

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS****PATIENT**

History: Raider is an 8 y/o MN mixed breed dog who presents for anorexia - ate expired wet food end of last week- liquid to soft serve ice cream consistency diarrhea starting Friday - progressed to infrequent regurgitation, hypersalivation - hyporexia to anorexia - history of GI issues Medications: - omeprazole - cerenia - metoclopramide -Metamucil - fortiflora

Raider Thompson

**SPECIES**

Canine

**BREED**

German Shepherd

Mix

**SEX**

Neutered Male

**AGE**

2/8/14

**WEIGHT**

75.6 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Thompson

**INVOICE**

16451

Current Medications: Ondansetron, Protonix, Metoclopramide, Cerenia.

Lab Results: See attached.

Radiographs: Fluid filled stomach, no overt FB or obstructive pattern, spondylitis deformans effecting caudal thoracic and lumbar spine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Andi Parkinson, BS, RDMS.

**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 right kidney measured 6.56 cm. The left kidney measured 7.65 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 2.09 cm x 0.79 cm at the caudal pole and 0.76 cm at the cranial pole. The left adrenal gland measured 2.24 cm x 0.64 cm at the cranial pole and 0.83 cm at the caudal pole.

**Spleen**

The **spleen** was mildly enlarged with scalloping contour and caudal folding 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. A comet tail lung pattern was noted through the diaphragm, indicative of alveolar disease.

## Gastrointestinal

The **stomach** presented concentric gastric wall thickening, measuring up to 1.6 cm in wall thickness from the pylorus to the gastroesophageal inlet.

## Pancreas

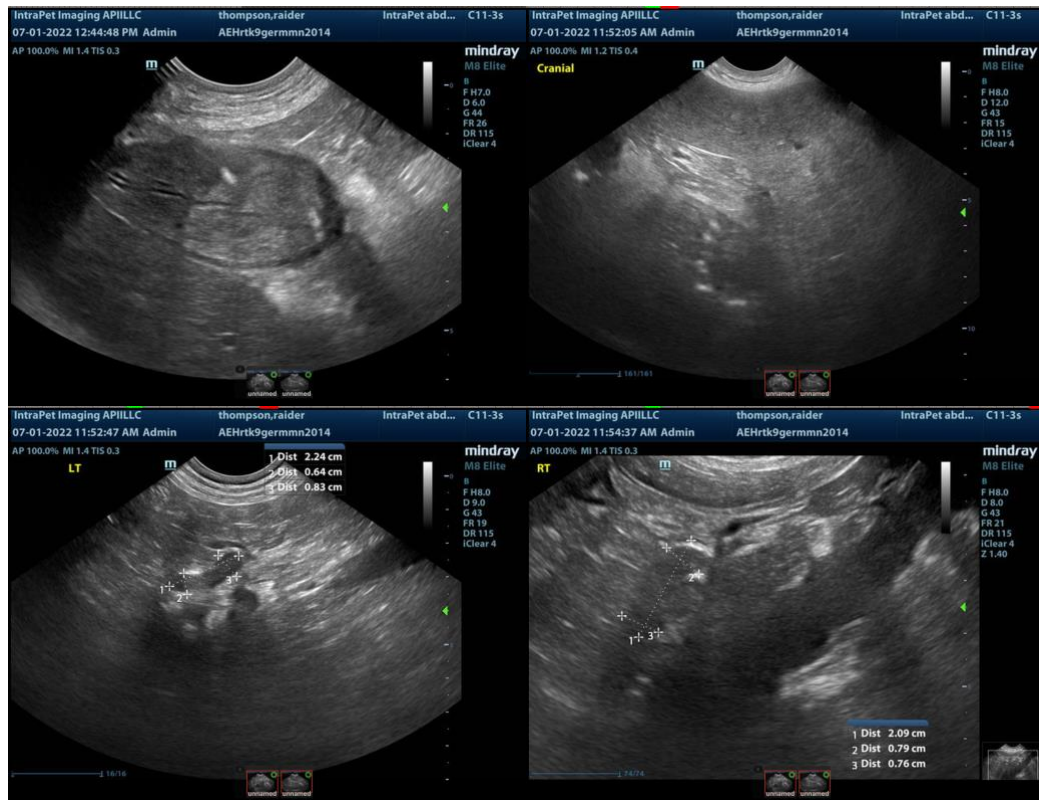
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

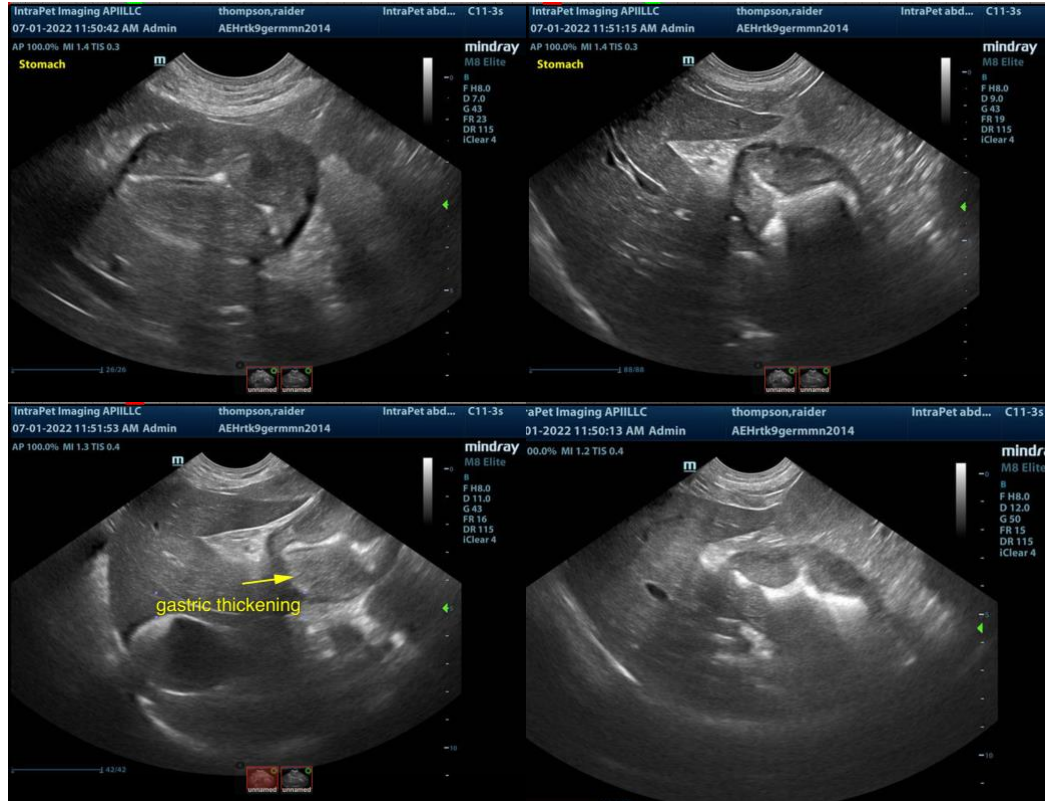
## ULTRASONOGRAPHIC FINDINGS

- Concentric gastric thickening. Gastric lymphoma or carcinoma are strong potentials. Neoplastic criteria is met, however, severe gastritis is possible.
- Splenic enlargement- FNA indicated to ensure this is a reactive state as opposed to an early neoplastic state.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy and mucosal biopsies are indicated. Empirically, GI protectant protocol could be considered with recheck sonogram in 48-72 hours. Ultrasound guided FNA, performed without complication is warranted. However, this type of presentation is often difficult to exfoliate adequately, therefore, FNA may not be adequate for a definitive diagnosis.





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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