

PATIENT PRESENTING CLINICAL SIGNS

Maggie Nichol

SPECIES

Canine

BREED

Dachshund X

SEX

Spayed Female

AGE

1 Year

WEIGHT

6.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Hamilton Regional VEH

REFERRING VET

Dr. Grewwal

INVOICE

23192

DATE

7/7/23

Presenting complaint: Vomiting + Anorexia. Vomiting initially started 7/2/2023. Patient had 10 episodes as went to Burlington Emerg. B/W and radiographs unremarkable at this time (as per rDVM records, not available for review). Patient symptomatically treated with SubQ fluids + Cerenia + Gabapentin + FortiFlora + Gastro food. Patient then progressed to hematochezia 7/3/2023-> rechecked with rDVM -> ultrasound unremarkable + SNAP cPL normal. Gabapentin discontinued and patient continued with Cerenia. rDVM also added Tylosin for treatment. Patient ate some gastro food later this night. Patient anorexic again 7/4/2023-> rechecked with rDVM -> patient received 8 hours of IVF @ 2XM. Famotidine 0.5 mg/kg -> patient started eating in hospital and was discharged. Patient back to normal 7/5 and 7/6. Eating and drinking normally. Normal BM, no vomiting. Owner tried to transition to regular food last night -> This morning started vomiting again. 2 episodes of vomiting today. Has normal BM this morning. Did not eat today. Last meal 6:30 pm yesterday night. Nothing missing at the house per owner. Patient does destroy toys but doesn't ingest -> owners are always watching. No known toxin ingestion per owner. No C/S/PU/PD. Up to date on vaccines including lepto. BCS: 5/9 Hydration: Dehydrated 5% (tacky mm) General: BAR, VERY nervous, ambulatory Eyes: Normal, no discharge. Normal menace, PLR and palpebral reflex. Anterior chamber/lens/iris appears normal. Fundic exam not performed Ears: Normal, no discharge or erythema. Ooscopic examination not performed Nose: Normal, no nasal discharge Throat/Oral/Dental: MM-pink and tacky, CRT <2 sec. Bilaterally symmetrical abrasion buccal aspect maxillary premolars. Cardiovascular: Patient shaking, no obvious murmur or arrhythmia noted. Peripheral pulses normal with no pulse deficits Respiratory: Normal, no nasal discharge, normal lung sounds, no crackles or wheezes auscultated, normal respiratory effort Gastrointestinal: Hard and tense abdomen, unable to palpate for organomegaly or masses. No abdominal distension present Musculoskeletal: Ambulatory X 4. No pain on palpation of spine, long bones or joint manipulation. No loss of muscle mass. Nervous System: No obvious deficits, no ataxia, no head tilt present. CN not assessed. Proprioception not assessed. Lymph nodes: No peripheral lymphadenopathy. Skin: Normal coat condition, no ectoparasites noted, no masses noted Urogenital: Normal Rectal: Normal externally, rectal exam unremarkable. No blood noted on glove Current Medications Pepcid + Tylosin.

Abnormal PE/Chem/CBC/UA Results: B/W on 7/2/2023 WNL cPL on 7/3/2023 Normal Repeat Chemistry 7/7/2023: WNL Repeat CBC 7/7/2023: Pending Random Cortisol: Pending

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 **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 4.13 cm. The right kidney measured 3.12 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



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unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.6 cm x 1.05 cm at the cranial pole and 1.46 cm at the caudal pole. The left adrenal gland measured 1.68 cm x 0.33 cm at the caudal pole and 0.4 cm at the caudal pole.

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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.

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Liver

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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.

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Gastrointestinal

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The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

INTERPRETED BY

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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.

IMAGING PERFORMED BY

Kelly Reschny

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

- Gastroenteritis- no evidence of foreign body

Hamilton Regional VEH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

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Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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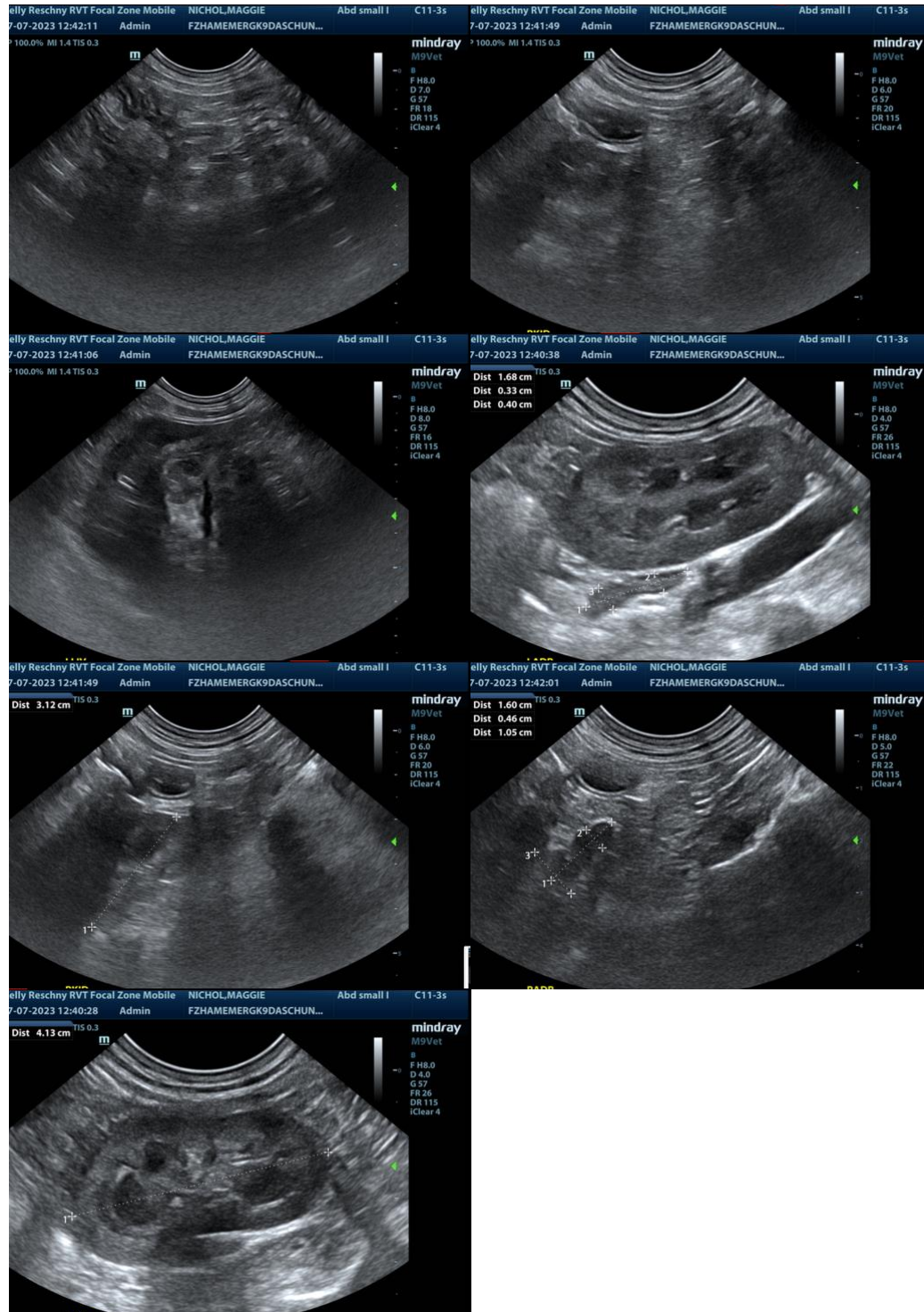
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Maggie Nichol

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