

**DATE**

7/10/23

**PRESENTING CLINICAL SIGNS**

Weight loss, diarrhea with blood and some vomiting. Patient has been generally more lethargic and sleeping a lot in unusual places. Pet is eating less than normal.  
Current Medications: Metronidazole.

**PATIENT**

Ellie Boyd

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Wargs RDCS, RVT.

**SPECIES**

Canine

**BREED**

Labrador Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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. The right kidney measured 5.2 cm. The left kidney measured 6.01 cm.

**AGE**

1/30/12

**WEIGHT**

50.5 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 2.45 x 0.47 cm at the caudal pole and 0.62 cm at the cranial pole. The left adrenal gland measured 2.29 x 0.57 cm at the caudal pole and 0.62 cm at the cranial pole.

**HOSPITAL NAME**Bayside Animal  
Medical Center**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**REFERRING VET**

Dr. Sims

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

76024

**Gastrointestinal**

Upper **gastrointestinal** gas was present and obscured some visibility. However, the gastric wall was unremarkable with no evidence of over distension. Excessive GI gas was noted throughout the GI tract. The small intestines and colon were unremarkable. The mesenteric lymph nodes were mildly enlarged and measured 1.43 cm and reactive.

### **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**

Structurally unremarkable abdomen.

Upper GI gas.

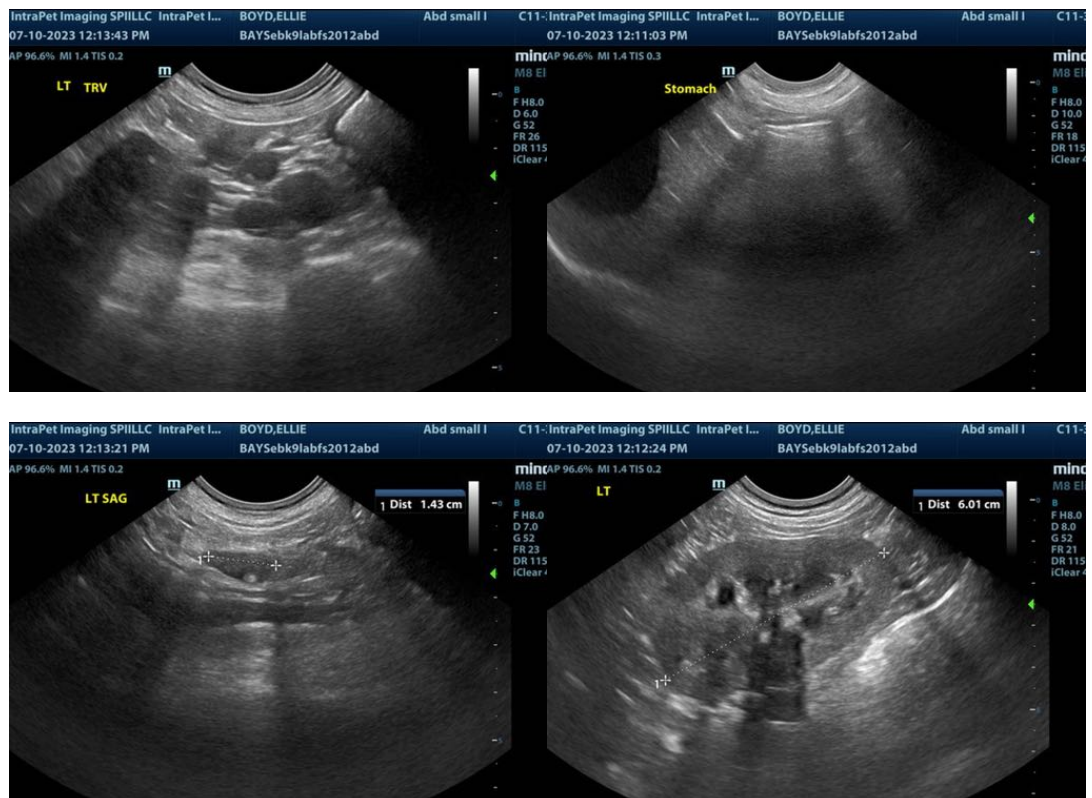
Reactive mesenteric lymphadenopathy.

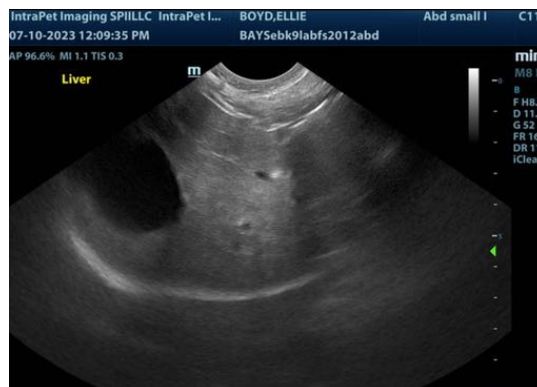
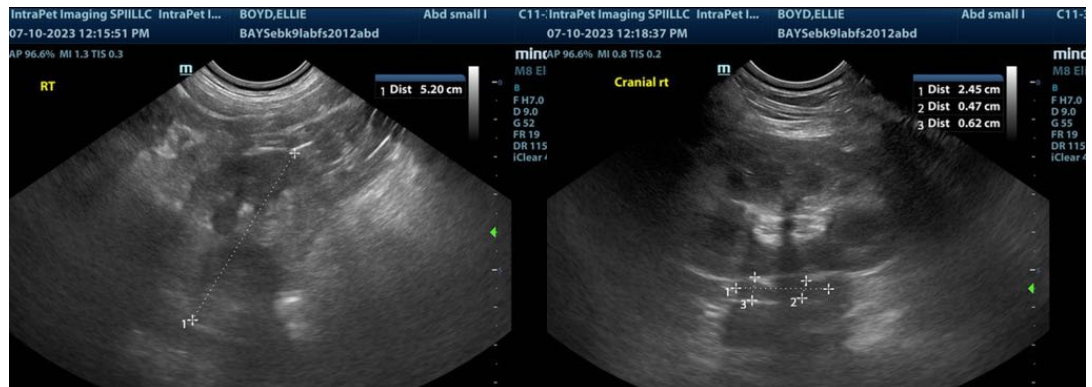
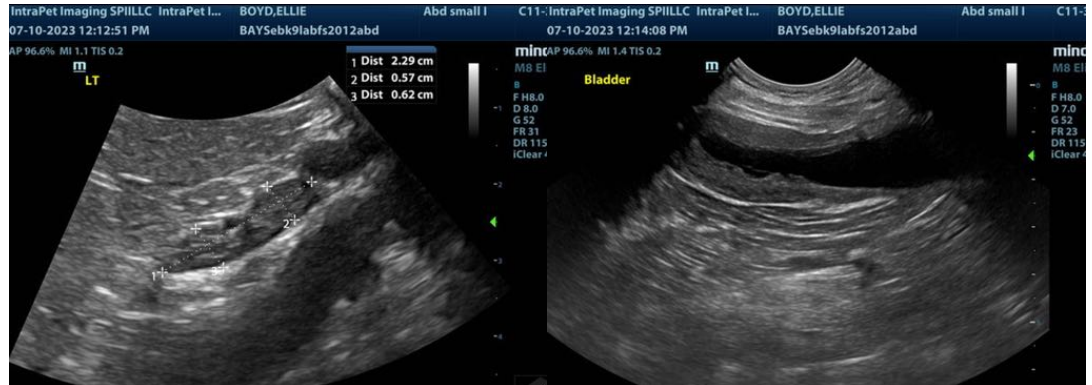
Mild bladder wall thickening.

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

There was no evidence of neoplasia. Urinary work-up is warranted. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also 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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