

**DATE**

7/25/22

PRESENTING CLINICAL SIGNS

History: Did not eat yesterday at all, then in the evening she threw up. Had diarrhea late, then this morning had more diarrhea containing blood. Still not interested in eating.

PATIENT

Abi Lynn Parker

Current Medications: Protonix, Metronidazole, Cerenia, Buprenorphine.

Radiographs: Stomach empty; wall appears thickened; no obvious obstruction or obstructive pattern in SI; gas in colon.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Shih Tzu Mix

Imaging Performed By: Andi Parkinson, BS, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Spayed Female

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.

AGE

5/20/21

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.

WEIGHT

15.4 Pounds

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 3.7 cm. The left kidney measured 4.2 cm.

INTERPRETED BYEric 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 1.48 cm x 0.48 cm at the cranial pole and 0.58 cm at the caudal pole. The left adrenal gland measured 1.47 cm x 0.4 cm at the cranial pole and 0.55 cm at the caudal pole.

HOSPITAL NAMEAnimal Emergency
Hospital**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

Dr. Martinoli

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.

INVOICE

16543

Gastrointestinal

The **stomach** was empty yet the pylorus was hypertrophied. The colon was fluid filled, consistent with resolving colitis/gastroenteritis.

Pancreas

The right limb of the **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery, consistent with pancreatitis.

Free Abdomen

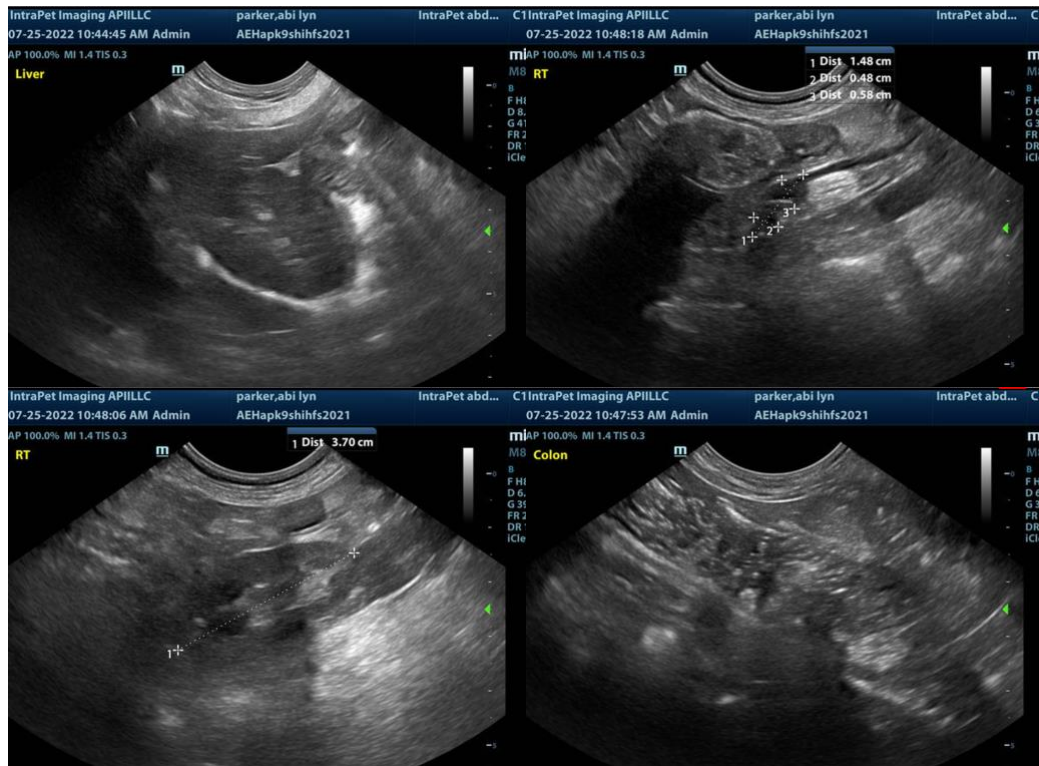
The mesenteric **lymph nodes** (an example measured 2.5 cm x 1.06 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

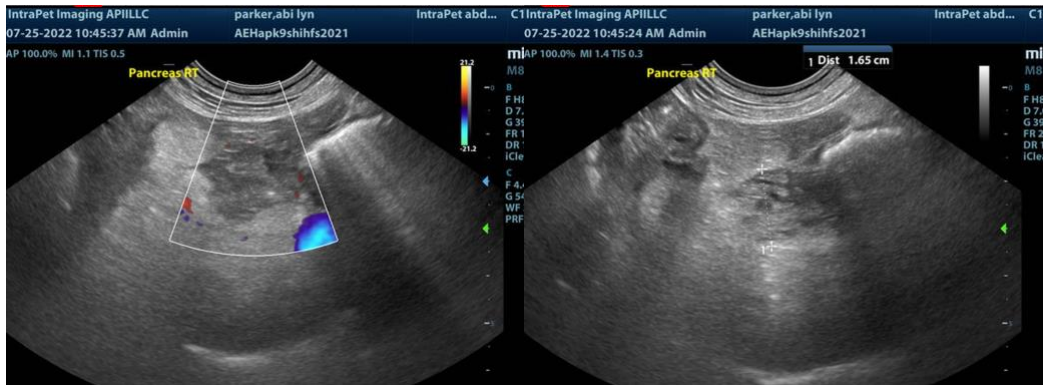
ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, GI protectants, broad spectrum antibiotics and pain management all indicated. Recheck sonogram in 48-72 hours to ensure adequate resolution. Full CBC/Chem/UA evaluation recommended.





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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