

**DATE**

9/23/22

**PATIENT**

Maui Johnson

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Male

**AGE**

6/2021

**WEIGHT**

35.7 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

**HOSPITAL NAME**

Animal Emergency  
Hospital

**REFERRING VET**

Dr. Nacke-Horney

**INVOICE**

41611

**PRESENTING CLINICAL SIGNS**

Presenting Complaint: Diarrhea. Weight Loss.

History: Date: 09-23-2022 Notes: History from ER Express: Maui has been battling diarrhea since he was thirteen weeks of age. The breeder told us he had COVID 19 for dogs. Since September of last year we have had him and he has had only a normal stool for two months which came from home cooking his meals. That got too expensive for us to afford so since January of this year we tried giving him kibble again through the recommendation of swan creek vet and it has only gone down hill since then. Maui was 52lbs and is currently around 35-40lbs he has lost significant weight. Over the past three days Maui has vomited around 10 times and the diarrhea is still continuing. He seems to be very weak this morning and is skin and bones. For the past two weeks I have tried to home cook his meals again but I have not seen much results. His stool 3 out of 4 times has blood residue in it. Three weeks ago the blood was a lot which is why I tried switching him back to home cooked food. I really just don't know what to do anymore. swan creek doesn't have the resources to check him and our appointment with internal medicine isn't until October 18th and when I spoke with her in the phone she told me I need to get him fluids asap or he may not even make it to them on the 18th. I need help. Date: 09-23-2022 Notes: AUS and GI panel pending

Assessment: Chronic diarrhea. Vomiting. Under conditioning

Lab Results: Attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

**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 prostate was uniform at 2.75 cm, not pathological.

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 6.17 cm. The right kidney measured 6.67 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 left adrenal gland measured 1.25 cm x 0.42 cm at the caudal pole and 0.50 cm at the cranial pole. The right adrenal gland measured 2.43 cm x 0.59 cm at the caudal pole and 0.82 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**

The **stomach** and small intestine were unremarkable. The colonic wall was slightly thickened. Minor reactive mesenteric lymph nodes noted, example measured 1.4 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.

### **Other**

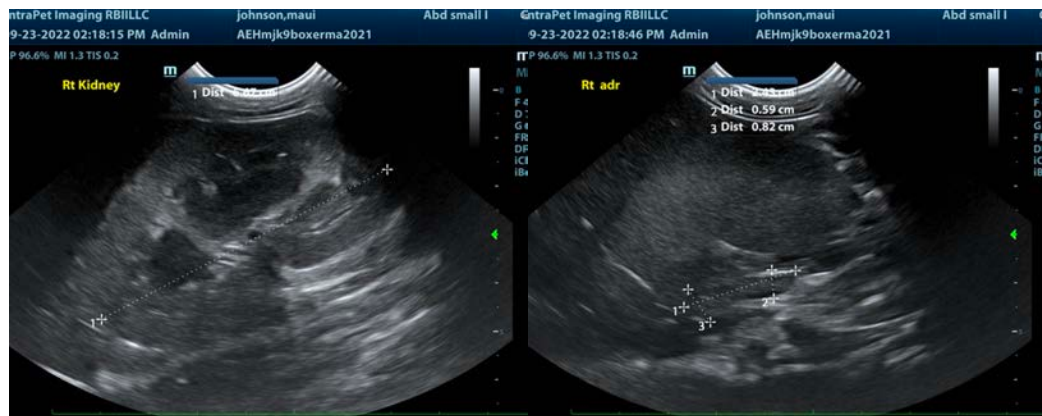
The testicles were imaged and found to be uniform.

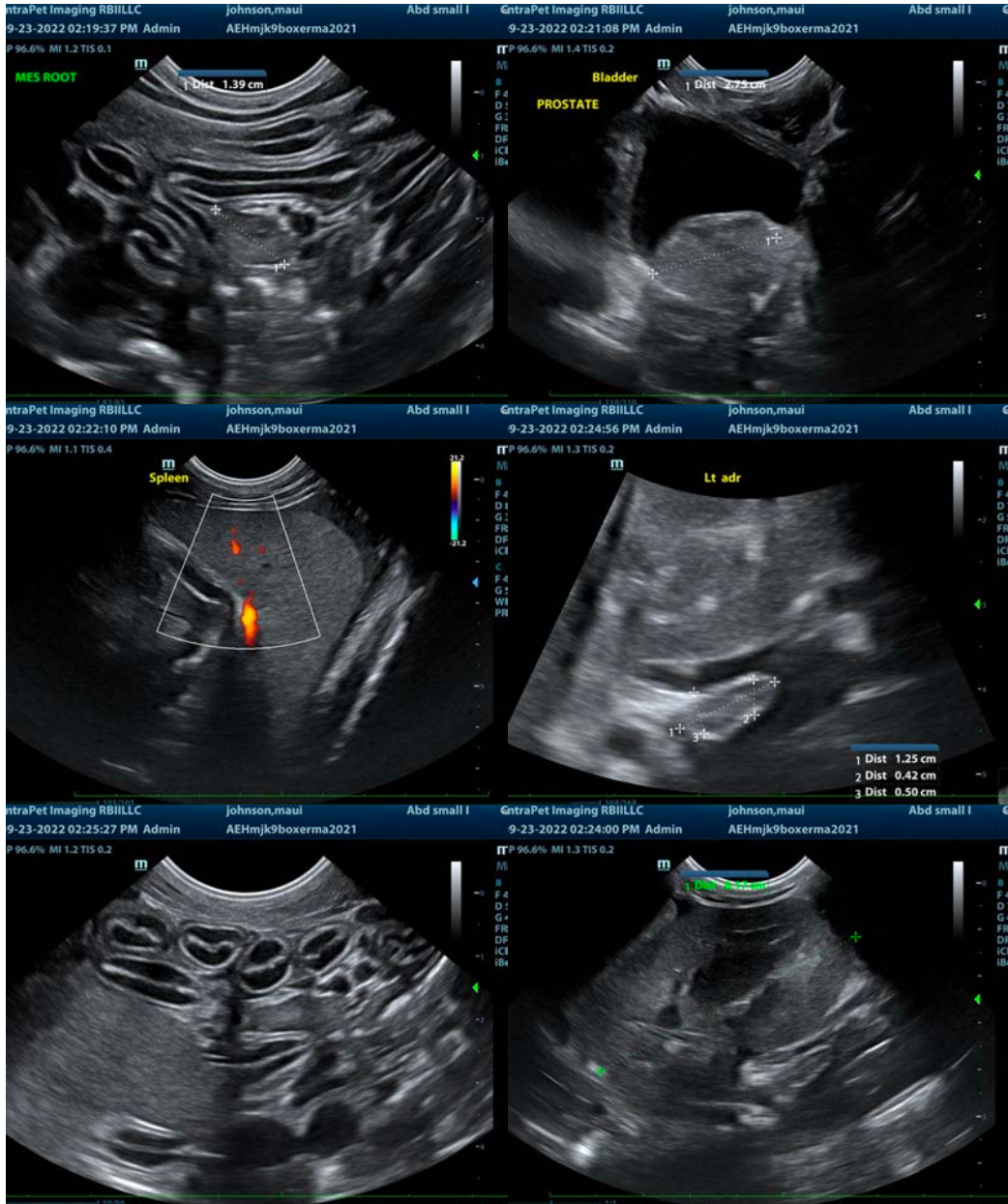
## **ULTRASONOGRAPHIC FINDINGS**

- Slightly thickened colonic wall
- Trace amounts of free fluid
- Minor reactive mesenteric lymph nodes

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

Malassimilation of nutrients should be considered in this patient as well as worm burden and occult Addison's. No evidence of direct visceral disease responsible for the clinical status. The slight free fluid is likely owing to wasting.







**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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