

**DATE**

7/1/22

PRESENTING CLINICAL SIGNS

History: Vomiting and diarrhea.

PATIENT

Ranger Carstensen

Current Medications: Cerenia 60mg 2 SID, Metronidazole 500mg BID, Metronidazole 250mg BID, Sucralfate 1g TID, Low fat I/D.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: IV sedation.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Belgian Malinois

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.

SEX

Neutered Male

AGE

6/29/17

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 6.72 cm. The right kidney measured 6.12 cm.

WEIGHT

78 Pounds

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 3.35 cm x 0.79 cm at the caudal pole and 0.69 cm at the cranial pole. The left adrenal gland measured 2.41 cm x 0.71 cm at the caudal pole and 0.61 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**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.

HOSPITAL NAME

Forest Hill Vet

REFERRING VET

Dr. Saad

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.

INVOICE

16459

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

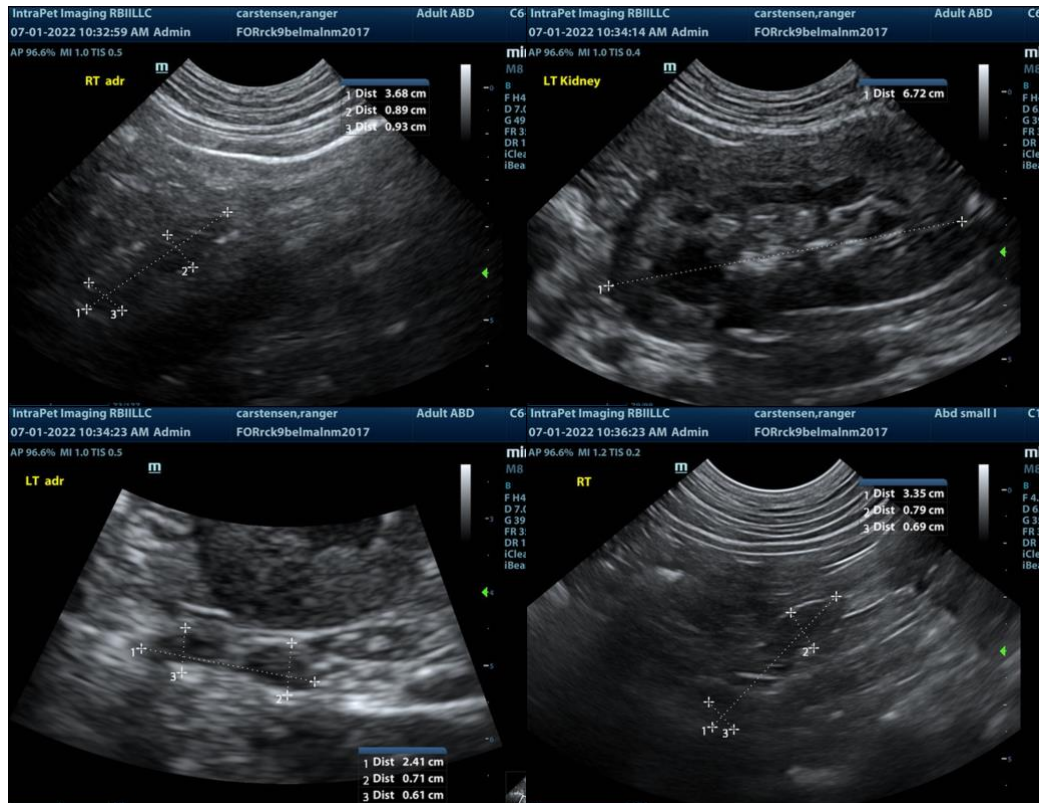
The **pancreas** revealed slight coarse architecture (fairly uniform) and was slightly hypoechoic to surrounding fat. Given the patient history, low grade inflammation is likely, yet minor.

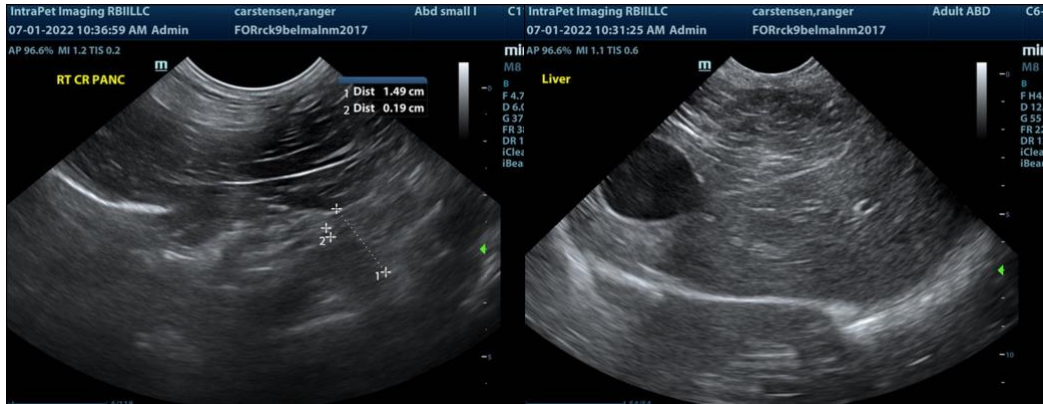
ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Minor pancreatitis, yet changes were subtle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. if the white count is persistently depressed, then bone marrow aspirate is indicated. Otherwise, empirical treatment for GI upset, such as diet change to hydrolyzed diet, antiparasitic protocol, 10-days of amoxicillin or metronidazole or similar protocol could be considered.





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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