

**DATE**

5/6/22

**PATIENT**

Maxx Nwanju

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

8/5/20

**WEIGHT**

81.1 Pounds

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

Rachel Brilhart RDMS

**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Kalwa

**INVOICE**

37490

**PRESENTING CLINICAL SIGNS**

Maxx has had several episodes of vomiting after eating this week. He vomited after dinner but I'm concerned because he had copious amount of blood tinged sputum, he also has not had a bowel movement since Wednesday morning. His usual bowel movement is 3x a day. He also seems to have lost some weight this week. I am concerned about the bloody sputum and lack of bowel movement. Once Today With Large Amount Of Bloody Sputum . 4 Times Total Since Monday 5/2. According to O in room: O travels for work to PA, lives in baltimore. Is with dogsitter for few days out of the week. Started vomiting 10 min after eating dinner. Wednesday afternoon vomited after breakfast- gagged and frothy sputum. Again vomited 4:30pm with blood Seems off, not as excitable Weight loss unsure if its from decreased intake started limping in room back left- small abrasion- TTO about this- P was licking it Owned since 8 weeks of age hx of bad allergies- gives hydroxyzine and shot in summer every 3-6 weeks Every once in a while hx of vomiting No bowel movement today defecates 3x/ day - last bm 6am on wed am If sees food on a walk will try to eat, no hx of dietary indiscretion has dog sitter will rip toys never ate anything on hills science diet sensitive stomach- has been on last 3 months UTD flea, tick meds Heartworm- hasnt had in 2 months- goal to get back on pill on combo previously

Current Medications: Provable.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 7.1 cm. The right kidney measured 5.7 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 2.7 cm x 0.63 cm at the caudal pole and 0.54 cm at the cranial pole. The left adrenal gland measured 2.85 cm x 0.50 cm at the caudal pole and 0.52 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***

The gastric wall presented mild mucosal hypertrophy with largely empty lumen. Minor amount of luminal fluid. No evidence of foreign bodies. Excessive gastric gas also noted. The small intestine and colon were unremarkable. Reactive mesenteric lymph nodes noted, example measuring 3.5 cm x 1.47 cm.

### ***Pancreas***

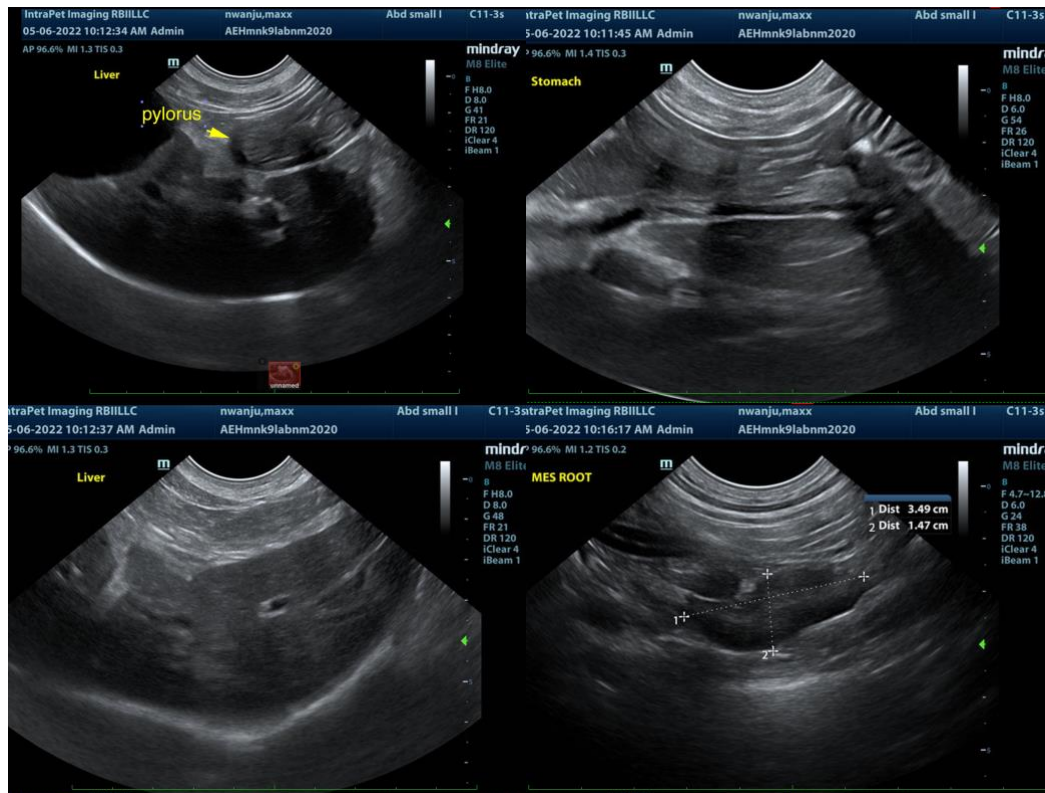
The pancreas was hypoechoic with undulating contour. Enhanced surrounding mesentery noted. Pancreas measured up to 1.4 cm in the right limb.

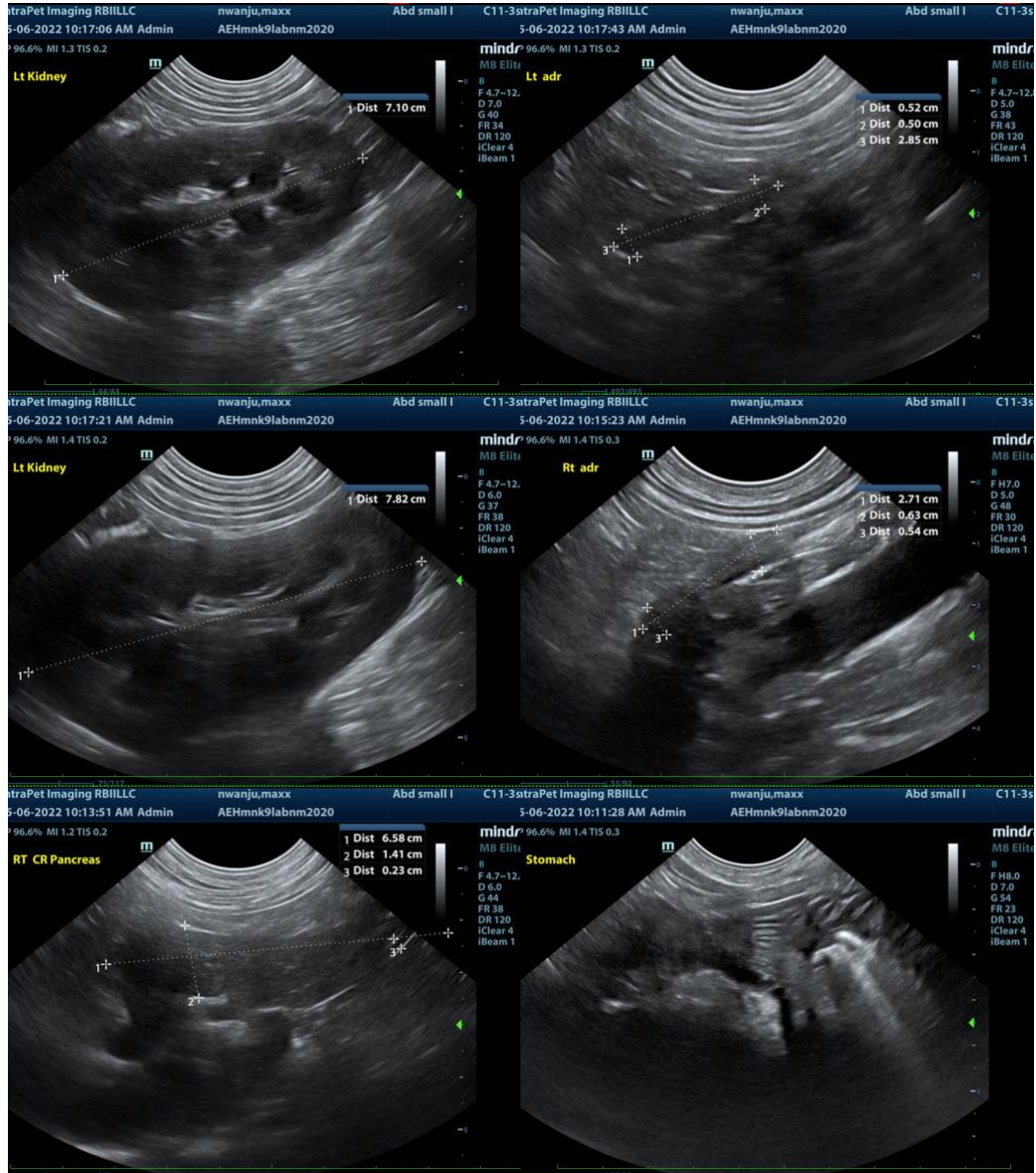
## **ULTRASONOGRAPHIC FINDINGS**

- Mild gastritis pattern
- Mild pancreatitis

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

24 hour NPO, GI protectants, IV fluid support all indicated +/- pain management.





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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