

**DATE PRESENTING CLINICAL SIGNS**

7/16/23

Coughing. Vomiting With Blood.

PATIENT

Ovie White

History: Date: 07-15-2023 Notes: PC: Coughing and throwing up blood. Started throwing up blood around 6:10p and he keeps vomiting blood every few minutes. Diet: Chicken and rice Hx: O got another dog from the pound. rDVM suspected finishing kennel cough. P coughed for a day then stopped until this morning- started coughing blood ATO in room: - Owned patient since puppy. no medical hx. - Previously on flea/tick hw but missed recent recent doses last 65 months - Always one to get into things- possibly got into pads in the bathroom- unsure if ate it, eats everything - Adopted another dog from the pound recently- 1 week ago was sneezing- went to rDVM 2 days ago - diagnosed with possible kennel cough/ cold (OTHER DOG) - Ovie had a runny nose- yesterday coughing- today coughing more - P vomited food this am- after he ate, drank water and vomited - Started coughing blood today - Defecated and urinated normally this am - No chance of rat poison/ toxins - Plan to neuter in the future ***\$\$\$ CONCERN*** Last year had 2 dogs here 1 died in hospital, the other died a few months ago- asked about more limited dx/ tx \$\$ concern- would like to do everything but worries about price

SPECIES

Canine

BREED

Lab X

SEX

Assessment: Ovie 1 yr 3 m Male Intact Lab. PC: coughing and vomiting blood

Male

AGE

2022

Lab Results: Attached.

WEIGHT

68.2 Pounds

Radiographs: Xray Thorax 2 view - Xray 2 view: 1. Chest : Heart wnl, lungs clear 2. Abdomen: Stomach thickened, not very fluid filled, concerned on VD for possible fabric like material in cranial duodenum, stool in colon.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

HOSPITAL NAMEAnimal Emergency
Hospital

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**REFERRING VET**

Dr. Kalwa

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.

INVOICE

43881

The prostate was uniform, no evidence of pathology. The prostate measured 2.9 cm in width.

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 7.33 cm. The right kidney measured 6.5 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 left adrenal gland measured 2.46 cm x 0.68 cm at the caudal pole and 0.75 cm at the cranial pole. The right kidney measured 2.2 cm x 0.98 cm at the caudal pole and 0.78 cm at the cranial pole.

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.

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 minor fluid-filled lumen with echogenic linear structures, which may represent parasites or possible minor linear foreign matter and ingesta. The small intestine and colon were unremarkable.

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

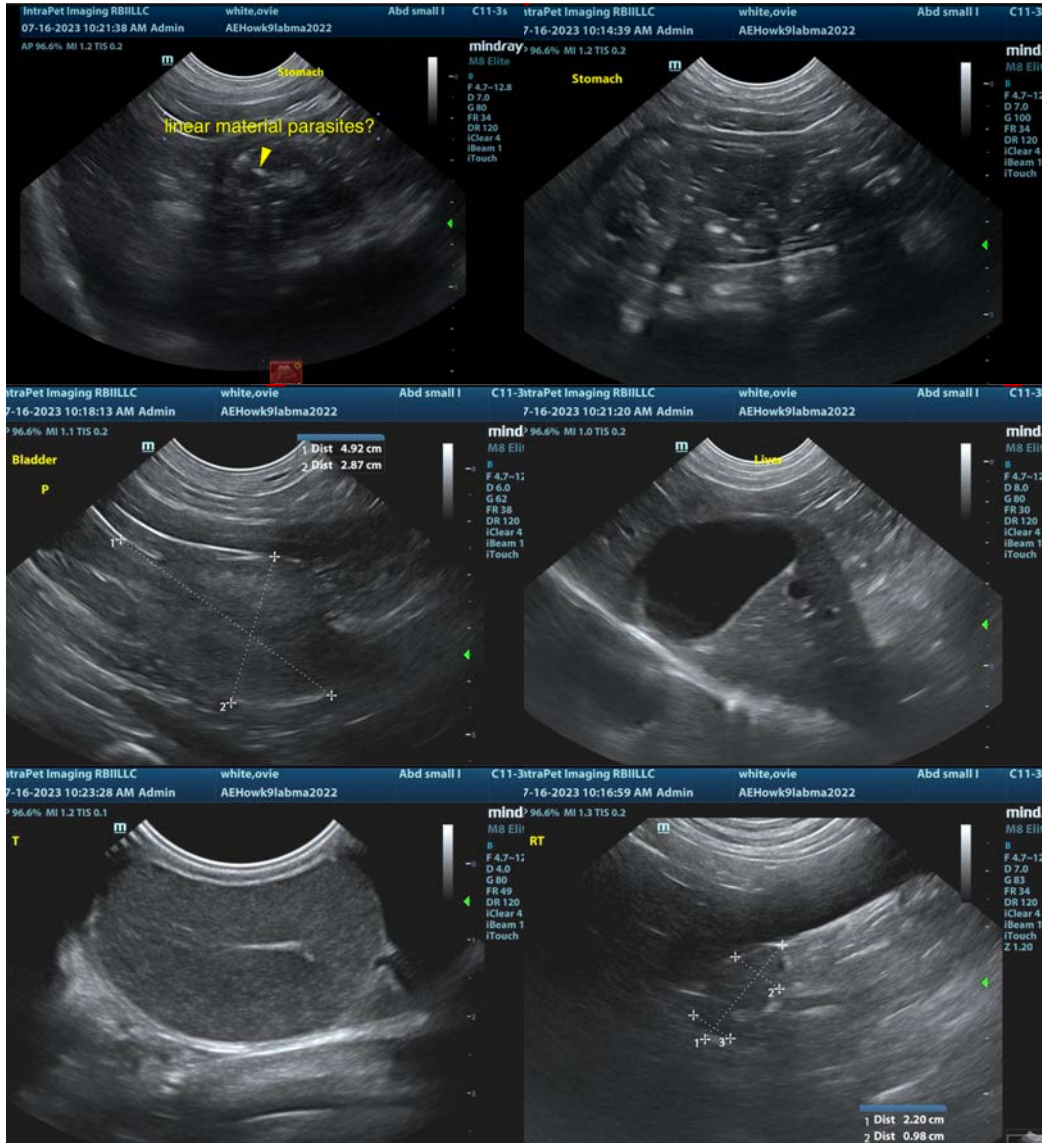
Testicles were imaged and found to be uniform, no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Non-obstructive linear luminal gastric material, possible roundworm burden or soft, non-obstructive foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a fresh fecal smear and fecal floatation analysis. Anti-parasitic protocol and GI protectants warranted. Recheck sonogram in 48-72 hours. Endoscopy warranted if clinical signs persist.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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