

**DATE PRESENTING CLINICAL SIGNS**

7/30/23

Presenting Complaint: Vomiting. Bloody Diarrhea. Appetite Decreased.

PATIENT

History: Date: 07-27-2023 Notes: Peapod is a 7 year old FS Chi presenting for vomiting and bloody diarrhea. - yesterday symptoms started, later in day had multiple bloody stools - O has medication, tried to give but couldn't - overnight she vomited, BM have been loose, black and tarry, or frank blood - right before left the home she ate a small amount of chicken and water - has been getting greenies - new treat to her

Peapod Goff

SPECIES

Assessment: Acute vomiting, hematochezia to melena. DDX include dietary indiscretion, viral/ bacterial/ parasitic infection, pancreatitis, IBD, open

Canine

BREEDCurrent Medications: Attached.
Lab Results: Attached.

Chihuahua

SEX

Radiographs: 2 view: stomach looks thickened- possible material in the stomach mild gas noted small liver dilated loop of intestines in the area of the pancreas/duodenum

Spayed Female

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

2015

Imaging Performed By: Rachel Brillhart, RDMS.

WEIGHT

5.6 Pounds

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**INTERPRETED BY****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.Eric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**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 left kidney measured 3.31 cm. The right kidney measured 3.2 cm.Animal Emergency
Hospital**REFERRING VET****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 1.6 cm x 0.39 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 0.40 cm at the cranial pole and 0.30 cm at the caudal pole.

Dr. Goessling

INVOICE

44499

SpleenThe **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.**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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" 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 evidence of obstruction was present. Minor soft stool noted in the colon. 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. Colic lymph nodes were slightly enlarged, reactive, measuring 0.50 cm.

Pancreas

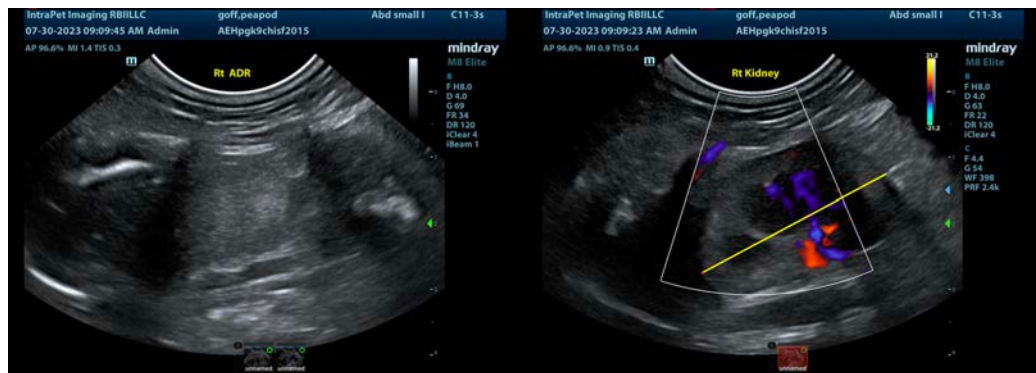
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

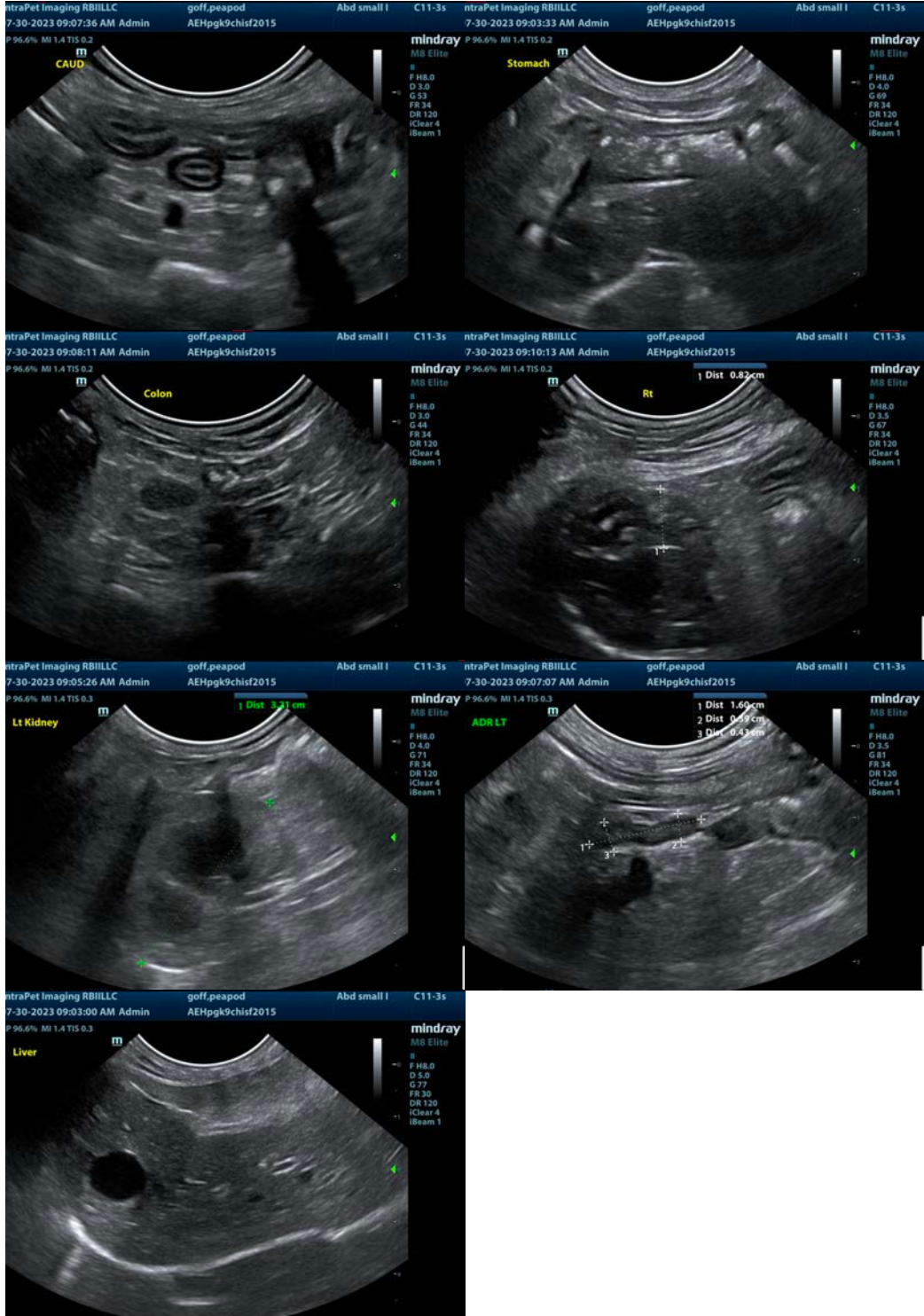
ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening, non-specific with slight reactive colic lymph node – non-specific enteritis/colitis pattern.
- Volume contracted spleen

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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