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DATE

7/26/22

PATIENT

Winston Barber

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Intact Male

AGE

5/14/21

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Stephanie Pearce
RDCS, RVT

HOSPITAL NAME

Perry Hall AH

REFERRING VET

Dr. Hatzigiannakis

INVOICE

39828

PRESENTING CLINICAL SIGNS

Intermittent episodes of GI upset with latest episode ~2 weeks ago. Presented 7/25 for diarrhea of around 1 week duration, and within last 48 hours decreased appetite. On exam, p reactive to cranial abd palpation.

Current Medications: 7/25 started buprenorphine 0.02 mg/kg SC, unasyn 22 mg/kg IV BID, Cerenia 1 mg/kg IV SID. On 7/26 will also start protonix 1 mg/kg IV sid and add metronidazole 15 mg/kg IV.
Lab Results: GGT mild increase, SNAP cPL abnormal, resting cortisol to the lab is pending.
Radiographs: Small intestine being slightly fluid distended and some increased gas in stomach and colon.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

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 prostate was uniform at 2.15 cm x 2.34 cm.

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 4.53 cm. The left kidney measured 4.9 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 1.69 cm x 0.63 cm at the caudal pole and 0.34 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 fluid filled lumen. The pylorus was patent. The small intestine was unremarkable. Curvilinear patterns were maintained. Minor excessive GI gas noted. Reactive mesenteric lymph nodes noted at 0.30 cm.

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.

Other

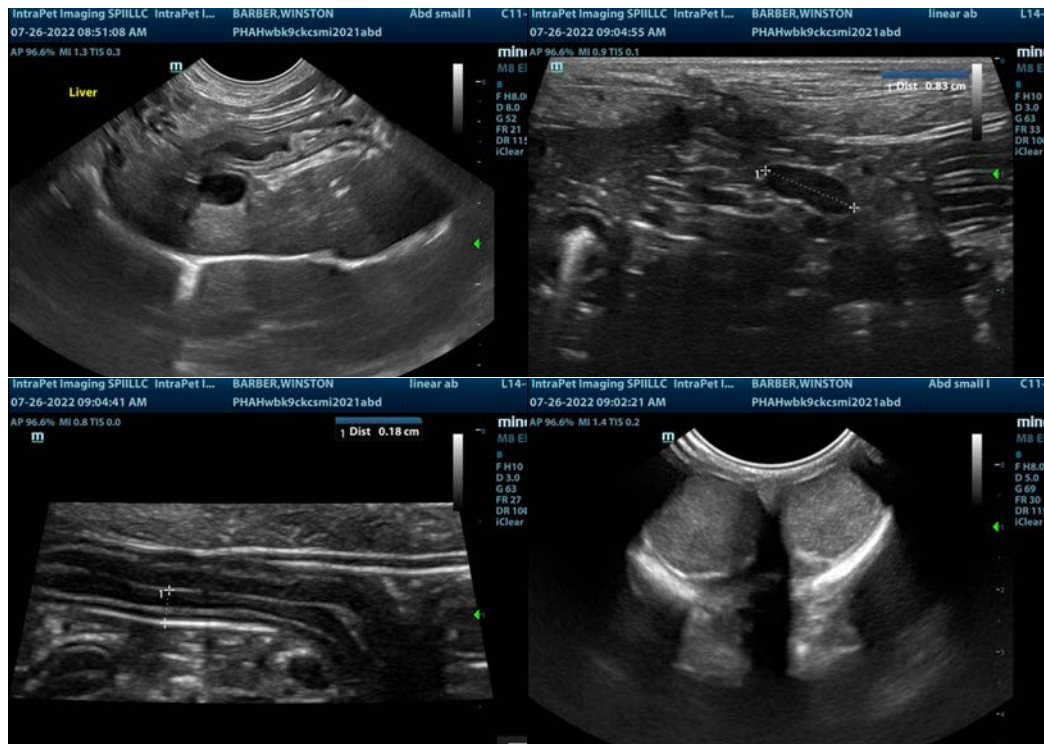
The testicles were imaged and found to be uniform, no evident pathology.

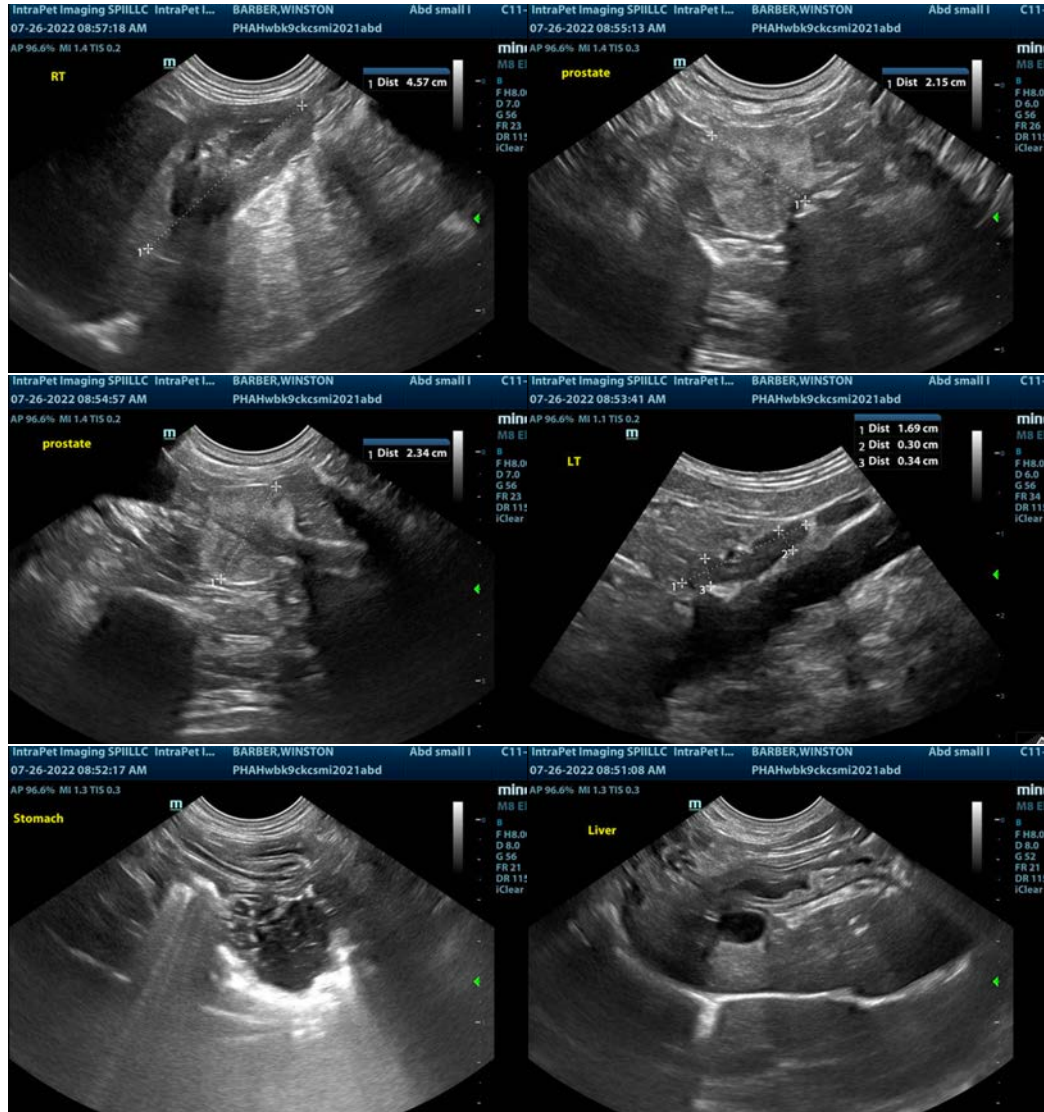
ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern – underlying food intolerance, occult parasitism, dietary indiscretion all possible.
- Reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I/D or similar diet with anti-parasitic protocol, fecal test, and Amoxicillin/Metronidazole or similar combination recommended empirically. Reevaluation of the dietary protocol in this patient recommended. Diet change to hydrolyzed diet may be in this patient's best interest. However, other than minor excessive GI gas and slight reactive lymph nodes, the abdomen appears unremarkable.





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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