

**DATE**

8/15/22

PRESENTING CLINICAL SIGNS

History: Patient has always had a lot of GI issues. he started with diarrhea and progressed to vomiting foam and then overnight, started having blood in stool. He doesn't go off the property, they do have chickens and goats, patient doesn't normally eat feces. Owner reports patient's GI issues have been worsening over the past 4 years. Owner has tried diet changes with over the counter and homemade diets. He always gets bouts of diarrhea seemingly out of nowhere.

PATIENT

Vader Marr

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

6/26/13

WEIGHT

45.9 Pounds

Current Medications: Dextrose, Ondansetron, Protonix, Metronidazole.

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 **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 right kidney measured 6.27 cm. The left kidney measured 6.41 cm. A benign anechoic cyst was noted in the caudal pole of the left kidney, measuring 1.08 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The **right adrenal gland** was flattened and isoechoic. The right adrenal gland measured 1.9 cm x 0.36 cm at the caudal pole and 0.33 cm at the cranial pole.

The **left adrenal gland** was also flattened and subnormal in size. The left adrenal gland measured 1.97 cm x 0.32 cm at the cranial pole and 0.34 cm at the caudal pole.

HOSPITAL NAME

Animal 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. Goessling

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.

INVOICE

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Gastrointestinal

The **stomach** presented concentric thickening, measuring up to 1.3 cm. Fluid filled colonic lumen was noted.

Pancreas

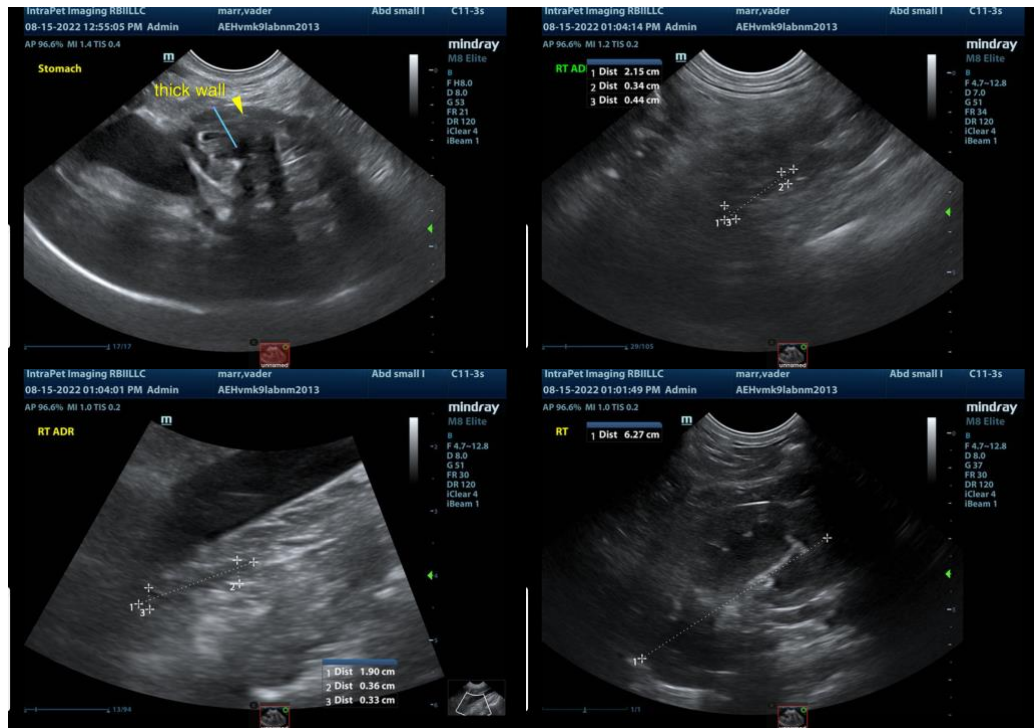
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

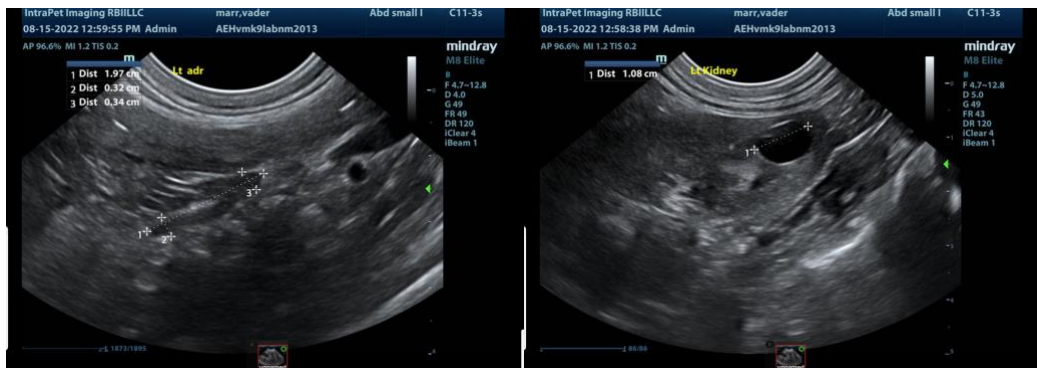
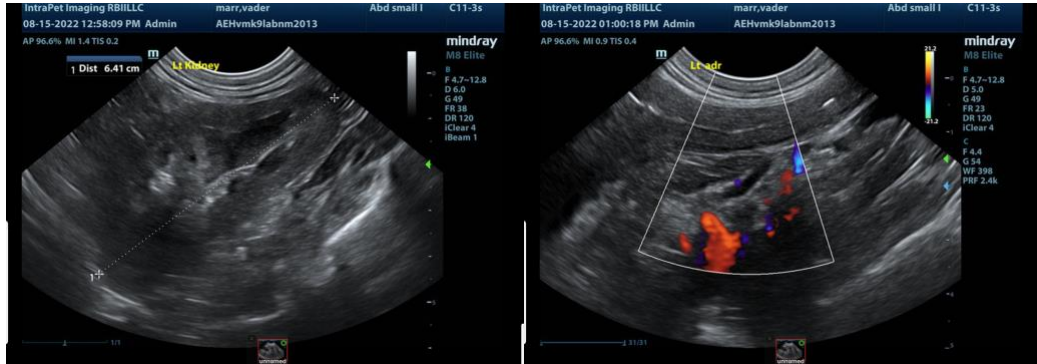
ULTRASONOGRAPHIC FINDINGS

- Gastric thickening with fluid filled colonic lumen
- Flattened adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Strong concern for underlying Addisons with concurrent gastritis. Enterotoxin is a potential. ACTH stimulation is warranted. GI protectant protocol and plasma expanders are indicated. Treatment for enterotoxins recommended. I recommend a fecal test to assess for parasites. Prognosis is guarded.





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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