



PATIENT

Brodie Meier

SPECIES

Canine

BREED

Poodle X

SEX

Neutered Male

AGE

6 Years

WEIGHT

15 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Signal Hill AH

REFERRING VET

Dr. Leboldus

INVOICE

15760

DATE

5/27/22

PRESENTING CLINICAL SIGNS

History: Chronic intermittent vomiting last 6 weeks. Suspect gastritis gastric ulceration. Patient clinically normal. On metronidazole, sucralfate and omeprazole.

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

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 residual prostate measured 1.1 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight nonobstructive mineralization was noted in the kidneys. The right kidney measured 4.6 cm. The left kidney measured 5.27 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 0.43 cm. The left adrenal gland measured 0.52 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged, uniform. Cranial and caudal folding of the spleen was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **gastric** wall was mildly thickened, measuring 0.5 cm with empty lumen. Hypertrophy to the gastric wall noted with areas of nebulous submucosal layer. The small intestine and colon were unremarkable.

Pancreas



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Heterogeneous mixed hypoechoic changes were noted in variable areas of the **pancreas**. Hypoechoic pancreatic changes noted in the right limb of the pancreas, in a region of approximately 2.0 cm x 4.0 cm, enveloping the upper duodenum.

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ULTRASONOGRAPHIC FINDINGS

- Extensive right limb pancreatitis
- Concurrent gastritis
- Age-related renal changes with mineralization
- Spleen mildly enlarged with splenic fold
- Age-related hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

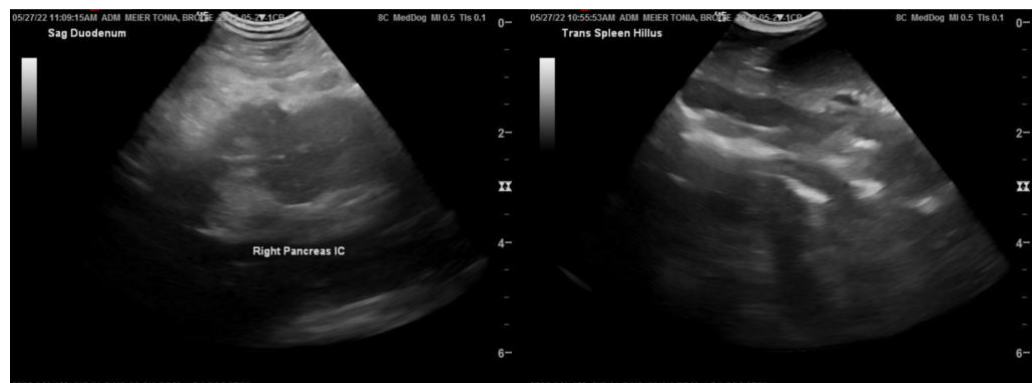
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IV fluid support, 24-hour NPO, broad spectrum antibiotics, GI protectants and pain management all indicated. Recheck sonogram in 3-5 days. Right subxiphoid palpation recommended to gauge discomfort in the region of the right pancreatic limb.

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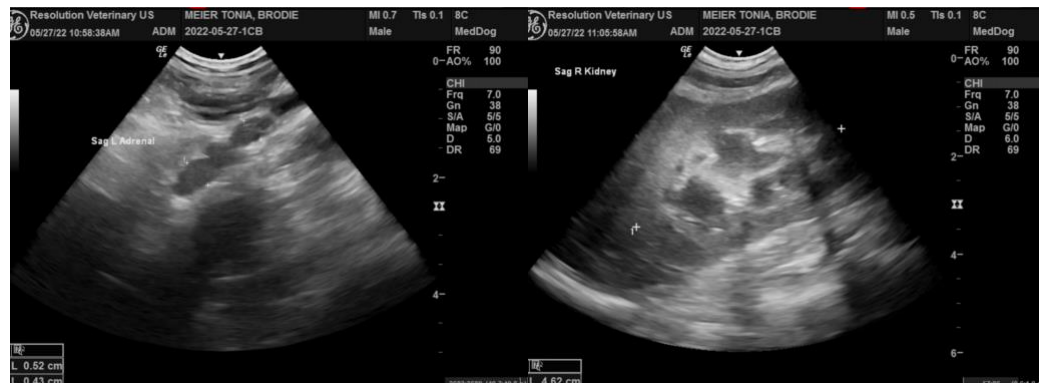
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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