**DATE PRESENTING CLINICAL SIGNS**

5/17/22

Notes: had some gagging/coughing then vomited food/fluid no more vomiting, but not very painful in abdomen and not eating no known ingestions.

PATIENT

Sadie Adams

Current Medications: Ampicillin, Buprenorphine, Baytril, Protonix, Cerenia.

Lab Results: See attached.

Radiographs: ABD: No obvious mass/fb/good detail. Chest pending after ultrasound.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: IV sedation.

Stat Report: Not requested.

BREED

Rottweiler

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.

SEX

Spayed Female

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 7.08 cm. The right kidney measured 7.65 cm.

AGE

5/21/18

WEIGHT

91.2 Pounds

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 2.45 cm x 0.77 cm at the cranial pole and 0.67 cm at the caudal pole. The right adrenal gland measured 3.53 cm x 0.62 cm at the caudal pole and 0.65 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

IMAGING PERFORMED BY

Rachel Brillhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. King

INVOICE

37690

Gastrointestinal

The **stomach** was overdistended with fluid. The pylorus was mildly thickened in this patient. Peristalsis was adequate. Some early loss of mural detail noted. The small intestine and colon were unremarkable.

Pancreas

Minor heterogeneous **pancreatic** changes noted in the right limb. Some level of pancreatitis or remodeling likely, yet not a primary issue.

Thorax

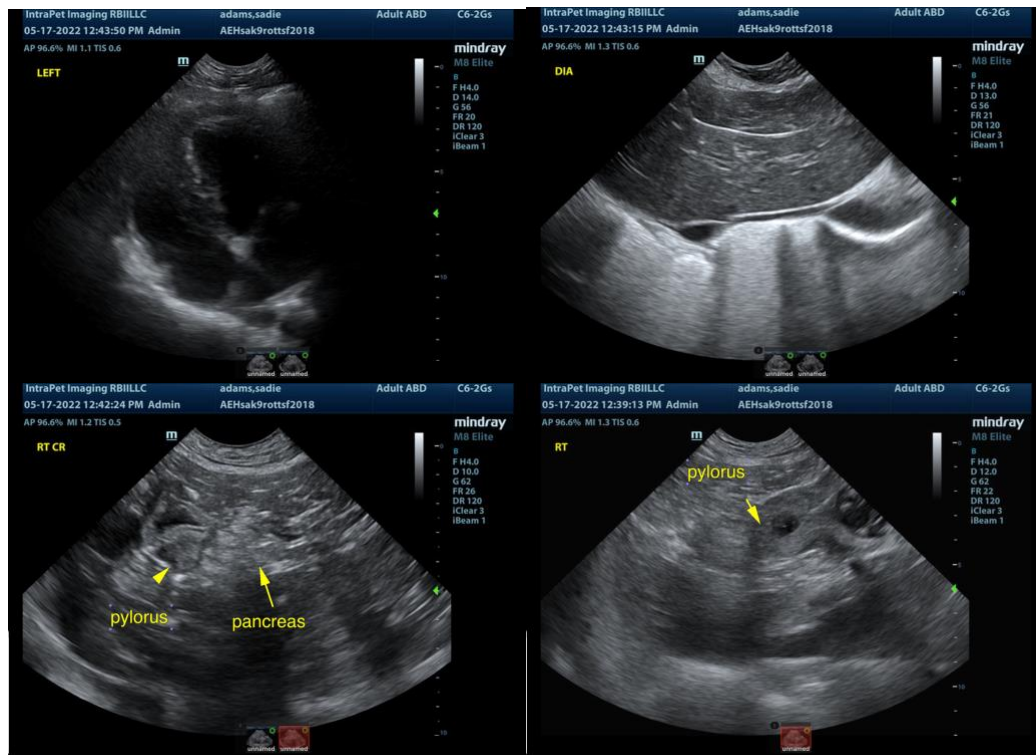
Pleural effusion noted, mildly echogenic. Rapid view of the heart revealed no evident pathology. Comet tail lung pattern noted in the chest through the diaphragm.

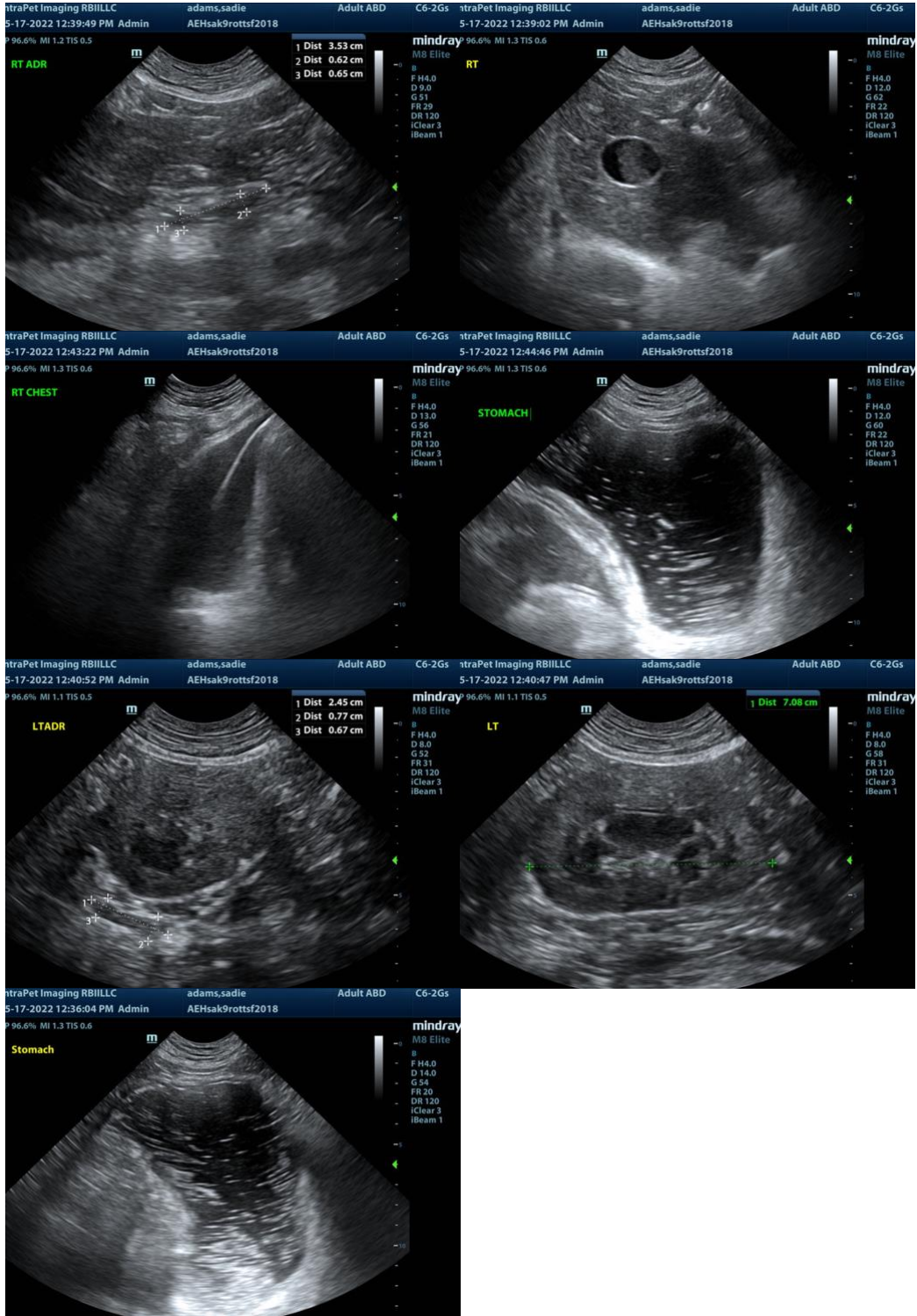
ULTRASONOGRAPHIC FINDINGS

- Pyloric thickening with gastritis pattern and gastric stasis
- Unremarkable abdomen otherwise
- Non-cardiogenic pleural effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest CT would be warranted in this patient. Pleurocentesis and cytospin of the free fluid indicated to assess for inflammatory versus neoplastic cells. Guarded prognosis. Recommend focusing on the thorax as the next diagnostic step. GI protectants warranted and treatment for gastritis. However, the gastric stasis is likely secondary to systemic pathology. Guarded prognosis depending upon thoracic diagnostics. Pleuritis versus extracardiac thoracic neoplasia likely. The heart revealed normal contractility, volume and structure. No evidence of primary disease. The pericardium was unremarkable.





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.

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