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Clinical Sonography & Telecytology
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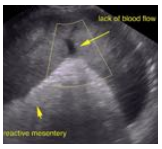

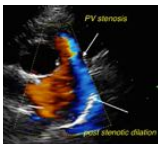

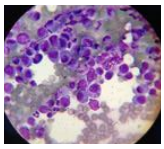
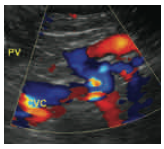

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Fenway Onstott

SPECIES
Canine

BREED
Dalmatian

SEX
Neutered male

AGE
1 year

WEIGHT
57 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Moon

HOSPITAL NAME
Shiloh VH

REFERRING VET
Dr. Onstott

INVOICE
31289

DATE
6/28/22

PRESENTING CLINICAL SIGNS

History: Chronic intermittent GI problems- typically 1-2 days of diarrhea +/- vomiting. P has also bloated once with torsion, and had a gastropexy. Prior to that he needed an enterotomy due to obstruction Acutely, p has been eating very little for 3-4 days despite treatment with IV fluids and metronidazole, and Cerenia,
Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4 results WNL. ACTH stim pending

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 left kidney measured 5.0 cm. The right kidney measured 6.0 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 left adrenal gland measured 0.5 cm. The caudal pole of the right adrenal gland measured 0.4 cm.

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.

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.

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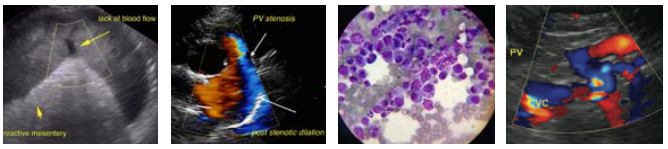

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Gastrointestinal

The **stomach** revealed hyperperistalsis and retention of chyme. Some minor shadowing material was noted in the stomach and measured 0.6 cm. This may represent medications, yet the material is non-obstructive. The pylorus appeared to be patent, yet delayed outflow was present. The small intestine was empty.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

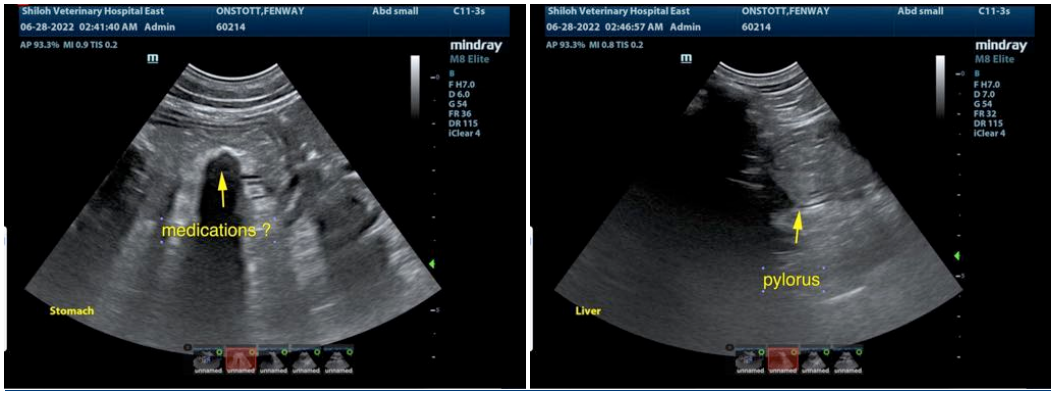
ULTRASONOGRAPHIC FINDINGS

Gastric irritation presentation with delayed outflow.

Minor shadowing gastric material, non-obstructive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious evidence of foreign body. 24-hour n.p.o. and diet change along with canned b.i.d. feedings is likely in this patient's best interest. Recheck sonogram if clinical signs persist in a week. Screening for Addison's would be appropriate to rule out underlying occult disease. Baseline cortisol or ACTH stimulation is recommended.



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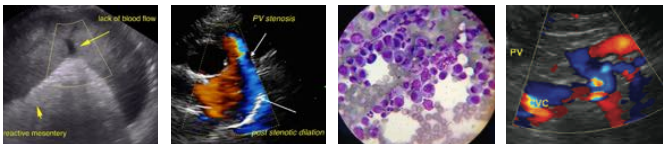

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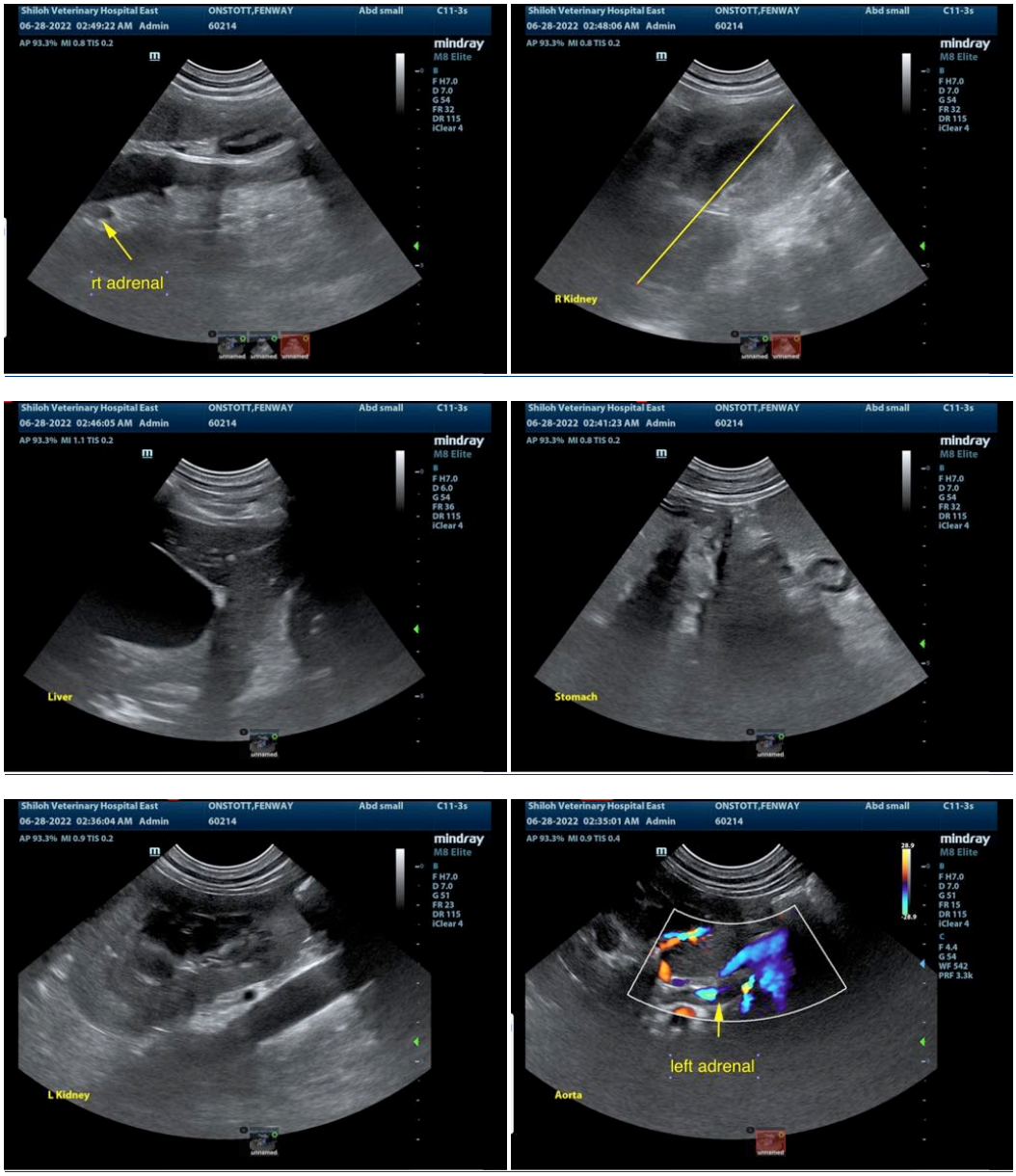

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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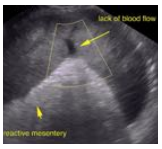

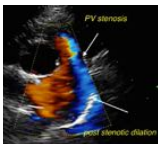

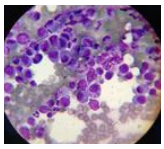
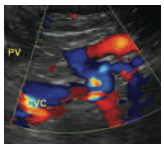

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