

**DATE**

9/23/22

**PRESENTING CLINICAL SIGNS**

History: Foreign Body, Vomiting, Blood in stool. History: Anorexia, and bloody stool, Vomited, possible had balloon pieces in it; Rads-- there is an abnormal mottled region-- appears to be the colon/cecum, but cannot rule out fb, or more concerning mass effect. Clinically responded to the fluids and supportive care, but ensure nothing more, owner agree to US fecal pending with RDVM. Has been on Pred for pododermatitis /furunculosis for months, weaning off as starting cyclosporin

**PATIENT**

Rocco Lovette

**SPECIES**

Canine

**BREED**

Boxer

**SEX**

Neutered Male

**AGE**

11/22/16

**WEIGHT**

77.2 Pounds

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

Dr. King

**INVOICE**

17425

Current Medications: Metronidazole, Omeprazole, Cyclosporine, Buprenorphine, Metoclopramide, Prednisone.

Lab Results: See attached.

Radiographs: abnormal appearance to cecum and colon.

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 6.34 cm. The left kidney measured 6.71 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 2.9 cm x 0.63 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 2.54 cm x 0.6 cm at the caudal pole and 0.69 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** presented mild coarse architecture and increased portal markings. Minor biliary mineralization was present, nonobstructive.

### ***Gastrointestinal***

Minor excessive **GI** gas was present, yet no evidence of obstructive disease.

### ***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.

### ***Free Abdomen***

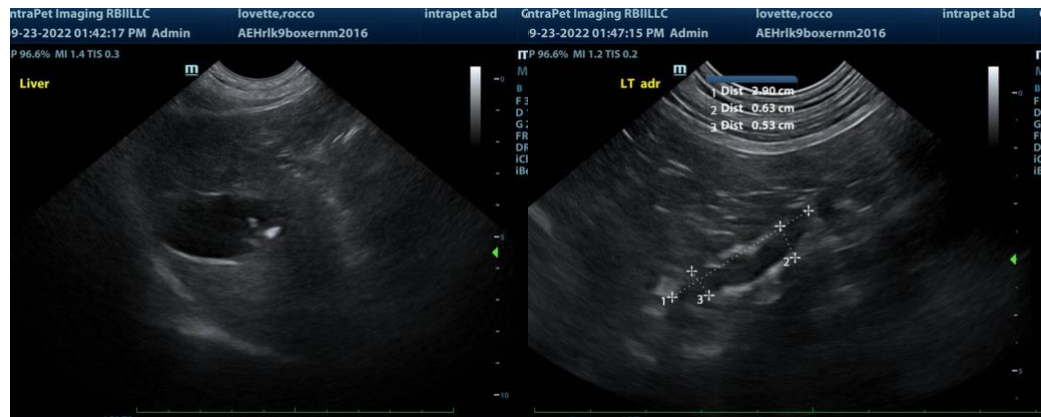
The mesenteric **lymph nodes** (up to 1.85 cm x 0.73 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

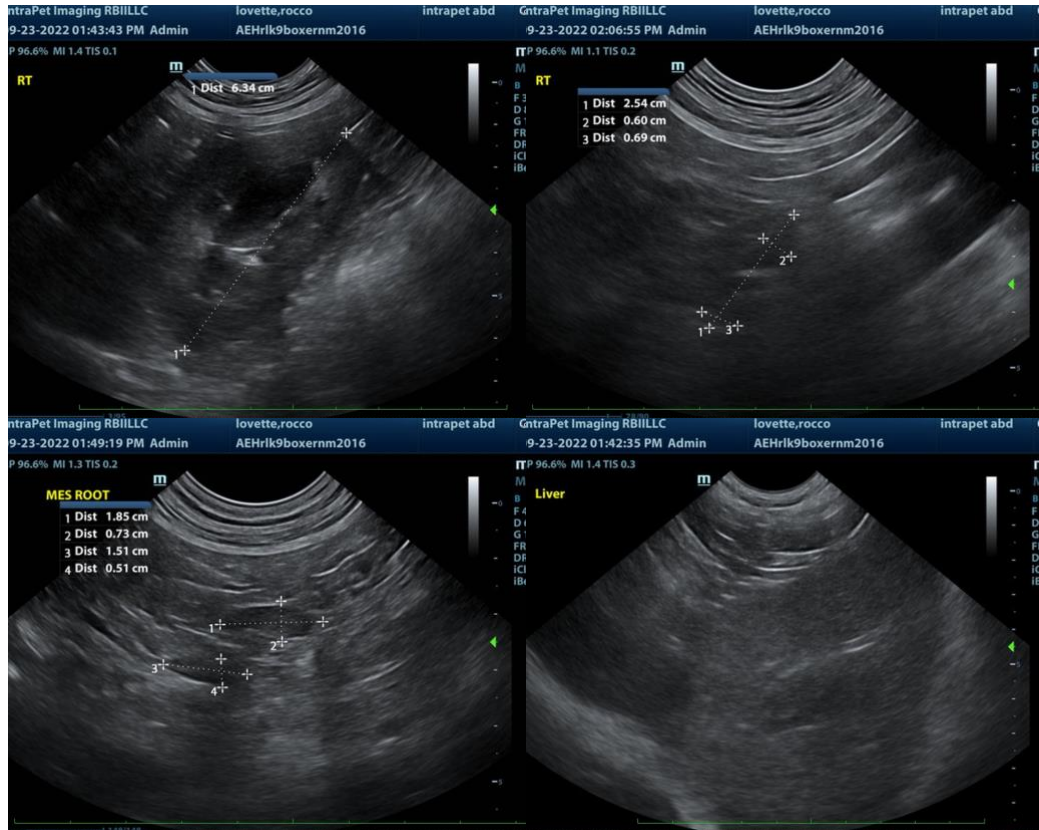
### **ULTRASONOGRAPHIC FINDINGS**

- Mild hepatic remodeling (nonspecific) with biliary calculi (nonobstructive)
- Slight mesenteric lymphadenopathy
- Minor excessive GI gas

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

No other evidence of pathology. Diet change to hydrolyzed diet, fecal test and broad spectrum antiparasitic protocol are all indicated.





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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