

**DATE**

9/19/22

**PRESENTING CLINICAL SIGNS**

History: Bentley, MN, 1yr 5 mo, Shih Tzu mix presents for inappetence and lethargy ATO in room: - energetic yesterday, took meds and ate dinner - O thinks P hasn't had much to drink since being home - in middle of night had accident -> soft/formed stool on floor, no blood - this AM lethargic, inappetent - P did take medication this AM - P was heaving before brought to AEH but did not vomit - Throughout today O's noticed severe decline- back legs were weak> Had been hospitalized on 9/14-9/15 for vomiting, diarrhea, lethargy, anorexia- had an elevation of ALT- resolved after 24 hours of fluids; started eating

**PATIENT**

Bentley Lauer

**SPECIES**

Canine

**BREED**

Shih Tzu Mix

**SEX**

Neutered Male

**AGE**

4/14/21

**WEIGHT**

13.9 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Goessling

**INVOICE**

17374

Current Medications: Metronidazole, Cerenia.

Lab Results: See attached.

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.

**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 were noted. Ureteral papillae were normal.

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 4.26 cm. The left kidney measured 4.33 cm.

**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 1.76 cm x 0.61 cm at the caudal pole and 0.4 cm at the cranial pole. The left adrenal gland measured 1.85 cm x 0.56 cm at the caudal pole and 0.39 cm at the cranial pole.

**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.

**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.

### ***Gastrointestinal***

Minor excessive **GI** gas was noted. The small intestine and colon were unremarkable.

### ***Pancreas***

The right limb of the **pancreas** was slightly hypoechoic and mildly irregular. The right limb of the pancreas measured 0.81 cm. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

### ***Free Abdomen***

The mesenteric **lymph nodes** (up to 1.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

### ***Other***

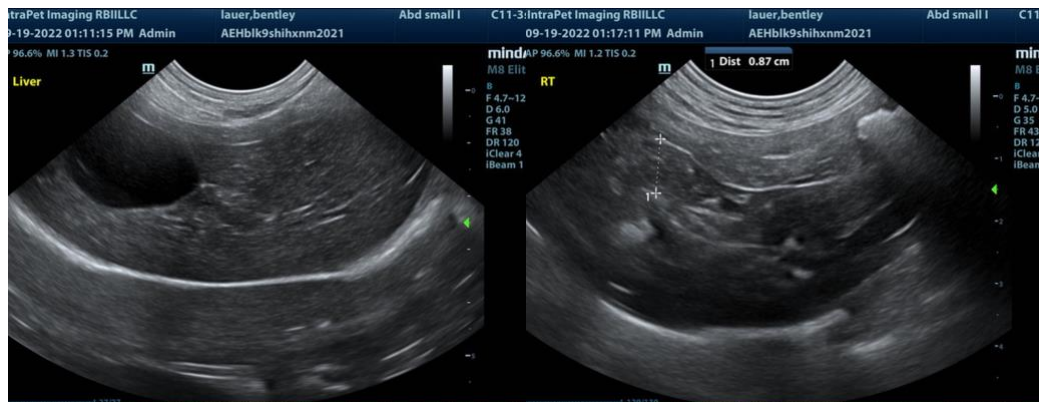
A slight ring down artifact was noted in the **chest**.

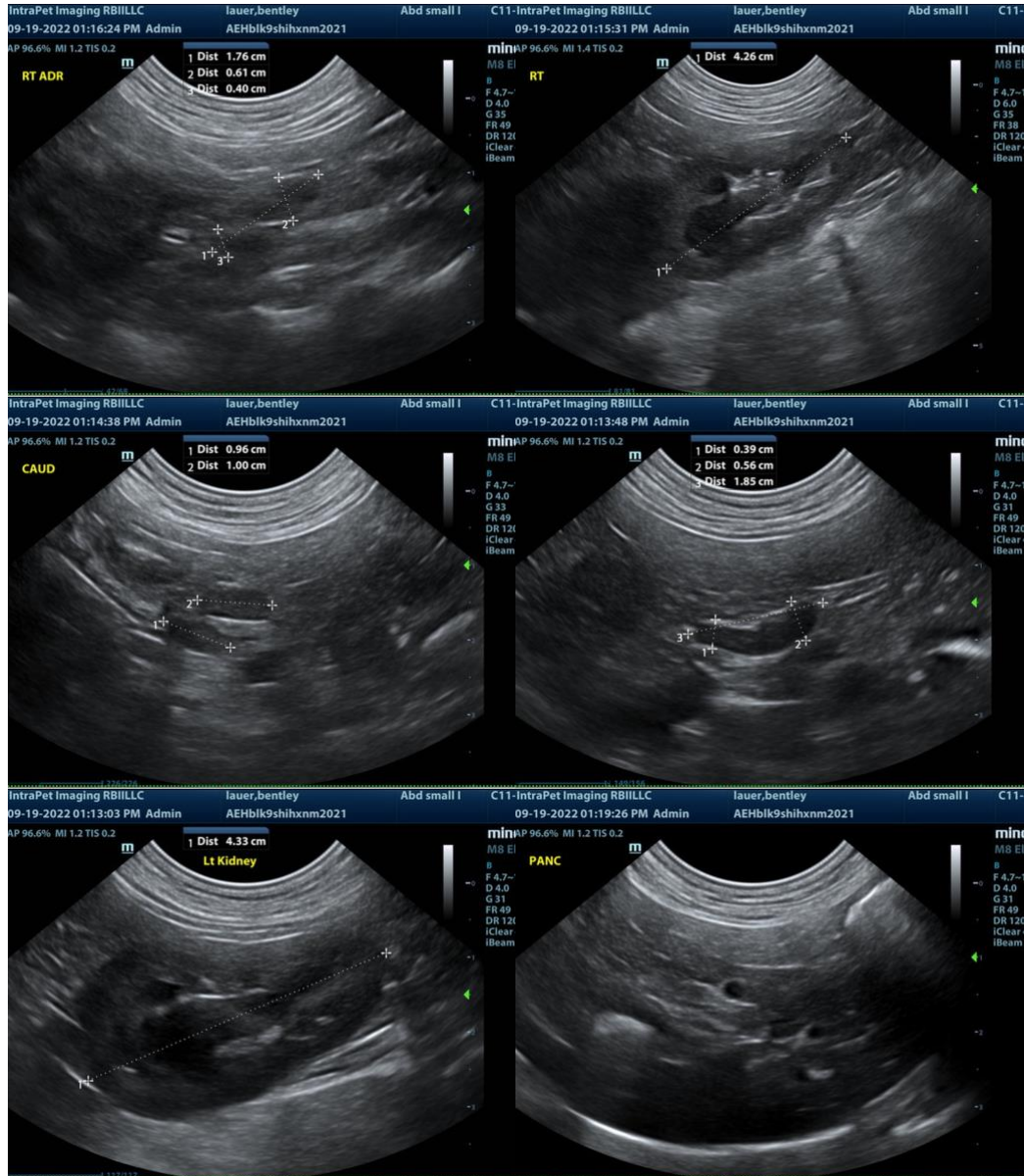
## **ULTRASONOGRAPHIC FINDINGS**

- Possible minor low-grade pancreatitis
- Minor reactive mesenteric lymph nodes
- Minor excessive GI gas
- Slight ring down artifact in the chest
- No other evidence of significant disease

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend a fresh fecal smear and fecal floatation analysis. 24-hour NPO and GI support protocol should prove effective. Screening for Addisons may be appropriate. Baseline cortisol is recommended, even though the adrenals appear structurally normal.





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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