

**DATE PRESENTING CLINICAL SIGNS**

7/16/23

**PATIENT**

Panzer Zaniker

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

2016

**WEIGHT**

97.4 Pounds

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

Dr.

Presenting Complaint: Vomiting. Bloody Diarrhea.

History: Date: 07-15-2023 Notes: PC: - Diarrhea- watery/ blood- 2x around 5am- very red- dozen pieces of grass in it. Light volume- drips some - Vomit- once 8am- small amount of yellow/ bile - Yesterday- acting normal - Last night only ate few treats and left over dinner- white rice and skinless chicken - Today not eating - IS drinking water - DOES not appear to be in distress or uncomfortable- but may appear nauseated/ bloated - Unsure cause - Diet: lams senior \_\_\_\_\_ ATO in room: - O lives around annapolis - O has been trying to get in around at multiple other hospitals- O waited for hours at catonsville today - Since filled out check in sheet P has had continual on / off bloody diarrhea - No vomiting since left house - Drank 2 bottles of water - P little anxious but more depressed- usually bouncing off the walls- lied down in the car. Usually talkative- O then unsure if lethargic, whined at the door. - Receives dasaquin- didnt eat last night - Other shepherd at home- wnl- no GI signs - No Dietary indiscretion- not at cookout, didnt get into anything, didnt walk yesterday - Day before acted normal - Owned 6.5 yrs- found as a stray in the city - When adopted had worms, undescended testicle, was eating dirt and rocks- wnl since then - O showed picture of diarrhea- looked like straight bloody water - Has a plush toy "Go Dog Chickens" Unsure if swallowed anything. No raw hides - No raw diet - No new treats- very little table food- only if dog safe

Assessment: Panzer 7 yr 6 m MN GSD. PC: Acute watery bloody diarrhea and vomiting- started today. Yesterday- only ate few treats. Today no appetite. Uncomfortable.

Initial exam: Pulls on the leash, overweight, gums pink, tacky, dental disease, H/L wnl, Abdomen- tense/painful/ reactive, bloody discharge around anus- rectal bloody diarrhea, AFAST- very dilated fluid loops, TFAST no FF, Ambulatory little anxious.

Current Medications: Attached.

Lab Results: Resting cortisol normal

Radiographs: 2 view abdomen: no obvious fb, gas throughout GIT, prominent rugal folds.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV: Ace.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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

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were acceptably uniform without significant irregularities. The right kidney measured 6.98 cm. The left kidney measured 6.98 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 3.51 cm x 0.69 cm at the caudal pole and 0.66 cm at the cranial pole. The right adrenal gland measured 3.6 cm x 0.76 cm at the caudal pole and 0.72 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** presented mild increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.

### ***Gastrointestinal***

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

### ***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***

Reactive mesenteric lymph nodes noted up to 5.4 cm x 2.0 cm.

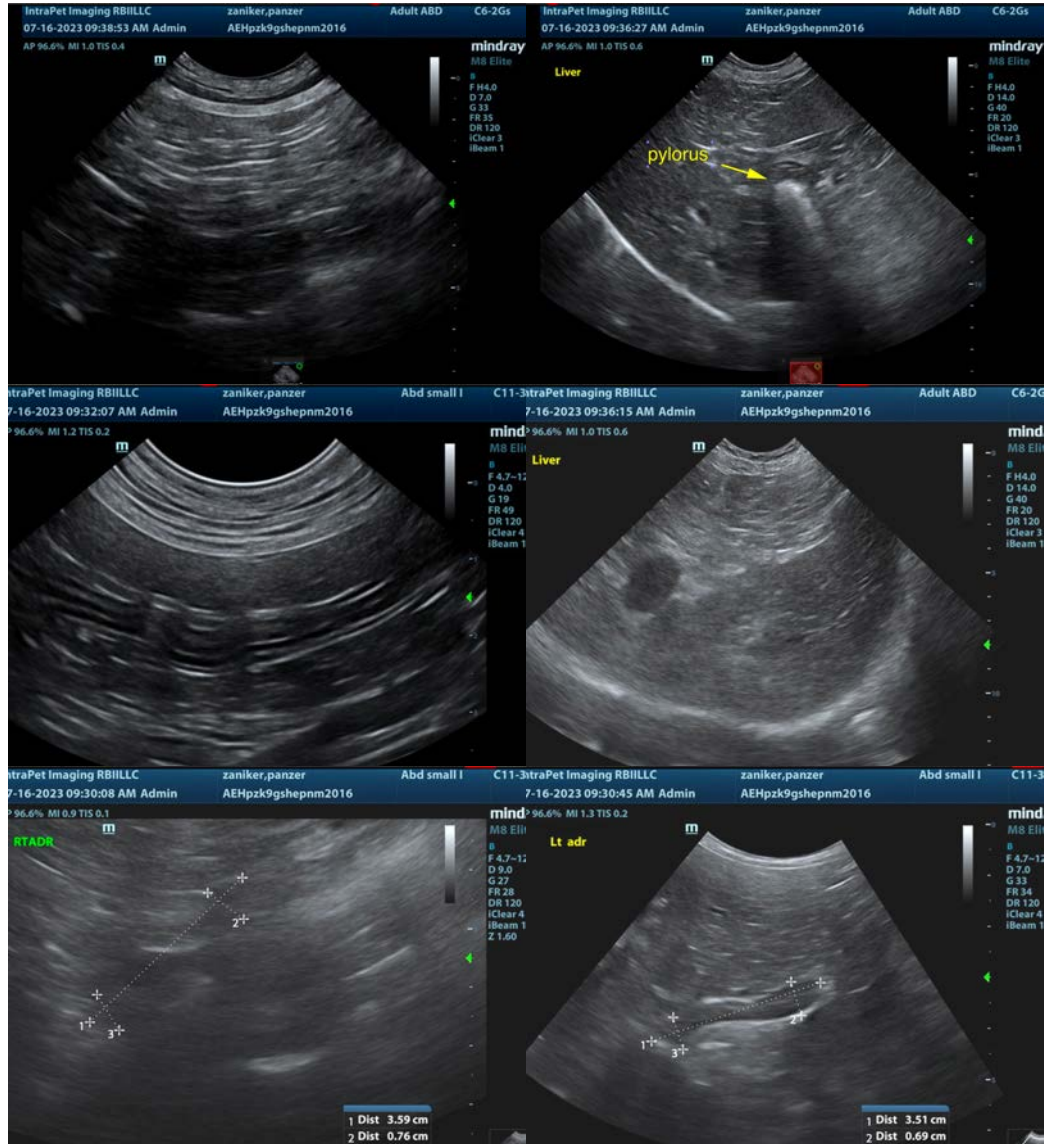
## **ULTRASONOGRAPHIC FINDINGS**

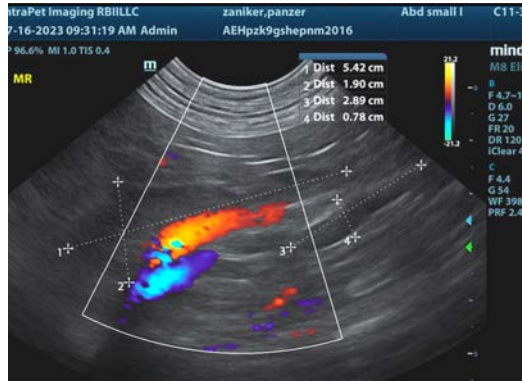
- Minor intestinal thickening with reactive mesenteric lymph nodes – acute on chronic inflammatory bowel likely.
- Mild hepatic remodeling – history of cholangitis likely.

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

Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and

reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed.





**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.

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