**DATE**

7/10/23

PATIENT

Emmett Booth

SPECIES

Canine

BREED

Great Dane

SEX

Neutered male

AGE

9/27/14

WEIGHT

135 lbs

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

Dr. Ruby

INVOICE

76010

PRESENTING CLINICAL SIGNS

Previous visit 7/9/2023 Owner came home and fed Emmett. He ate normally. Then they went upstairs and found that he had eaten an 8 x 8 piece of his bedding with the cover. Owner did not piece the vomitus together. Had gastrotomy and enterotomy 04/2022 Was discharged from earlier and vomited all of his food once in the car. He vomited a couple more times at home and then vomited a large amount of his bedding and grass.

Current Medications: None listed.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, 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 was noted. Ureteral papillae were normal.

The **prostate** was slightly enlarged, yet uniform measuring 2.12 cm. This would be normal if the patient was neutered as an adult with potential underlying prostatic pathology, yet appears subjectively benign.

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 8.9 cm. The right kidney measured 9.37 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 4.06 x 1.06 cm at the cranial pole and 0.81 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with subtle heterogenous parenchymal changes.

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.

Gastrointestinal

The stomach revealed mild hypertrophy and minor luminal fluid. There was no evidence of foreign matter. The small intestine and colon were unremarkable. The curvilinear patterns were respected.

Pancreas

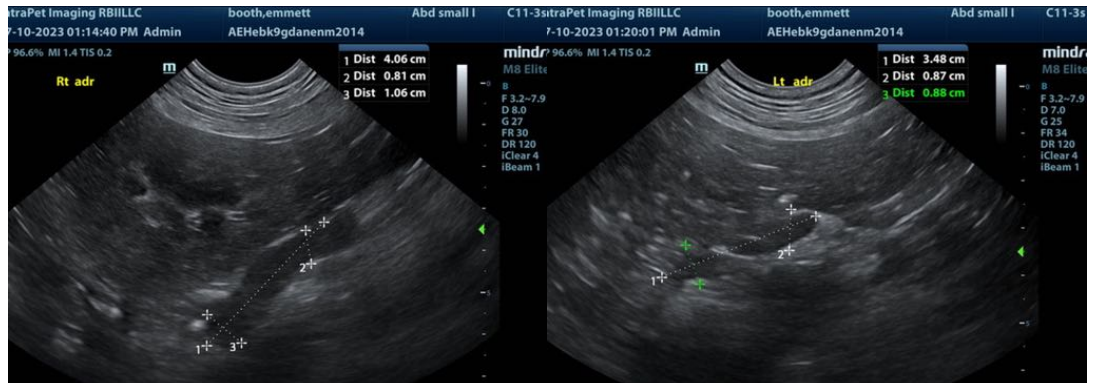
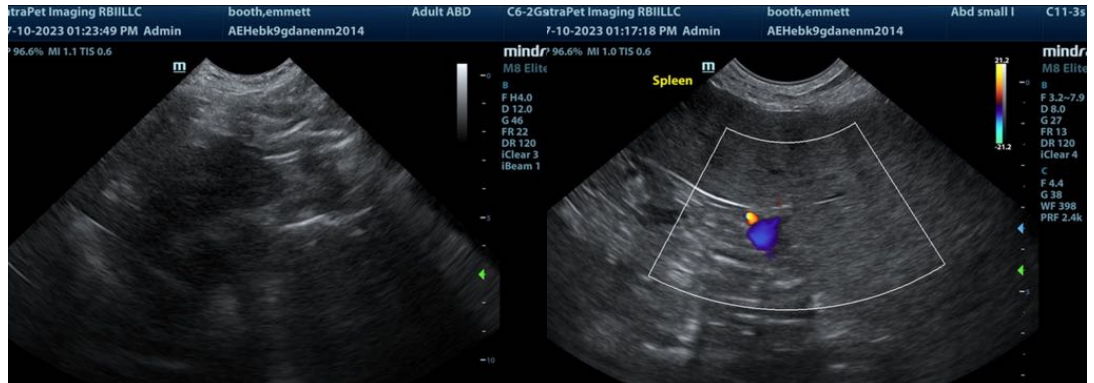
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with minor gastric hypertrophy, no evidence of significant disease. Subtle heterogenous changes to the spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If weight loss is an issue FNA of the spleen is indicated.





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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com