

**DATE PRESENTING CLINICAL SIGNS**

9/10/21 Persistent HGE.

**PATIENT** Medications: Metronidazole 250mg 1 PO BID, Provable daily, Nexgard, Interceptor.Lulu Madison Lab Results: attached  
Date of Previous IntraPet Ultrasound: no previous.**SPECIES** Sedation: IV utilized for AUS  
Stat Report: not requested

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****BREED** *Urinary System*Cavalier King  
Charles SpanielThe **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.**SEX**

Spayed Female

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 4.04 cm. The right kidney measured 4.27 cm.**AGE**

2013

*Adrenal Glands***WEIGHT**

24.5 Pounds

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 1.57 cm x 0.47 cm at the caudal pole and 0.48 cm at the cranial pole. The right adrenal gland measured 1.75 cm x 0.67 cm at the caudal pole and 0.78 cm at**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.**HOSPITAL NAME**

Festival Vet Clinic

**REFERRING VET**

Dr. Davies

*Liver*The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.**INVOICE**

25319

*Gastrointestinal*The **gastric wall** was mildly thickened at 0.66 cm. The small intestine was unremarkable. Soft stool noted in the colon.

## Pancreas

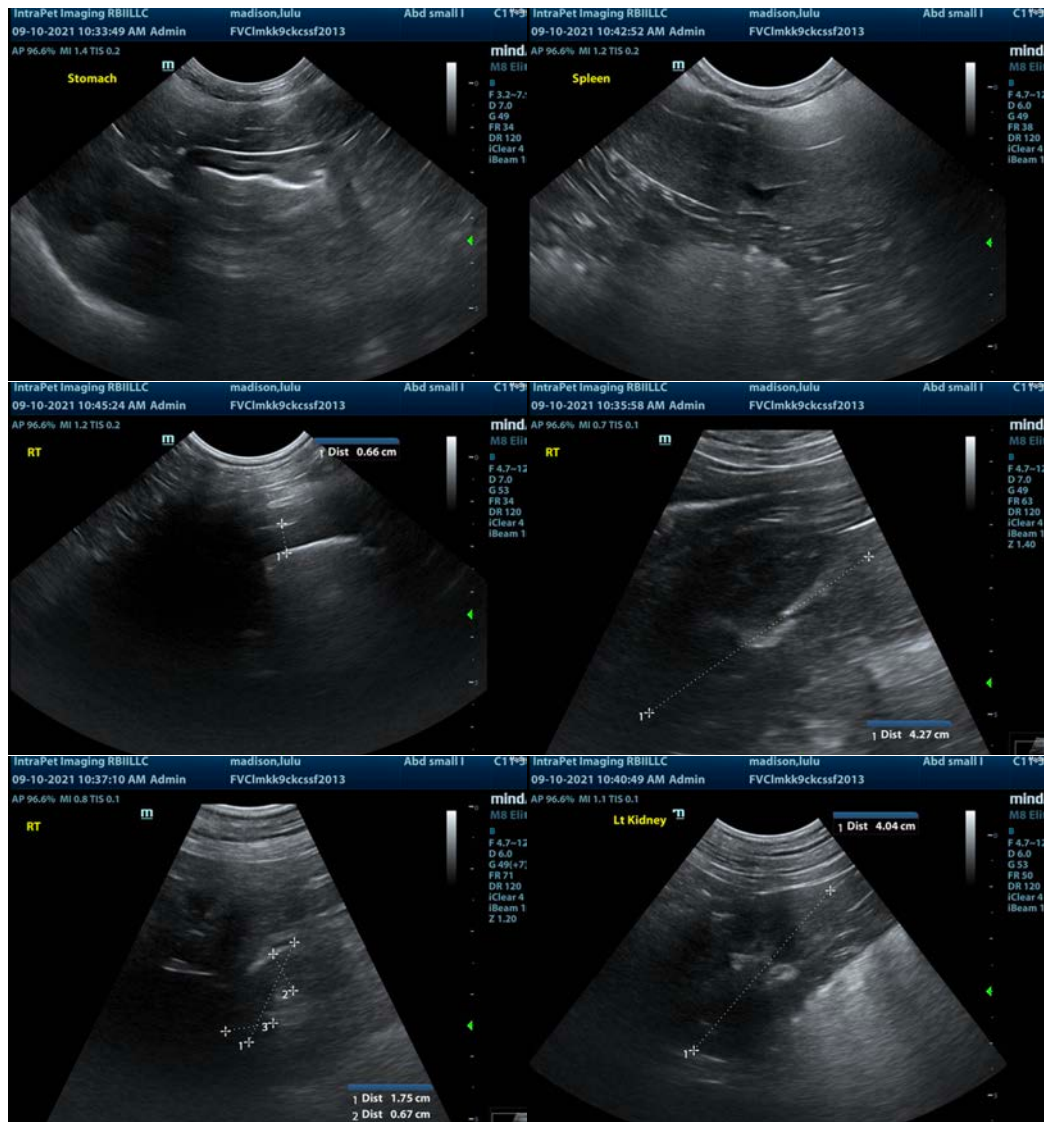
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

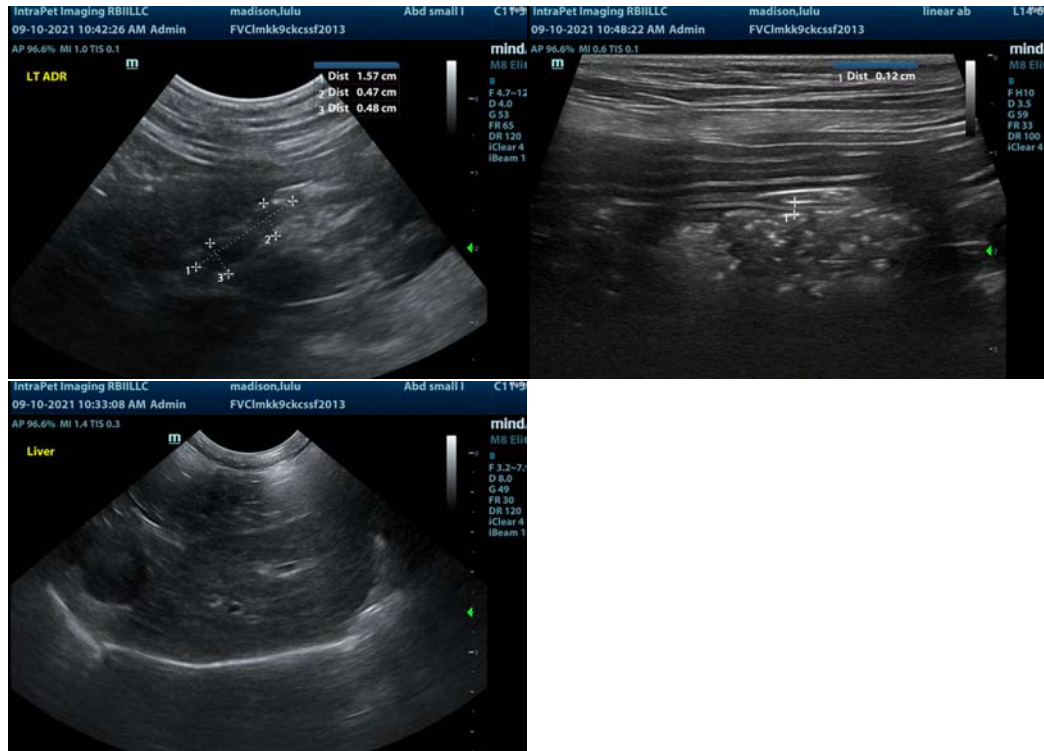
## ULTRASONOGRAPHIC FINDINGS

- Soft stool in the colon, resolving gastroenteritis – enterotoxin, occult parasitism, dietary intolerance, dietary indiscretion all possible.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. I recommend a fresh fecal smear and fecal floatation analysis.





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](mailto:info@SonoPath.com)