

**DATE**

9/17/21

PRESENTING CLINICAL SIGNS

History: Presenting Complaint: Vomiting with Blood.

(09-14-2021) Notes: Vomiting bile all day and this pm had blood in it. No Fb's or diet changes noted. Eating, was sent home and his symptoms returned. Assessment: Vomiting. Recommend to Owner: BW, x-rays, Hospitalization, IV catheter, fluid therapy, GI meds and further treatment as needed.

PATIENT

Diesel Davis

Current Medications: Sucralfate, Omeprazole, Cerenia.

Lab Results: Attached separately within request.

Radiographs: Attached separately.

SPECIES

Canine

Date of Previous IntraPet Ultrasound: No previous IntraPet scans.

Sedation: Dexdomitor administered prior to scan.

Stat Report: STAT report not requested by the veterinarian.

BREED

English Bulldog

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. About 1.0 cm accumulation of small, non-obstructive calculi were noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.**SEX**

Neutered male

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Pelvic and corticomedullary calculi were noted. The right kidney measured 5.57 cm. The left kidney measured 5.7cm.**AGE**

9/13/17

WEIGHT

56.3 lbs

Adrenal GlandsBoth **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 2.32 x 0.64 cm at the cranial pole and 0.85 cm at the caudal pole. The left adrenal gland measured 2.37 x 0.6 cm at the cranial pole and 0.72 cm at the caudal pole.**INTERPRETED BY**Eric Lindquist, DMV
DABVP, Cert. IVUSS**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. Ruby

LiverThe **liver** was subnormal in size with uniform parenchyma and increased portal markings. Short axis liver measured 2.0 cm. 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**

91916

GastrointestinalExamination of the **gastrointestinal tract** revealed an empty stomach, yet areas of increased muscularis thickening and submucosal thickening were noted. This is suggestive for chronic inflammatory bowel.

Pancreas

The pancreas was heterogenous, hypoechoic and irregular primarily in the right limb. This is suggestive for inflammation.

ULTRASONOGRAPHIC FINDINGS

Chronic cholangitis liver pattern. Microhepatica.

Renal calculi.

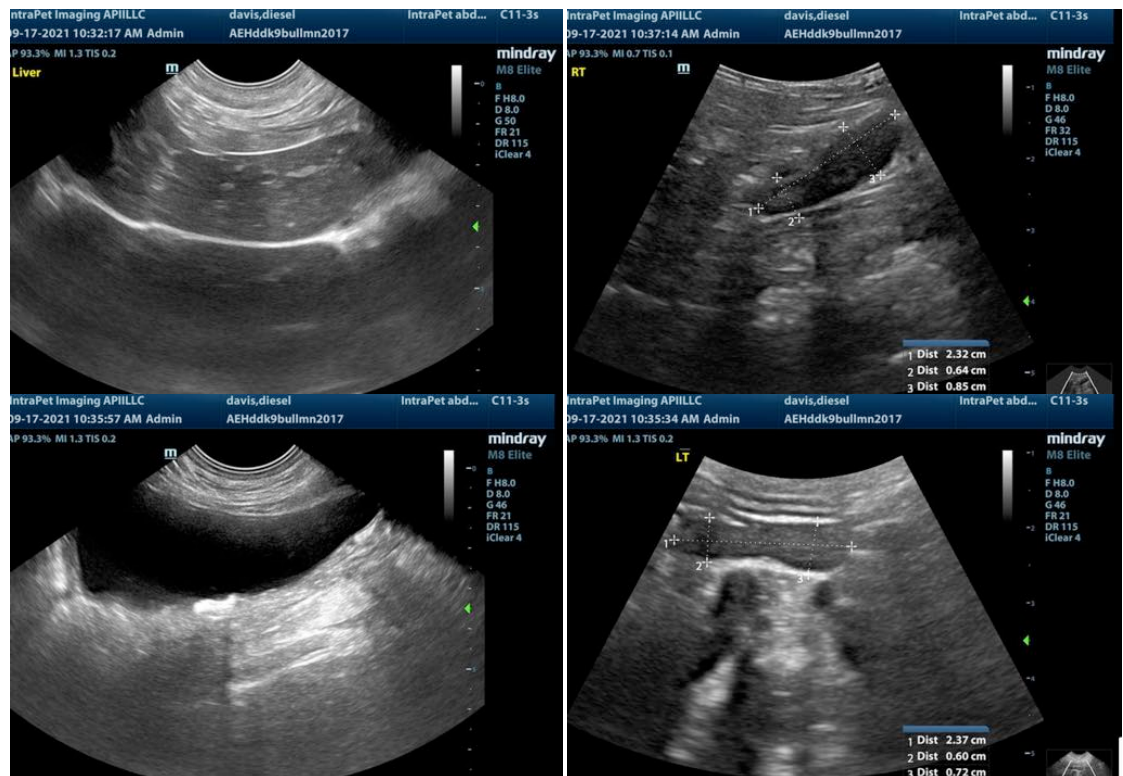
Bladder calculi.

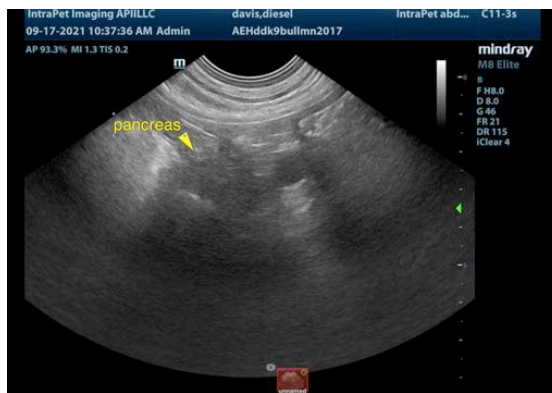
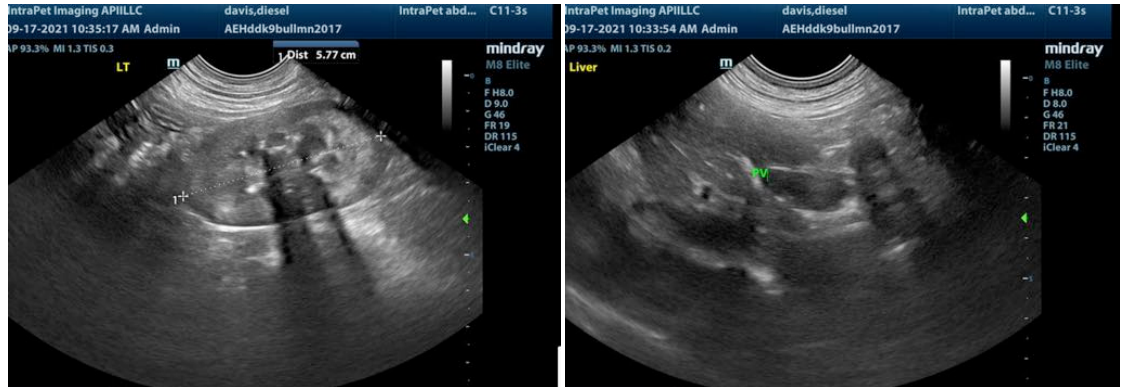
Acute on chronic inflammatory bowel is likely.

Chronic active pancreatitis is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient is likely passing calculi periodically. Bile acid profile is warranted if not already performed. IV fluid support, GI protectants and endoscopy would all be valid in this patient. Enrofloxacin, Metronidazole combination and a hydrolyzed diet would be appropriate. There was no obvious evidence of neoplasia. The liver did not reveal any evidence of portosystemic shunting.





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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