



PATIENT

Stella Stuart

SPECIES

Canine

BREED

Chocolate Labrador
Retriever Mix

SEX

Spayed female

AGE

1 year

WEIGHT

21.95 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Schwanebeck

HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

Dr. Schwanebeck

INVOICE

31939

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: On 7/25 patient was walking around a lake and ate a piece of bread with ants on it. She was subsequently pawing her face and collapsed. Her owner gave a large amount of hydrogen peroxide orally. Today, she has been vomiting and having dark tarry stool. Concern for previous anaphylaxis last night vs. toxin ingestion vs. other. Concern for gastric ulceration secondary to hydrogen peroxide.
Abnormal PE/Chem/CBC/UA Results: ALT 1359

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 **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 right kidney measured 5.0 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.

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 was noted.

Liver

The **liver** revealed coarse architecture and increased portal markings. The hepatic vascularity appeared normal. The gallbladder and common bile duct were normal.



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Gastrointestinal

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The **stomach** is mildly thickened with echogenic mucosal changes. This is consistent with gastric hypertrophy. Fluid filled gastric lumen was noted. The small intestines and colon were unremarkable. The mesenteric lymph nodes were enlarged and reactive. The largest of which measured 2.0 x 1.0 cm.

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Pancreas

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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.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

1 year

Gastritis.

Cholangitis.

Enlarged, reactive mesenteric lymph nodes.

WEIGHT

21.95 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers are indicated. Core liver biopsy is recommended with quantitative copper evaluation given the patient's age. Lymph node FNA, cytology and culture is indicated. There is a minimal potential for neoplasia. GI protectant protocol is recommended along with Ampicillin and Metronidazole. FNA could be considered for further definition of inflammatory cell type; however, it would not help in the potential for copper storage issues.

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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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