

**DATE PRESENTING CLINICAL SIGNS**

8/3/23

Pt presented for 4-5 day history of diarrhea, started vomiting 1-2 days prior to exam on 7/31. Labs NSF, x-rays showed pill shaped foreign material in stomach. Barium done that evening. Recheck x-rays showed pill like material still in stomach. Pt still eating and acting normal.

PATIENT

Brink Meyers

Current Medications: Cerenia 60mg since 7/31, Metronidazole 500mg since 7/31.
Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: 0.6 ml domitor/0.6ml torb IV.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

BREED

Pit Bull x

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

9/12/16

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 6.05 cm. The left kidney measured 6.05 cm.

WEIGHT

58 Pounds

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 3.17 cm x 0.76 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 3.78 cm x 0.63 cm at the caudal pole and 0.66 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Everhart Vet 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. Menefee

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

44645

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. The echotexture of the material in the stomach is that of ingesta. No overt foreign bodies noted, yet a large amount of interfering

gas noted in the upper GI tract. Transit of chyme into the small intestine was normal. Variable small intestinal thickening noted without neoplastic criteria. Soft stool noted in the colon.

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.

Free Abdomen

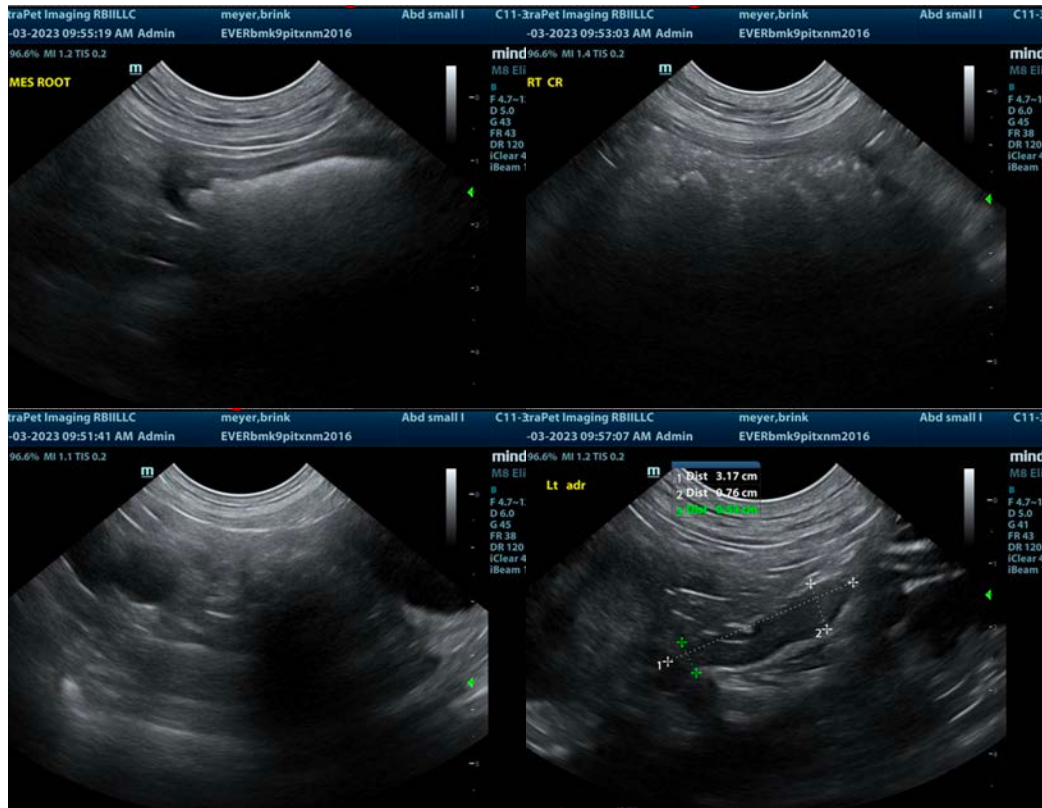
Reactive mesenteric lymph nodes noted measuring 4.06 cm x 1.1 cm.

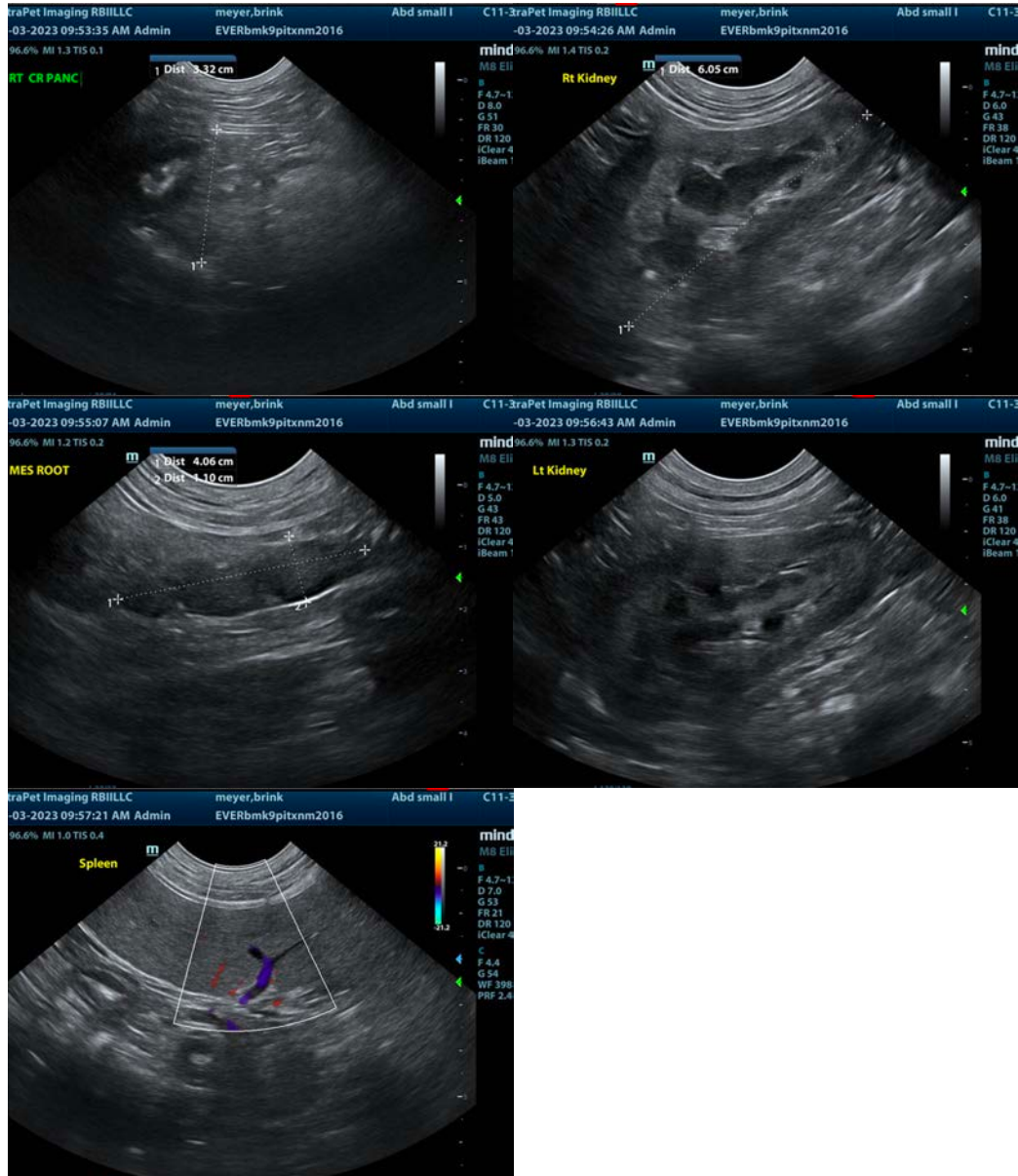
ULTRASONOGRAPHIC FINDINGS

- Variable small intestinal thickening without neoplastic criteria
- Mesenteric lymphadenopathy, reactive

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Occult parasitism, food intolerance, dietary indiscretion all potentials in this patient. Medical management warranted with broad-spectrum anti-parasitic protocol and 24-hour NPO. If clinical signs persist, then recheck sonogram at that time.





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.

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