

**DATE**

9/1/22

**PRESENTING CLINICAL SIGNS**

Acute vomiting starting at 4AM. Trying to rule out GI FB.

**PATIENT**

Abbey Young

Current Medications: None.

Lab Results: 4/22/22 4dx negative.

Radiographs: String of pearls look to the SI.

Date of Previous IntraPet Ultrasound: No previous.

**SPECIES**

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**BREED**

Golden Retriever

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****SEX**

Spayed Female

**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**

1/4/21

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 7.03 cm. The left kidney measured 6.7 cm.

**WEIGHT**

87.6 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 right adrenal gland measured 2.49 cm x 0.52 cm at the caudal pole and 0.53 cm at the cranial pole. The left adrenal gland measured 3.0 cm x 0.62 cm at the caudal pole and 0.51 cm at the cranial pole.

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

**IMAGING PERFORMED BY**Stephanie Wurga  
RDCS, RVT**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.

**HOSPITAL NAME**

Bayside AMC

**REFERRING VET**

Dr. Sims

**INVOICE**

40965

**Gastrointestinal**

The upper **gastrointestinal tract** was unremarkable. Fluid filled colon noted, no evidence of obstruction. Reactive mesenteric lymph nodes noted, measuring 4.8 cm x 0.60 cm.

## Pancreas

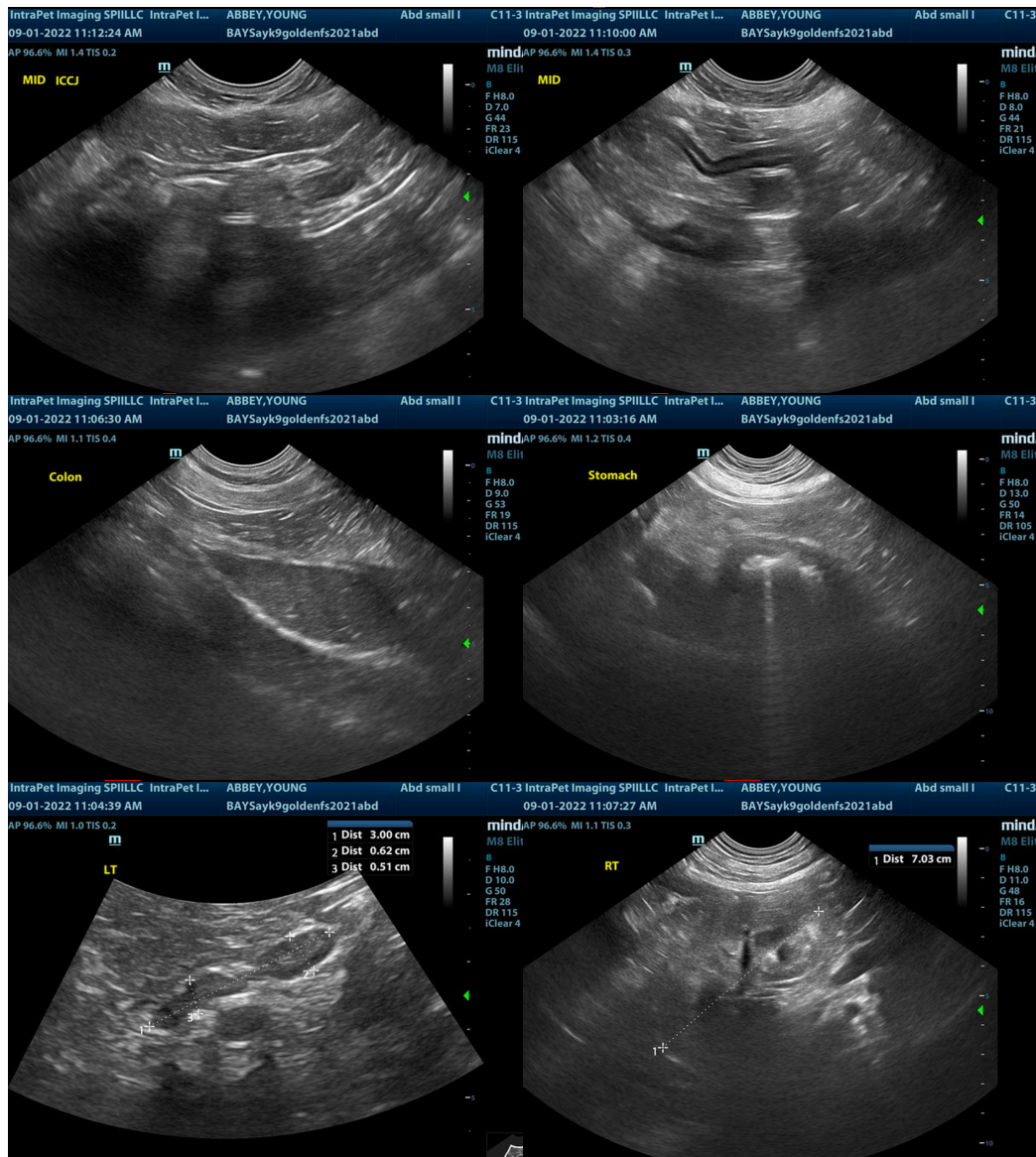
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

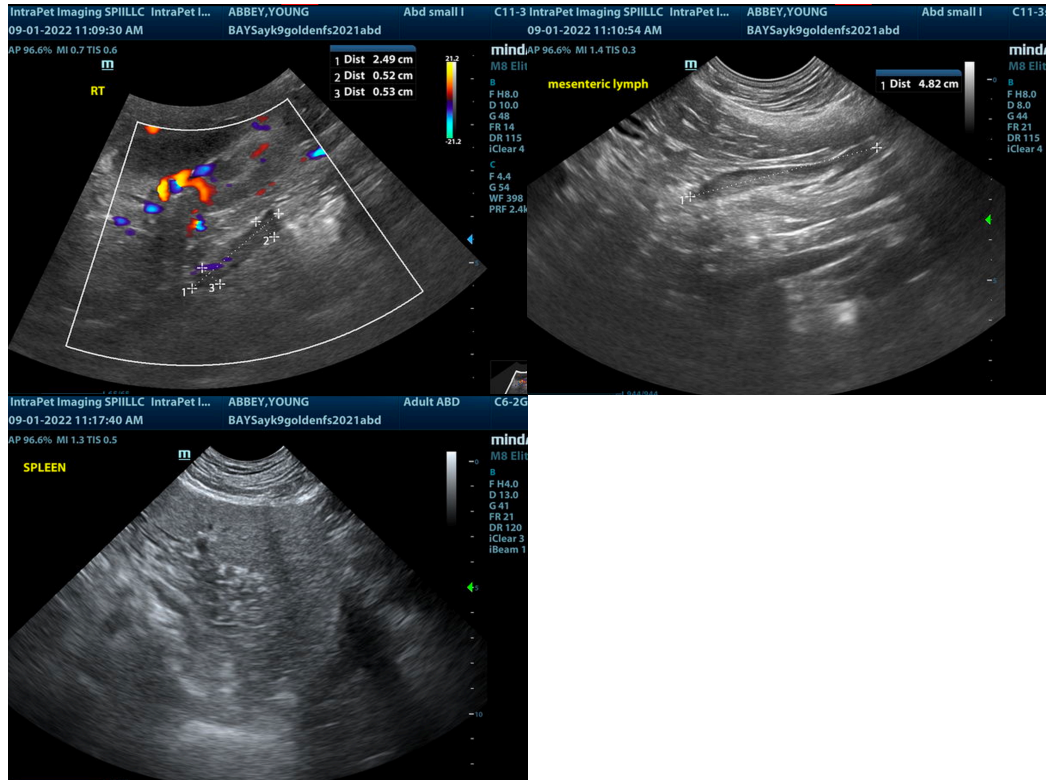
## ULTRASONOGRAPHIC FINDINGS

- Resolving enteritis/colitis with fluid filled colon and reactive lymph nodes

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body. Some small intestinal spasming noted, yet not clinically significant at this point. 24-hour NPO, fecal test, plasma expanders, GI protectants, probiotics, treatments for enterotoxins all indicated.





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.

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