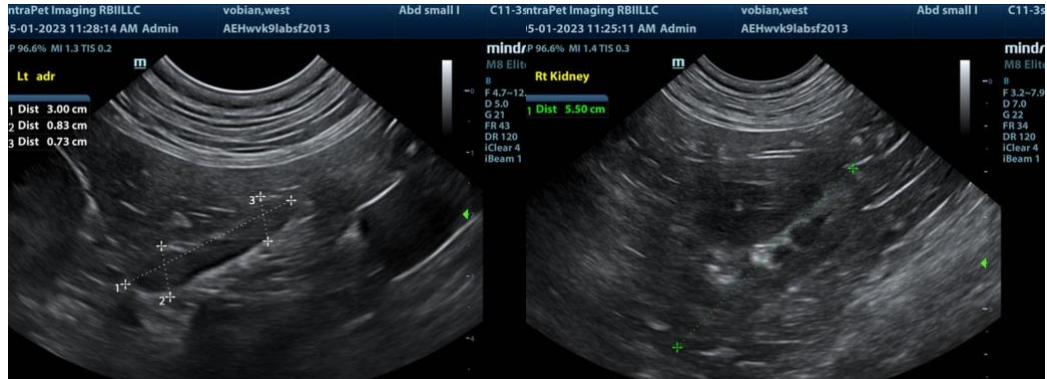
ULTRASONOGRAPHIC FINDINGS

- Mild hepatic remodeling
- Pancreatic remodeling
- Thickened colon. Nonspecific gastritis/colitis- inflammatory bowel is likely

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. Endoscopy would be ideal or full thickness gastric and hepatic biopsies. Diet change to hydrolyzed diet may prove effective.





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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