



**DATE PRESENTING CLINICAL SIGNS**

6/13/23

She started vomiting phlegm and food around memorial day and this lasted for a week. She was also having accidents in the house around that time. O took to rDVM on 6/3 and they did bloodwork gave her meds. She started to feel better and then recently stopped eating. For the last day she is not drinking as much. Current Medications: Ampicillin, Buprenorphine, Entyce, Protonix, Cerenia. Lab Results: See attached.

**PATIENT**

Dottie Wright

Radiographs: stomach empty, small intestines empty, appear subjectively thickened. No obvious foreign material/ obstructive pattern. bilateral small renoliths.

**SPECIES**

Canine

Date of Previous IntraPet Ultrasound: No previous.  
Sedation: IV: Propofol.  
Stat Report: Not requested.  
Imaging Performed By: Rachel Brillhart, RDMS.

**BREED**

Chihuahua

**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.

**SEX**

Spayed female

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 pinpoint mineralization was noted. The right kidney measured 4.36 cm with calculus that measured 0.27 cm. The left kidney measured 4.19 cm with pinpoint mineralization.

**AGE**

6/12/10

**WEIGHT**

14 lbs

**INTERPRETED BY**

Eric 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 1.59 x 0.55 cm at the cranial pole and 0.46 cm at the caudal pole. The left adrenal gland measured 2.25 x 0.53 cm at the caudal pole and 0.51 cm at the cranial pole.

**HOSPITAL NAME**

Animal 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 was noted.

**REFERRING VET**

Dr. Goessling

**INVOICE**

44715

**Liver**

The **liver** revealed slight coarse architecture with increased portal markings. There was no evidence of masses. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastric** wall was particularly thickened and measured up to 1.0 cm with some early loss of mural detail. Gastric stasis was noted. Duodenal spasming was noted in this patient.

### **Pancreas**

The **pancreas** revealed mixed, hypoechoic parenchymal changes with enhanced surrounding mesentery. This is consistent with chronic active pancreatitis and remodeling.

### **Free Abdomen**

Ring down artifact was noted through the diaphragm.

### **ULTRASONOGRAPHIC FINDINGS**

Chronic active pancreatitis.

Gastritis.

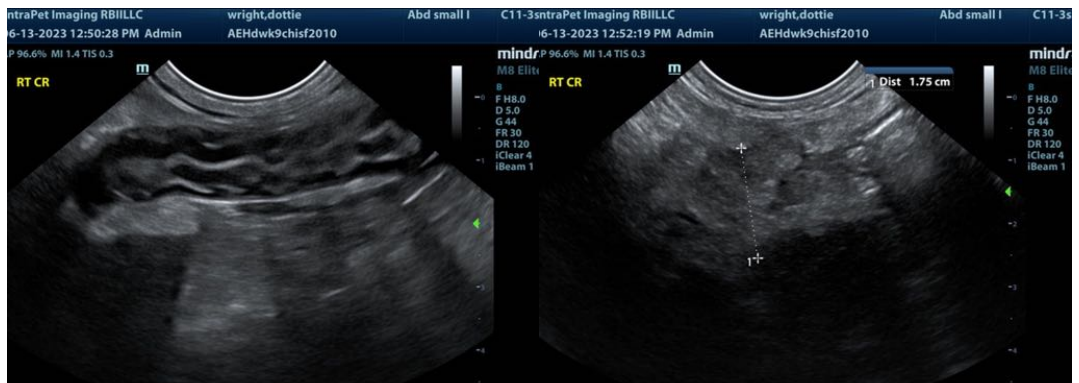
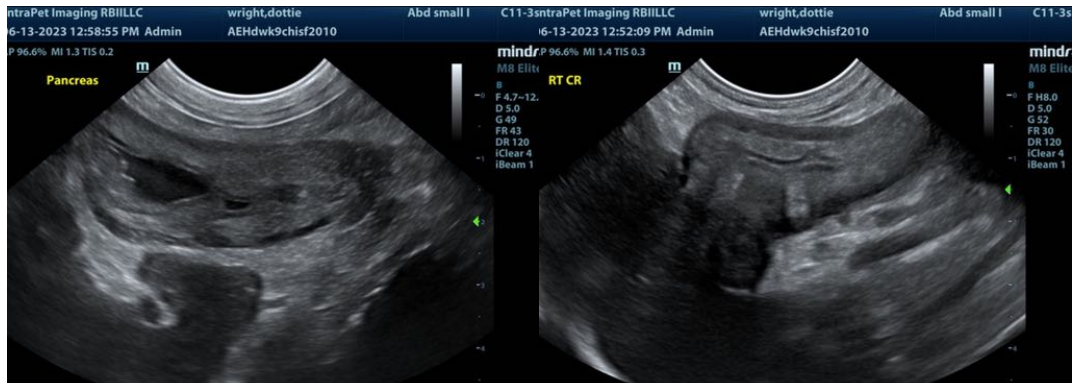
Duodenal spasming.

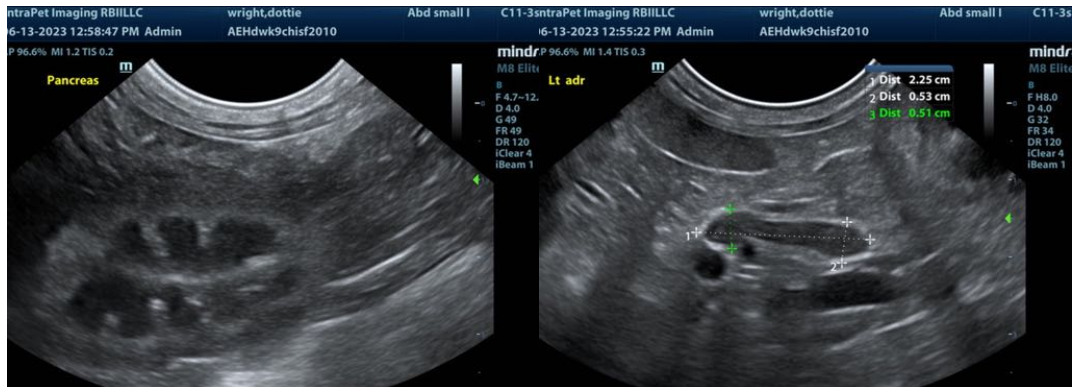
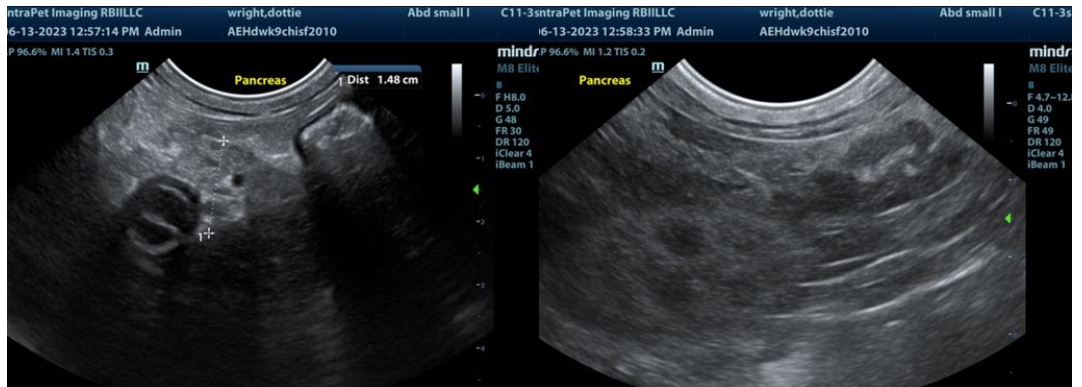
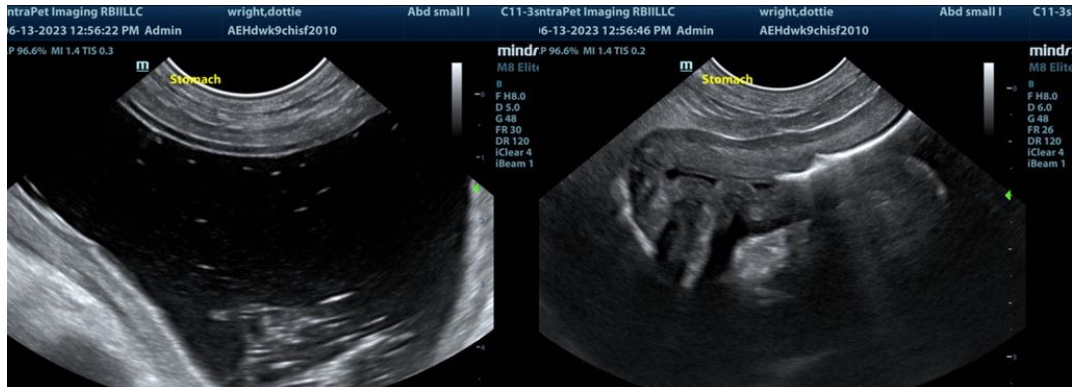
Concurrent inflammatory hepatopathy/reactive hepatopathy, likely secondary to the pancreatitis presentation.

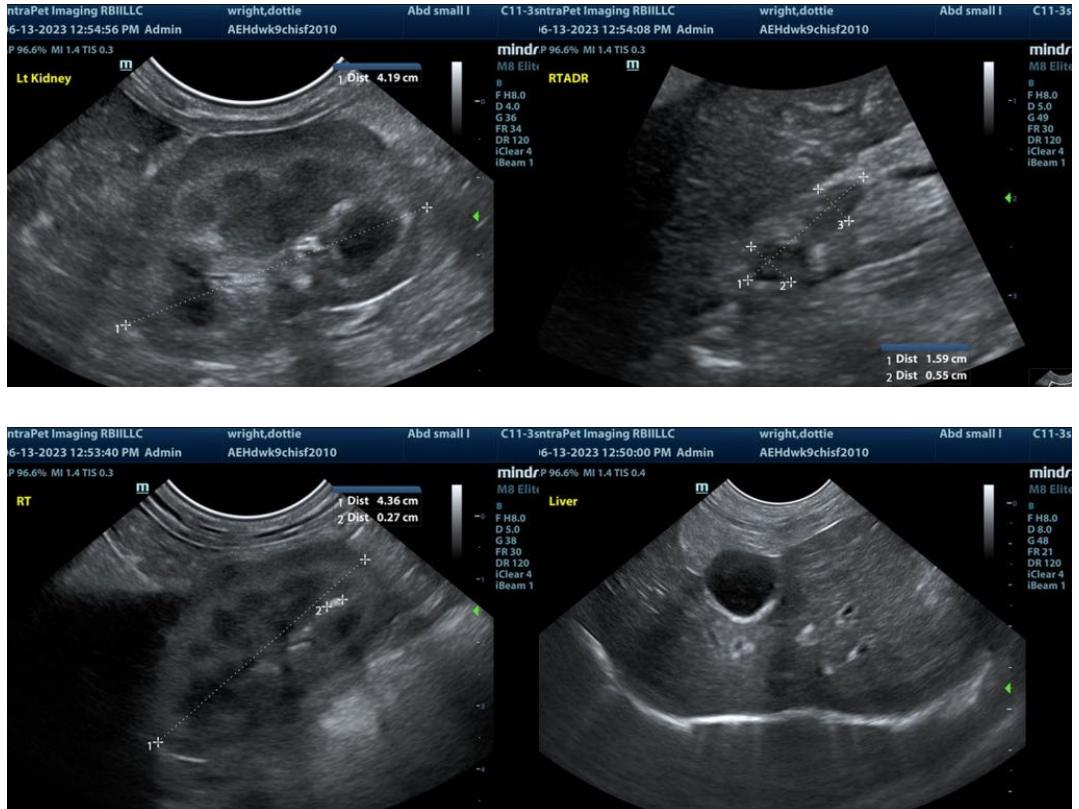
Ring down artifact noted through the diaphragm.

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

There is a potential for gastric neoplasia. Endoscopy or full thickness biopsies would be ideal of the stomach +/- pancreas. GI protectant protocol, canned feeding and 24 hour n.p.o., IV fluid support is indicated. Any kibble may be irritative in this patient given the gastric wall thickening. There is a potential of gastric carcinoma or lymphoma that may be emerging. Sampling is strongly encouraged. There was no overt ulcerative disease noted sonographically. However, microulcerations cannot be ruled out. Recheck sonogram is recommended to assess progression or regression.







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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