

**DATE**

07/10/2023

**PRESENTING CLINICAL SIGNS**

Extreme lethargy x3 days, just started not eating 24 hours ago with vomiting. Normal stool but now is diarrhea. Hx of IBD - managed well. Does eat: sticks, socks (mostly the toes), nylabone wishbone shaped.

**PATIENT**

Sawyer Munko

Current Medications: cobalamin supplement once weekly, tylenol powder as needed for diarrhea

Lab Results: See attached.

Radiographs: See attached report.

Date of Previous IntraPet Ultrasound: 2/16/23. See attached.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Stephanie Warga RDCS, RVT.

**SPECIES**

Canine

**BREED**

Golden Retriever

**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**

MN

**AGE**

2022

**WEIGHT**

82lb

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 7.8 cm in length. The right kidney measured 8.28 cm in length.

**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 3.04 cm in length by 0.54 cm caudal pole width by 0.52 cm cranial pole width. The right adrenal gland measured 2.58 cm in length by 0.48 cm width.

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**

Stay Pet Veterinary

**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.

**REFERRING VET**

Klimovitz

**INVOICE**

14359ag

**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**

Examination of the gastrointestinal tract revealed a stomach with mildly thickened mucosa without loss of mural detail. Minor gas and fluid accumulation was noted.

### **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.

### **Free Abdomen**

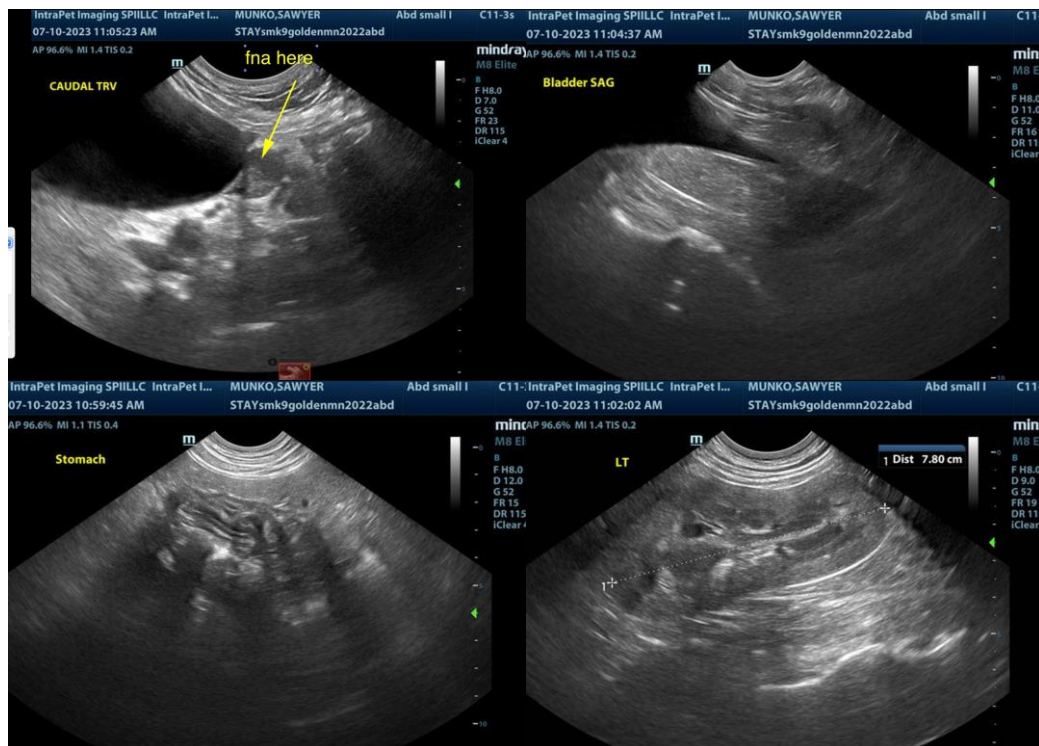
The caudal abdominal lymph and iliac nodes were enlarged, hypoechoic and irregular. An example measured 2.0 cm. Reactive mesentery was noted.

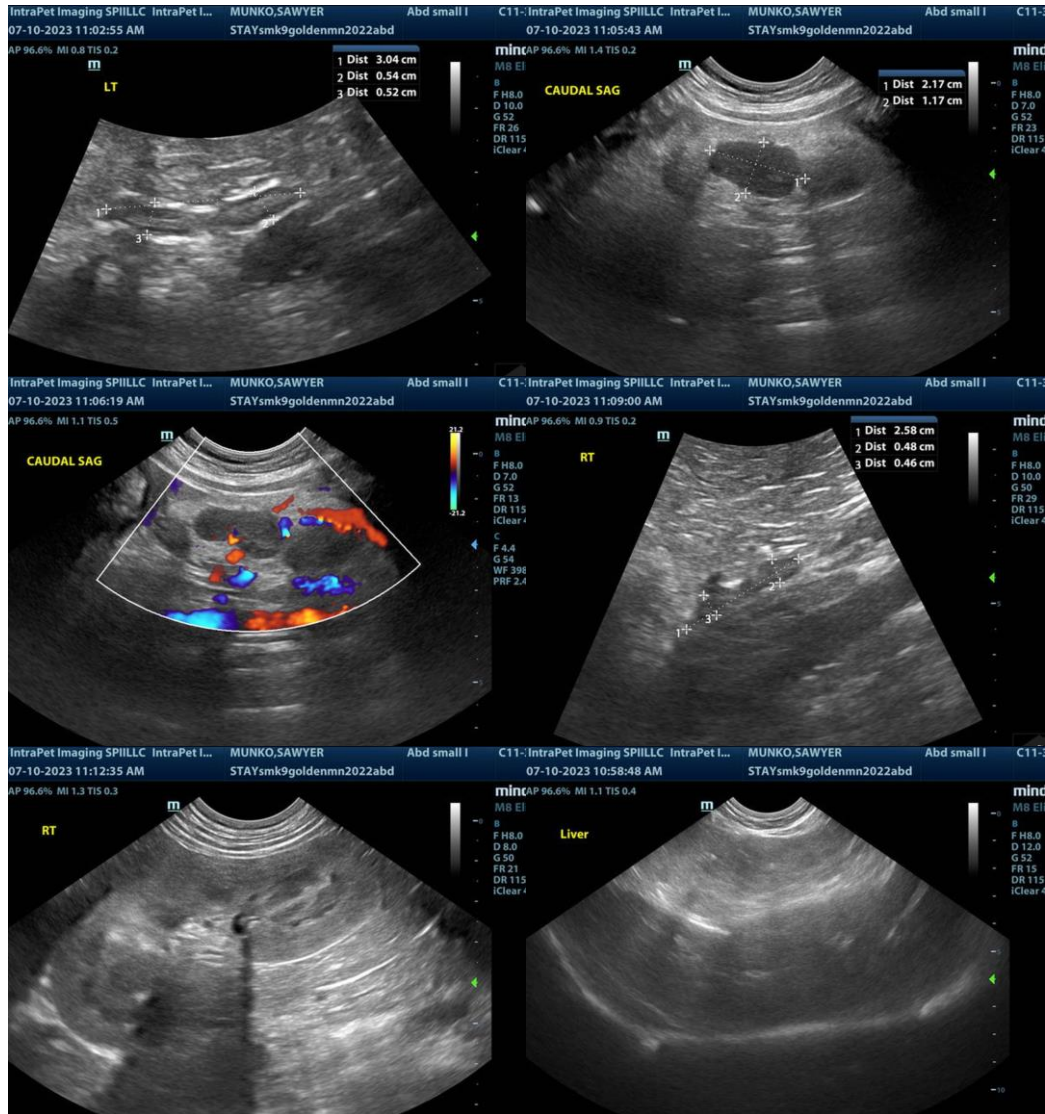
### **ULTRASONOGRAPHIC FINDINGS**

- Progressive caudal abdominal lymphadenopathy.
- Reactive mesentery.

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

The diagnosis is open however enterotoxic or infectious agent is possible. Emerging round cell neoplasia is possible. FNA cytology and C/S of caudal abdominal/iliac lymph nodes is indicated. Supportive care for enterotoxins is warranted in the meantime.





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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