

**DATE PRESENTING CLINICAL SIGNS**

7/30/23 Presenting Complaint: Vomiting.

PATIENT

Cookie Sarausa

History: Date: 07-29-2023 Notes: Last night: have been giving the meds on schedule - defecated soft mushy stool Since she left have needed to spoon feed her Last night: has been vomiting over 5x - was after being fed at 10p - since has been retching and vomiting, white and foamy Current medications: - Metronidazole 50 mg, 1.5 tabs q12 - last given: 10p - Omeprazole 0.53 ml q12 - last given: 10p - Ondansetron 4 mg, 1/2 tab q12 - last given: 10p.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous.
 Sedation: Not required to complete full diagnostic ultrasound.
 Stat Report: Not requested.

BREED

Maltipoo

Imaging Performed By: Rachel Brillhart, RDMS.

SEX

Spayed Female

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.

AGE

2015

WEIGHT

11.1 Pounds

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. Slight pinpoint mineralizations were noted. The right kidney measured 4.5 cm. The left kidney measured 4.45 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 2.18 cm x 0.7 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 1.73 cm x 0.64 cm at the caudal pole and 0.5 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital**Spleen**

The **spleen** revealed a focal hypoechoic nodule, measuring 0.7 cm with minor disruption of architecture. The remainder of the spleen was uniform.

REFERRING VET

Dr. Nacke-Horney

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

23707

Gastrointestinal

The **gastric** wall was excessively thickened in this patient, measuring up to 1.33 cm with some loss of mural detail. The gastric fundus was dilated with fluid with hyperechoic mucosal remodeling- this may represent ulcerative disease. Hyperperistalsis was noted in the intestinal tract with some reactive mesentery.

Pancreas

The **pancreas** revealed heterogenous parenchymal changes primarily in the right limb, enveloping the upper duodenum. Minor duct dilation was noted.

Other

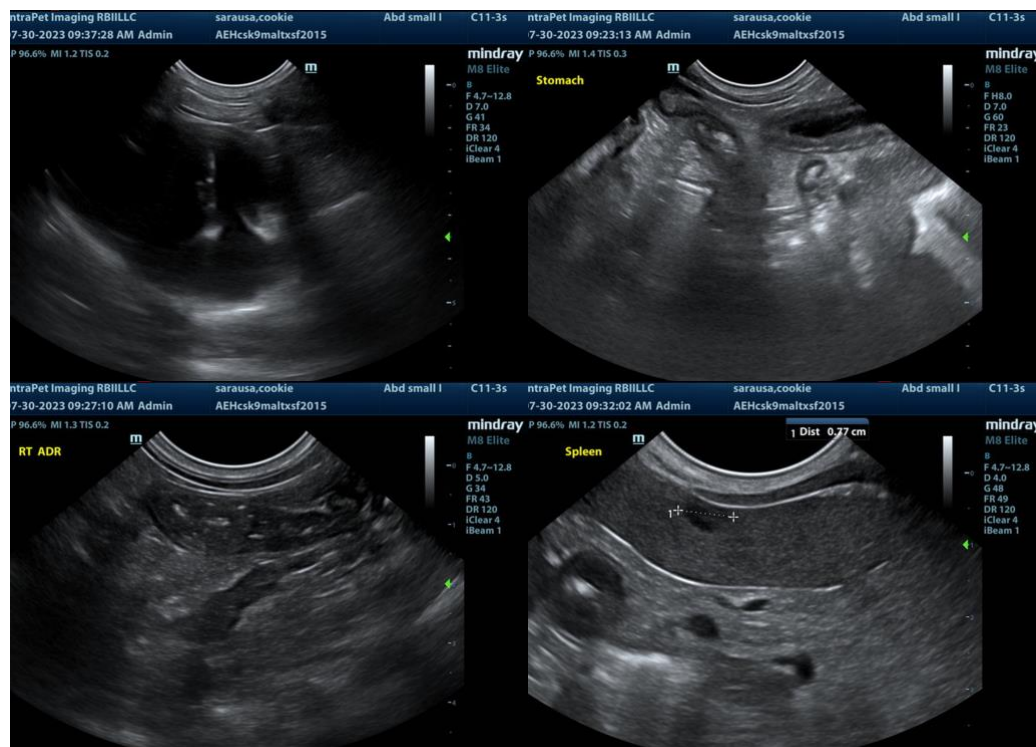
A rapid view of the **heart** revealed no evident pathology in the right auricle pr pericardium.

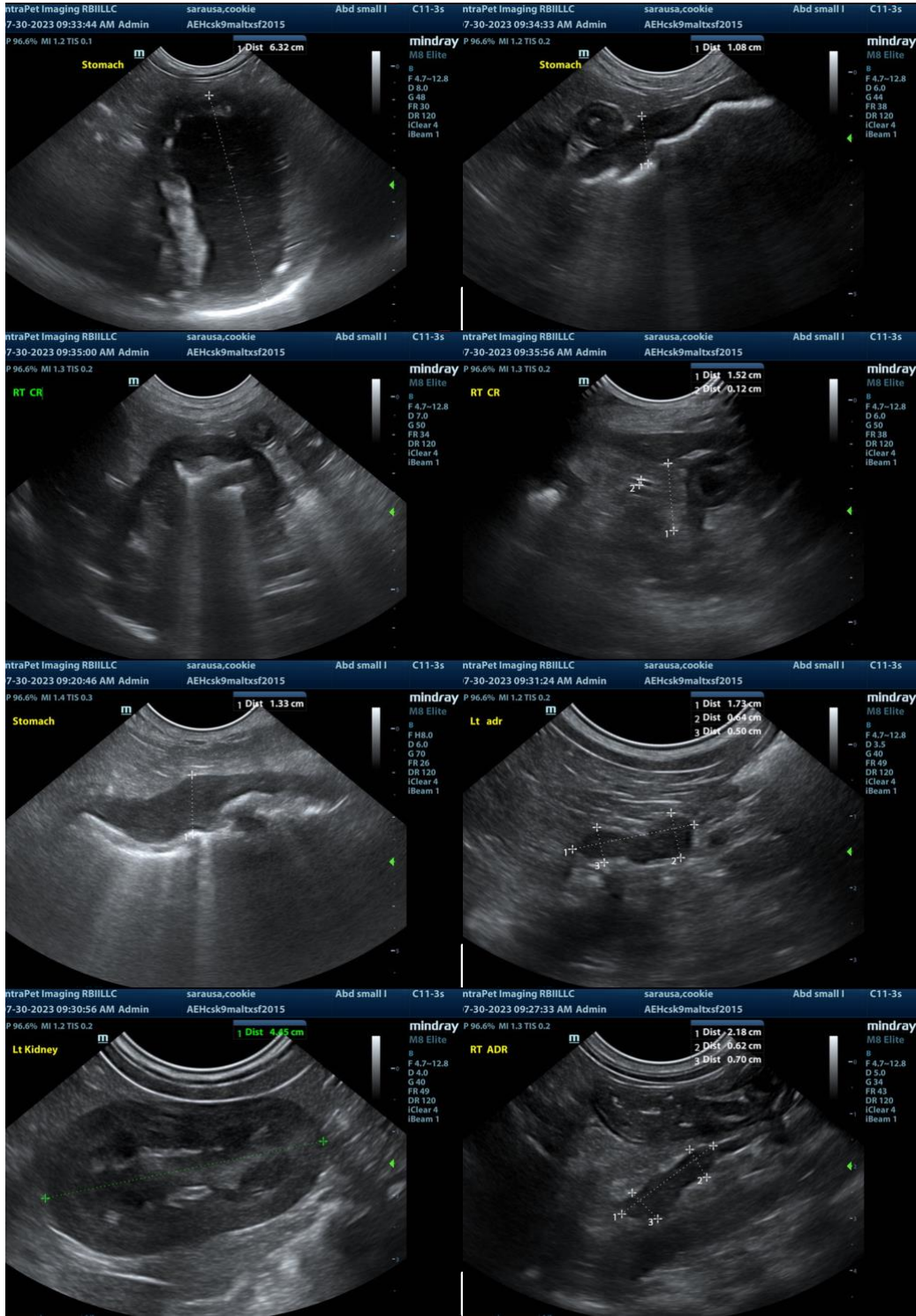
ULTRASONOGRAPHIC FINDINGS

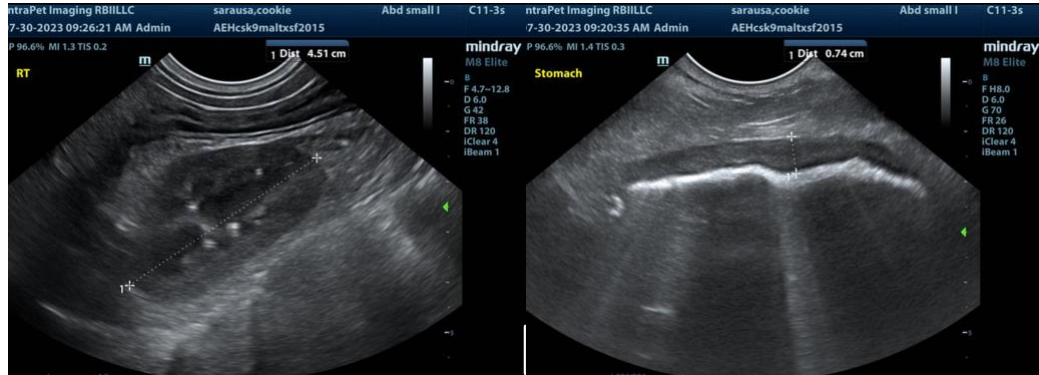
- Gastritis/pancreatitis pattern with potential emerging gastric neoplasia with early loss of mural detail.
- Splenic nodule
- Slight pinpoint mineralization in the kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend treatment for gastroenteritis in this patient with, ideally, endoscopy guided mucosal biopsies, however, possibility of emerging gastric neoplasia is minor yet should be followed up with ultrasound in one week, if not sampled. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. FNA of the splenic nodule would be ideal as well. Splenic nodule differentials include hyperplasia, abscessation, emerging round cell neoplasia or hemangiosarcoma all possible. Follow up ultrasound in one week should also evaluate the splenic nodule.







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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com