

**IMAGING PERFORMED BY**SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com

Clinical Sonography &amp; Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Callie Grinblat 50521A

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

7 years

**WEIGHT**

23.6 kg

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Veterinary  
Specialists Dr.  
Marroquin**INVOICE**

30210

**DATE**

5/10/22

**PRESENTING CLINICAL SIGNS**

Presented for vomiting and diarrhea that progressed into shock  
 BP: 80 mmHg before bolus, 160 mmHg after bolus; BG: 59 PCV, RBC, HCT, HGB, RDW, Retic, MPV - mildly elevated EOS - mildly low

**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 was 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 6.95 cm. The left kidney measured 6.67 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 0.65 cm at the cranial pole and 0.63 cm at the caudal pole.

**Spleen**

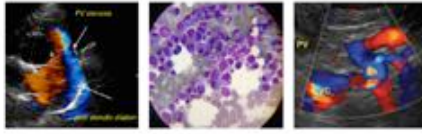
The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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 **gastrointestinal tract** revealed an empty upper gastrointestinal pattern with some distal jejunal/ileal spastic pattern with regional mesenteric inflammation and adhesions, which may be tethering the jejunum. The colon was dilated with fluid. This is most consistent with spastic small

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intestine and enterocolitis with reactive mesentery. No overt foreign bodies were noted. fluid filled. The curvilinear patterns were respected. The mesenteric lymph nodes were reactive and measured 2.32 x 1.08 cm.

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**Pancreas**

The **pancreas** revealed a mild amount of heterogenous parenchymal changes with mixed, hyperechoic remodeling. This is consistent with a history of pancreatitis.

**BREED**

Mix

**Free Abdomen**

A slight amount of anechoic ascites was noted in the abdomen.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS****AGE**

7 years

Enterocolitis pattern, no overt cause of obstruction.

Pancreatic remodeling.

**WEIGHT**

23.6 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend medical management over the next 24 hours, n.p.o., plasma expanders, broad spectrum antibiotics and treatment for enterotoxins and anti-parasitic protocol. A recheck sonogram is recommended in 24 hours given the slight free fluid, which may be deriving from mesenteric inflammation or lymphatic congestion given the mesenteric lymphadenopathy. The mesenteric lymph nodes are most consistent with reactive lymph nodes. FNA, cytology and culture can also be considered.

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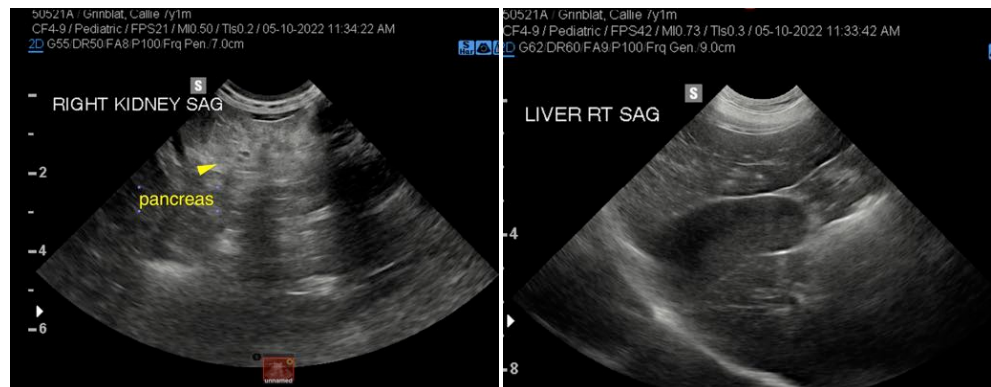
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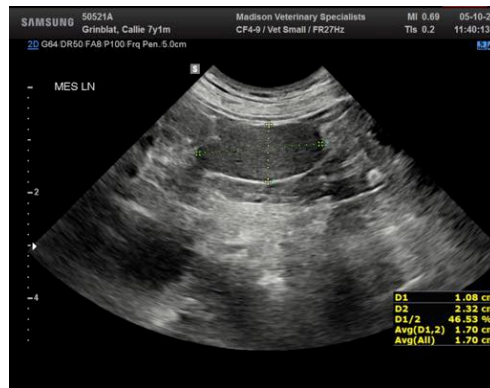
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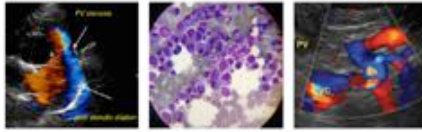
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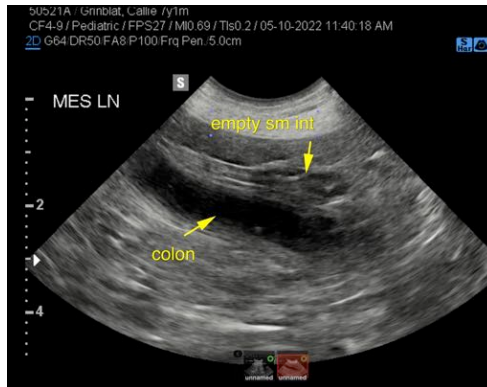
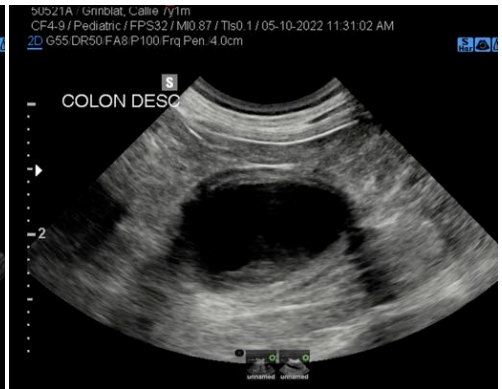
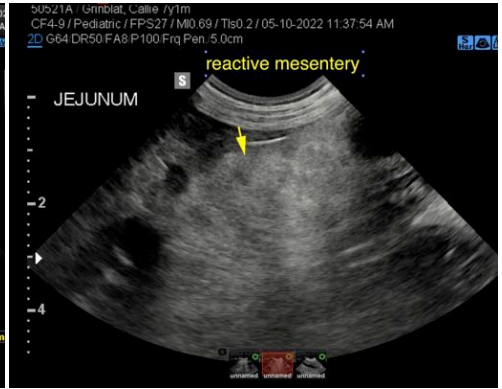
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
Eric.Lindquist@SonoPath.com