

**DATE PRESENTING CLINICAL SIGNS**

7/7/23

History: Referral – HGE; Referral Acute vomiting/hematemesis. RDVM labs 70/<12
 ALB > 6.0, T-BILI 8.1, BUN, Phos, Chol, Amylase & Lipase - did not read, PT 19 (11-17), PTT 87 (wnl)
 CBC Bands, and Eosinopenia, Rads -consult -- ileus

PATIENT

Mabel Schwander

Current Medications: Ampicillin, Protonix, Metronidazole.

Radiographs: Ileus secondary to HGE likely

SPECIES

Date of Previous IntraPet Ultrasound: No previous.

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

BREED

Imaging Performed By: Rachel Brillhart, RDMS.

Italian Spinone

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX****Urinary System**

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

7/6/14

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The right kidney measured 7.17 cm. Slight pyelectasia was noted in the right kidney with pelvic mineralization. The left kidney measured 6.65 cm.

WEIGHT

63.8 Pounds

INTERPRETED BY**Adrenal Glands**Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.97 cm x 0.82 cm at the cranial pole and 0.69 cm at the caudal pole. The left adrenal gland measured 2.58 cm x 0.97 cm at the caudal pole and 0.77 cm at the cranial pole.

HOSPITAL NAMEAnimal Emergency
Hospital**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.

REFERRING VET

Dr. Saubier

Liver

The **liver** itself was unremarkable. The gallbladder revealed minor dependent debris with striating bile.

INVOICE

23200

Gastrointestinal

The **stomach** revealed mild excessive thickening, measuring 1.18 cm without loss of detail and empty lumen. The small intestine was unremarkable. The colon was fluid filled.

Pancreas

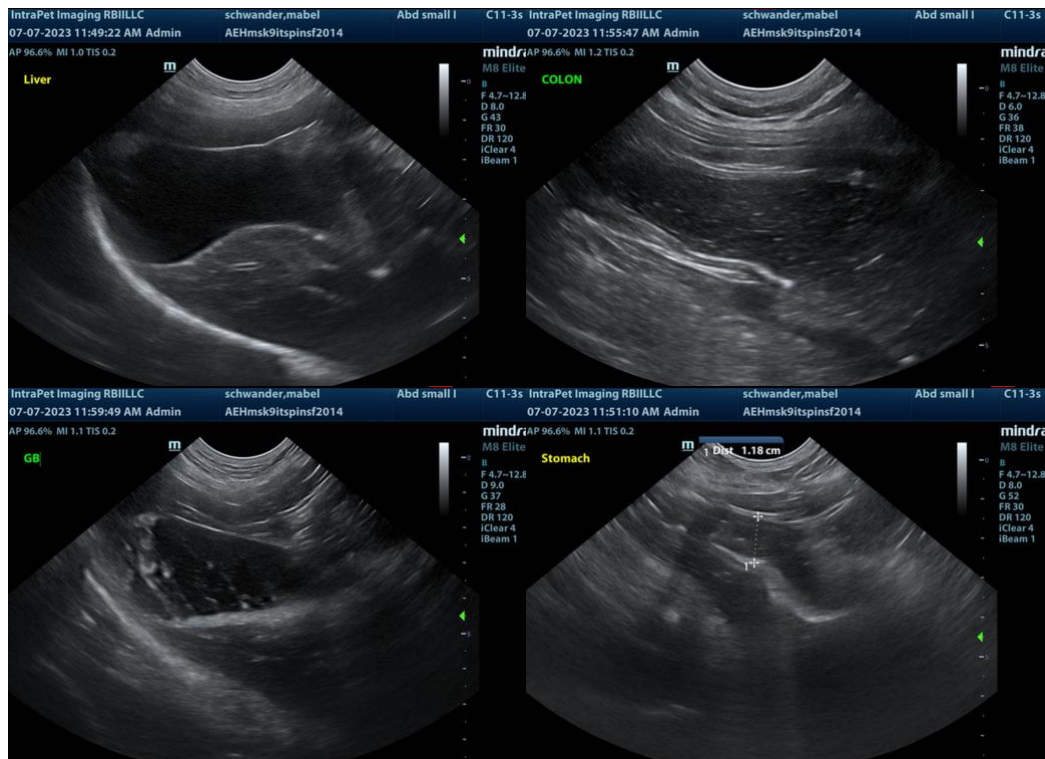
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

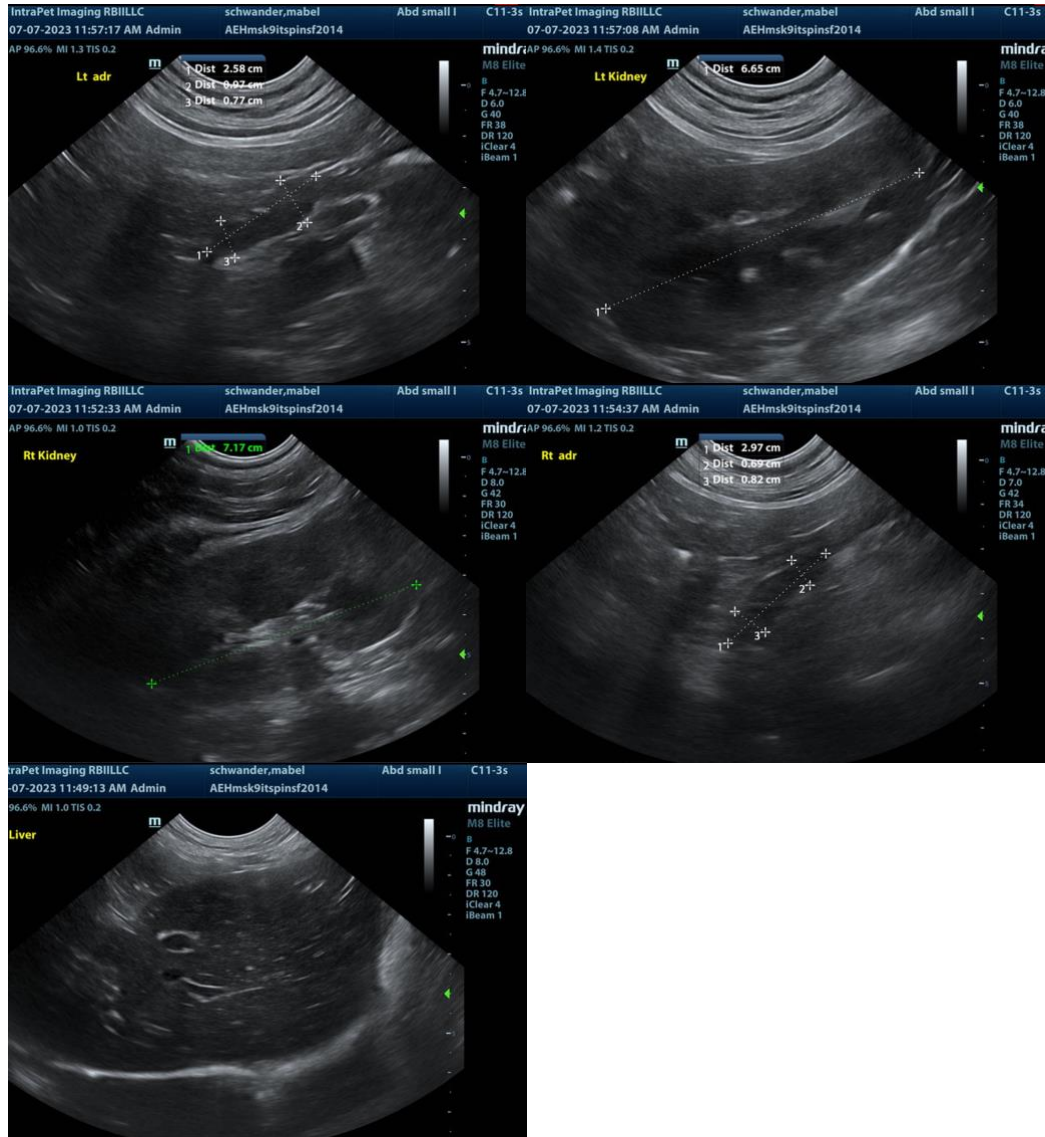
ULTRASONOGRAPHIC FINDINGS

- Normal liver
- Minor dependent gallbladder debris with striating bile
- Minor renal mineralization
- Colonic fluid accumulation- enterocolitis is likely.
- Unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend IV fluid support, a fresh fecal smear, fecal floatation analysis, and reassessment of the blood work in this patient, as artifact or lab error may be playing a role. The abdomen is largely unremarkable other than minor nonobstructive nephrolithiasis and fluid filled colon. Enterotoxin or similar is suspected.





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.

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