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Clinical Sonography & Telecytology
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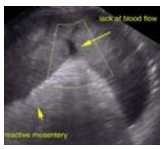
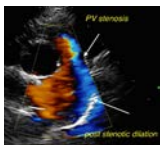
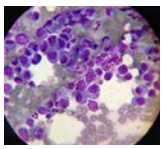
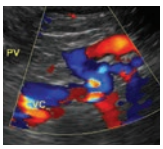

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1-800-838-4268 info@sonopath.com

PATIENT
Oakley Oconnel

SPECIES
Canine

BREED
Mixed

SEX
Spayed Female

AGE
2 Years

WEIGHT
26 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Erin Wicks

HOSPITAL NAME
Shores VEC

REFERRING VET
Dr. Lupole

INVOICE
38409

DATE
6/5/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting white foam and yellow bile. P keeps licking, not eating. O stated p had a normal BM yesterday.
Abnormal PE/Chem/CBC/UA Results: Regurgitating black fluid in hospital. Abdominal: Tense on abdominal palpation Radiographs – Dilated stomach; small radio-opaque material throughout GIT; Colon full of ingesta EPOC: K+3.3

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

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 right kidney measured 7.35 cm. The left kidney measured 7.4 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 2.41 cm x 0.43 cm at the cranial pole and 0.28 cm at the caudal 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** revealed dilated hepatic veins, consistent with passive congestion with secondary ascites. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Minor retention of chyme noted in the **stomach**. Minor intestinal thickening and hyperperistalsis noted. Mesenteric lymph nodes were slightly enlarged, example measured 2.0 cm x 1.0 cm, reactive.

Pancreas

Enhanced irregular parenchyma noted in the **pancreas**.

Free Abdomen

Slight free fluid noted in the abdomen.

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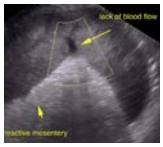
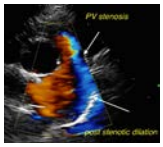
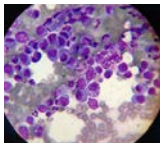
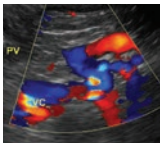

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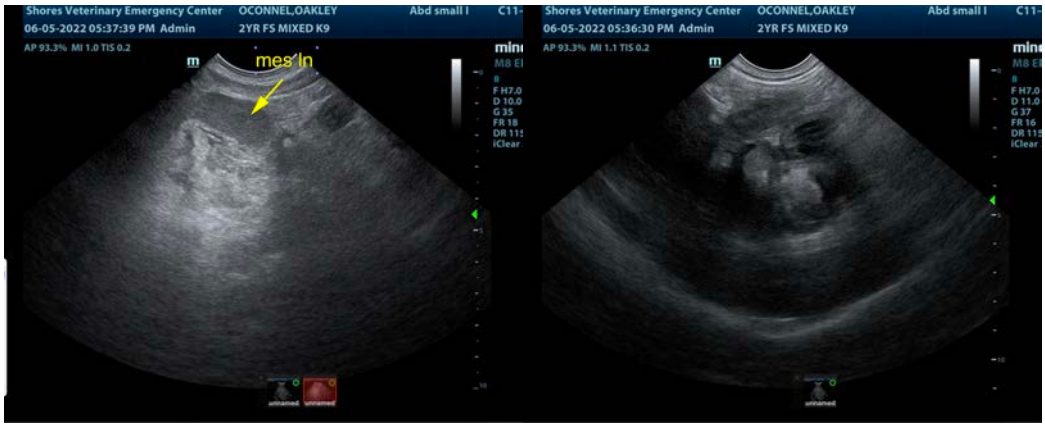
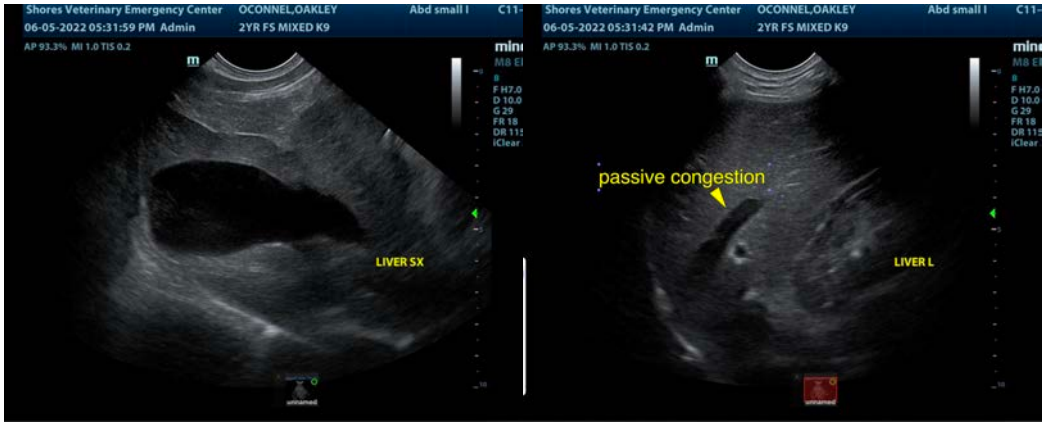
ULTRASONOGRAPHIC FINDINGS

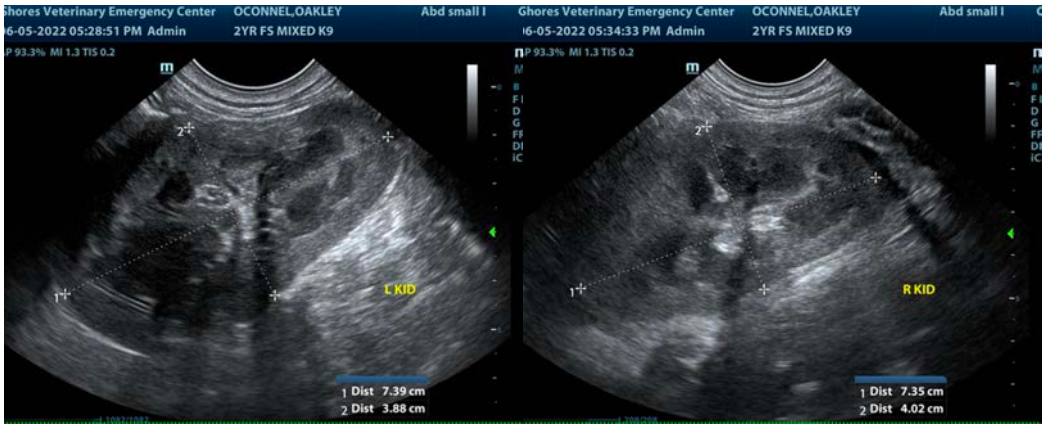
- Passive congestion liver pattern
- Gastroenteritis presentation with mesenteric lymphadenopathy
- Slight free fluid – suspected to be deriving from passive congestion from thoracic pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Echocardiogram recommended to assess for causes of passive congestion such as right-sided heart failure or obstructive disease. Supportive care for GI upset, GI protectants, broad-spectrum antibiotics warranted. However, echocardiogram and chest radiographs indicated for further investigation.







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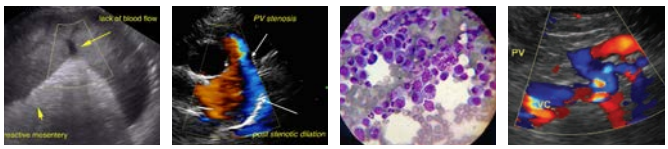

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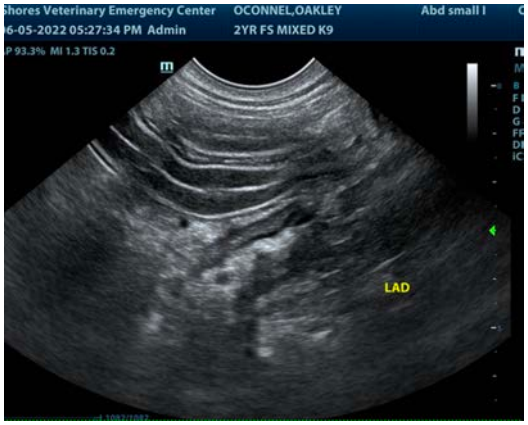

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com