

**DATE**

8/12/22

PRESENTING CLINICAL SIGNS

History: 9-month-old Corgi; dx and treated for Lyme disease 2 months ago. His symptoms at that time were lethargy and sensitivity to touch especially in abdominal area. 2 days ago owner noticed he was sensitive again there so brought to rDVM; their exam was WNL, and there were no other symptoms. Yesterday at 5 pm Dash vomited; then went outside and passed large amounts of stool multiple times; initially seemed normal but had small piece of plastic in it; then subsequent episodes contained mucus, specks of blood, and were loose. Has gotten increasingly lethargic since then. Drank a large amount of water last night but immediately vomited it up. This morning they just offered ice cube.

PATIENT

Dash Diantonio

SPECIES

Canine

BREED

Corgi

SEX

Intact Male

AGE

11/11/21

WEIGHT

27 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency
Hospital**REFERRING VET**

Dr. Martinoli

INVOICE

16830

Current Medications: Metronidazole. Protonix, Ondansetron, Buprenorphine.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

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 **prostate** was slightly enlarged, measuring 4.0 cm, uniform. No evidence of cystic changes.

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. Both kidneys measured 6.04 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 unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.15 cm x 0.58 cm at the caudal pole and 0.54 cm at the cranial pole. The right adrenal gland measured 2.29 cm x 0.63 cm at the caudal pole and 0.56 cm at the cranial pole.

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.

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 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.

Pancreas

The **pancreas** revealed extensive mixed hypoechoic irregular parenchyma with remodeling.

Free Abdomen

The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Other

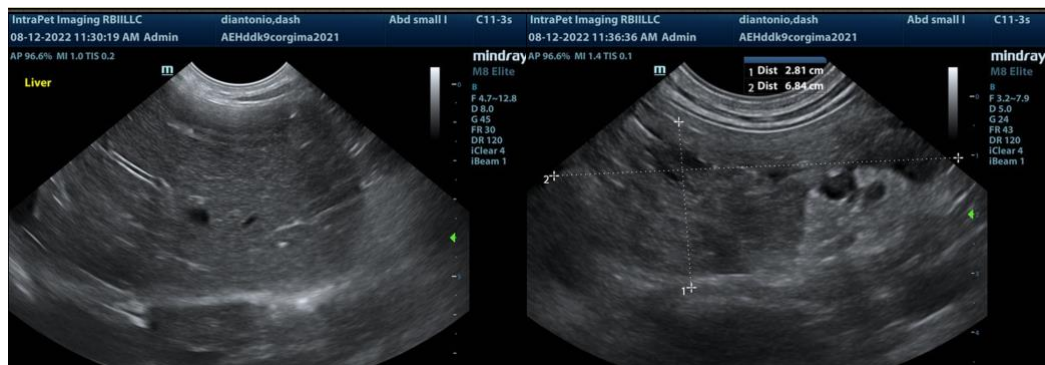
The **testicles** were imaged and found to be uniform with no evident pathology.

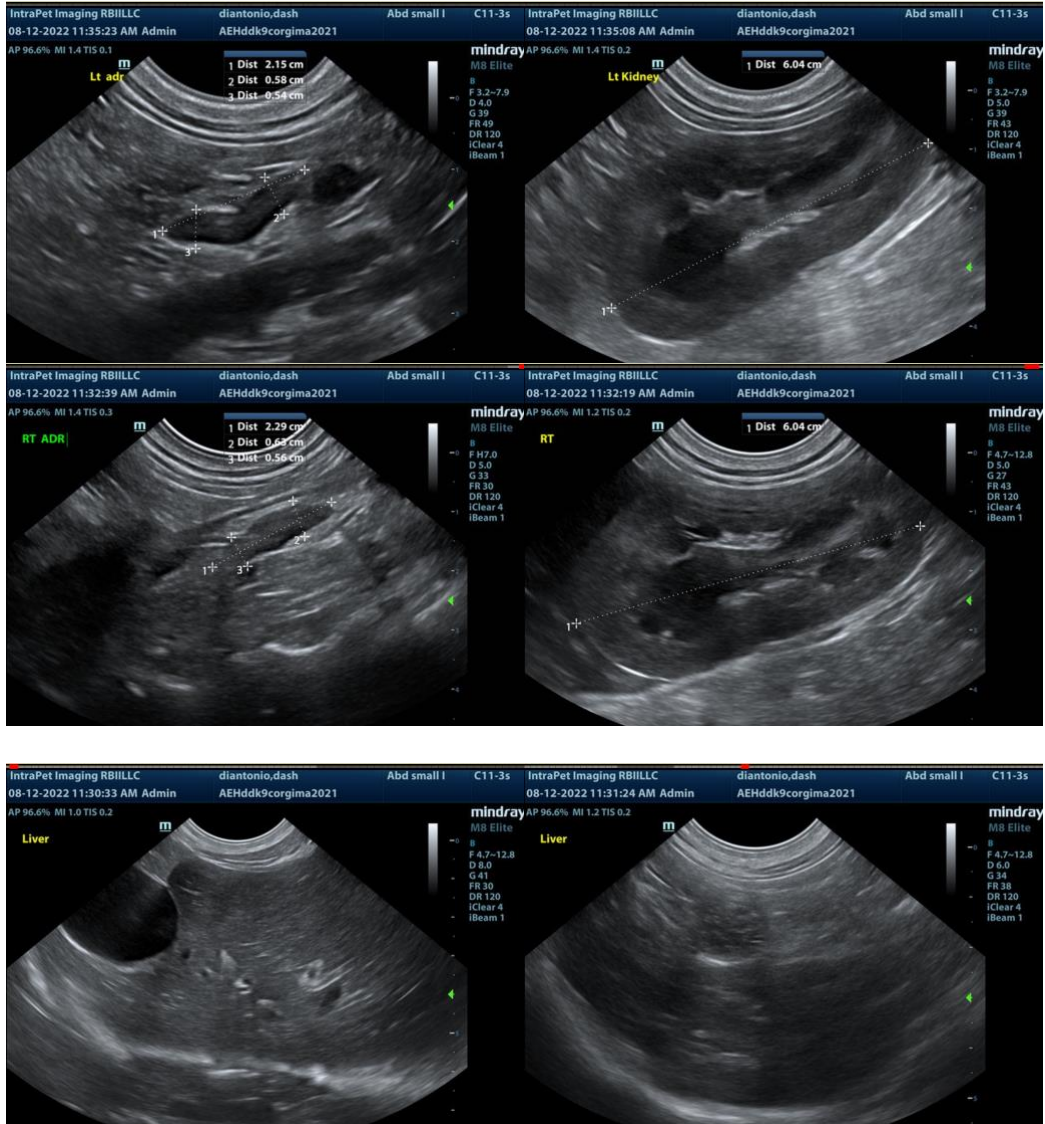
ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis/pancreatitis pattern
- Reactive mesenteric lymph nodes
- Slightly enlarged prostate, uniform- no evident pathology

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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





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