



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Meeka Barnett  
Vomiting and diarrhea for past 3 days. Had diet change around then. Also vomited some stuffing from a toy. Good appetite, but keeps vomiting it back up

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Temp 101.6, abdomen seems relaxed. Rads showed loss of detail in cranial abdomen and a few areas of small intestine that were borderline enlarged. BW pending

**BREED**

Yorkie

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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**

8 Months

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 2.8 cm. The right kidney measured 3.5 cm.

**WEIGHT**

3.5 Pounds

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV

The **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 0.40 cm. The left adrenal gland measured 0.30 cm.

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Reser

**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.

**HOSPITAL NAME**

Harvest Hills VH

**Liver**

**REFERRING VET**

Dr. Reser

The **liver** was slightly subnormal in size yet no evidence of portosystemic shunting. Bile acid profile indicated. The gallbladder was unremarkable. Portal vein to vena cava ratio was 1:1.

**INVOICE**

43749

**Gastrointestinal**

Minor retention of ingesta noted in the **stomach**. The pylorus was patent. No overt obstruction. Soft stool noted in the colon.

**DATE**

7/5/23

**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.



**PATIENT**

Meeka Barnett

**SPECIES**

Canine

**BREED**

Yorkie

**SEX**

Spayed Female

**AGE**

8 Months

**WEIGHT**

3.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Reser

**HOSPITAL NAME**

Harvest Hills VH

**REFERRING VET**

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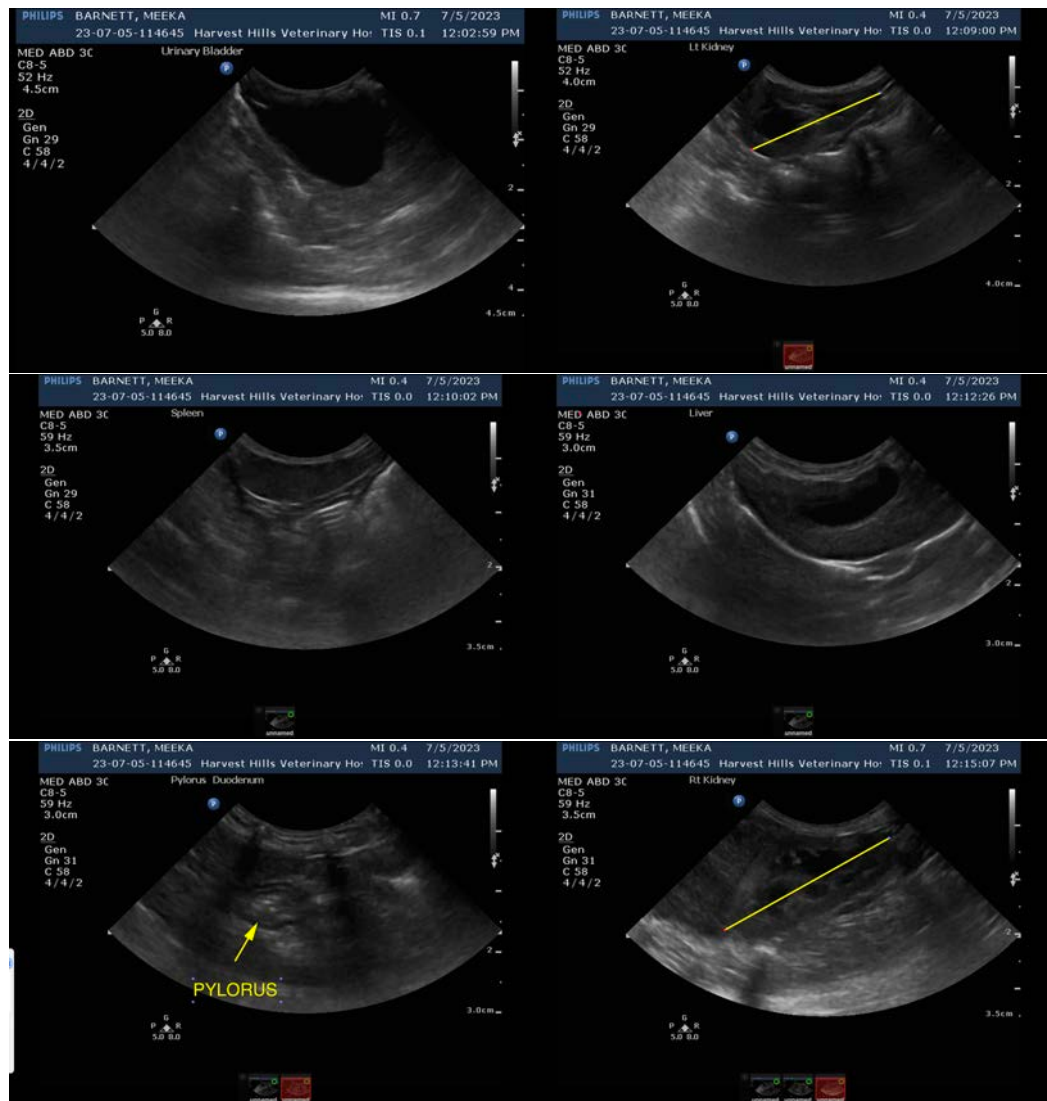
**ULTRASONOGRAPHIC FINDINGS**

- Subnormal liver size
- Minor retention of ingesta in the stomach a soft stool in the colon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of surgical disease.

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.





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Canine

**BREED**

Yorkie

**SEX**

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**WEIGHT**

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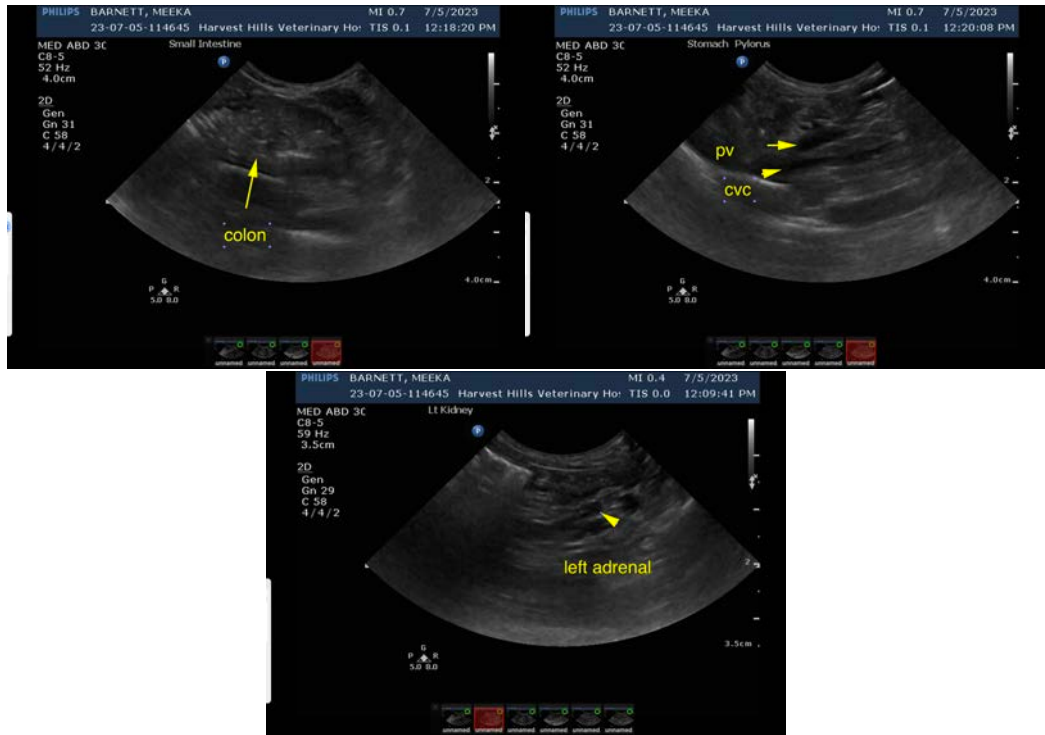
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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