

**DATE**

9/12/22

PRESENTING CLINICAL SIGNS

Found two areas of vomiting this AM but thought was other dog in the household. Took to family's house and patient continued to vomit. Did eat a bit of dinner but then vomited it up, would also vomit after drinking. Owner noted that has been having issues with diarrhea so rdvm started on probiotic.

PATIENT

Macy Bowles

Current Medications: Entyce, Cerenia, Buprenorphine, Protonix.
Lab Results: See attached.

Radiographs: Ingesta moving, no obstructive pattern noted.

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.

SPECIES

Canine

BREED

Toy Poodle

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 was noted. Ureteral papillae were normal.

SEX

Spayed female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.2 cm. Calculus was noted and measured up to 0.17cm. The right kidney measured 4.2 cm with slight pyelectasia that measured 0.17 cm.

AGE

6/17/10

WEIGHT**INTERPRETED BY**

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.78 x 0.6 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 1.74 x 0.85 cm at the cranial pole and 0.58 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 was noted.

REFERRING VET

Dr. Nacke-Horney

Liver**INVOICE**

32844

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.

Gastrointestinal

The **stomach** was over distended with echogenic debris. There was some retention of ingesta was noted in the pyloric outflow. Minor intestinal thickening was noted without loss of detail. There is no evidence of a foreign body.. Soft stool was noted in the colon.

Pancreas

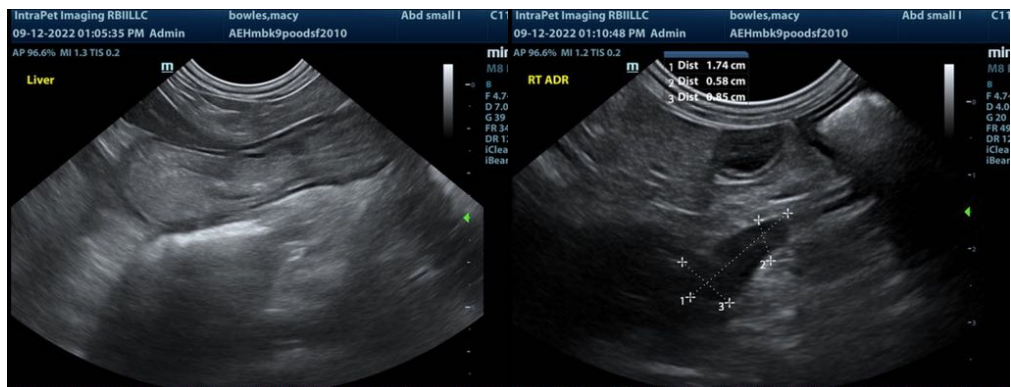
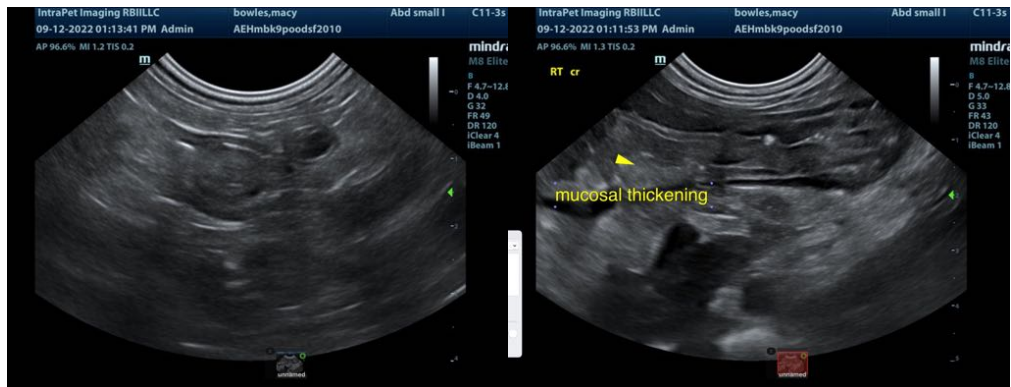
Heterogenous, mixed echogenic changes were noted around the base of the **pancreas**.

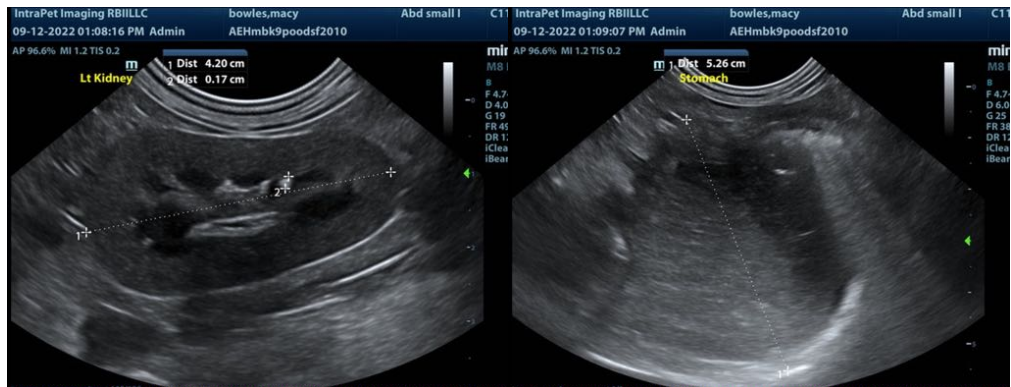
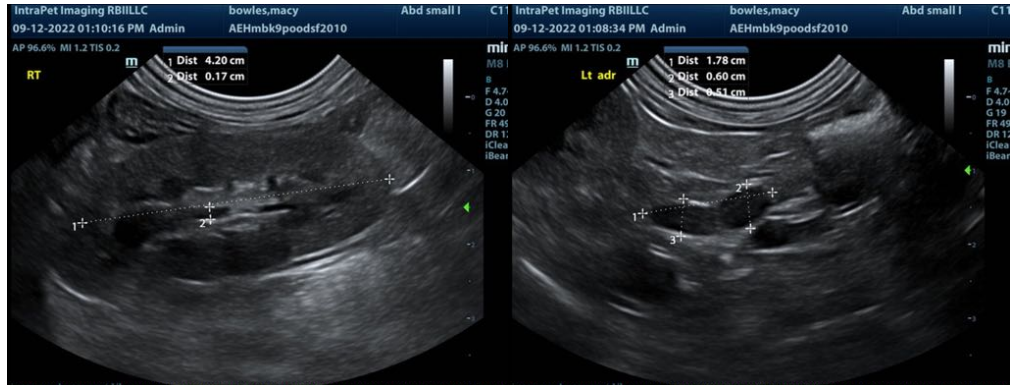
ULTRASONOGRAPHIC FINDINGS

Gastroenteritis, delayed outflow gastric pattern with concurrent pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for the next 48-72 hours is indicated as well as 24 hour n.p.o., fluid therapy and GI protectants are all indicated. A recheck sonogram is recommended. Some mucosal thickening was noted with remodeling which is consistent with chronic gastritis. Some reactive mesentery was noted associated with the intestine. This is consistent with enteritis.





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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