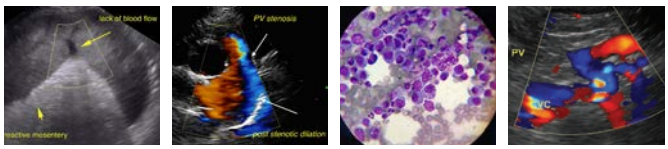

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1-800-838-4268 info@sonopath.com

PATIENT

Suzie Nickel

SPECIES

Canine

BREED

Labradoodle

SEX

Spayed Female

AGE

11 Years

WEIGHT

24 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24/7

REFERRING VET

Dr. Gruffydd

INVOICE

25815

DATE

9/27/21

PRESENTING CLINICAL SIGNS

Patient referred from another emergency Center yesterday history of vomiting diarrhea, anorexia and lethargy. Patient is despondent today. Blood work non diagnostic. Patient has NG tube in place
Abnormal PE/Chem/CBC/UA Results: Mild elevation of ALP

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 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 and no evidence of pelvic dilation was present. The left kidney measured 6.64 cm. The right kidney measured 6.64 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 1.13 cm at the cranial pole and 1.03 cm at the caudal pole. The right adrenal gland measured 1.1 cm at the nodular cranial pole and 0.50 cm at the caudal pole.

Spleen

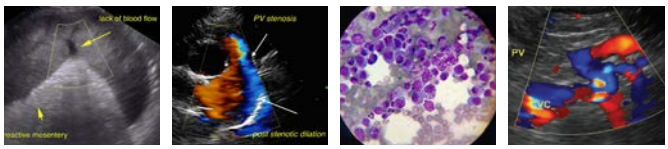
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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

Some retention of ingesta was noted in the **stomach**. Intestinal thickening and duodenal spasming noted. No complete loss of mural detail. However, there are some areas of the duodenum where the muscularis is somewhat thickened. Some small intestinal stasis was noted in the caudal abdomen. I do



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not see an overt foreign body. However, a thin linear foreign body cannot be completely ruled out given the corrugated duodenum. Reactive mesenteric lymph nodes noted.

Pancreas

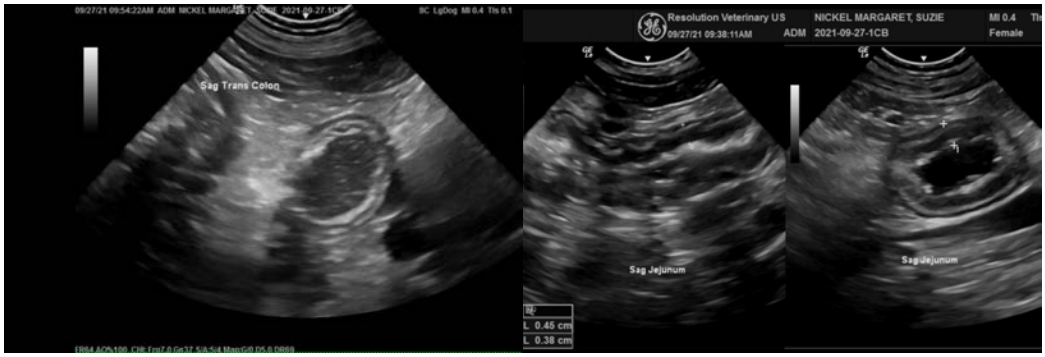
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Duodenal spasming and dilation
- Bilateral adrenal hypertrophy with nodular changes – possible PDH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24 hour NPO warranted. If anorexia and upper GI signs are persistent, recheck sonogram or exploratory surgery warranted. The dilated small intestine in the last video is of concern for possible obstructive pattern, yet not definitive.



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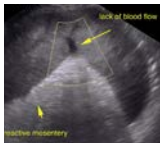
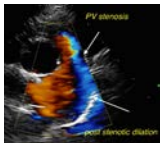
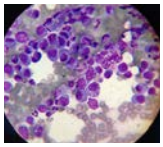
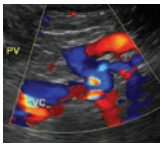

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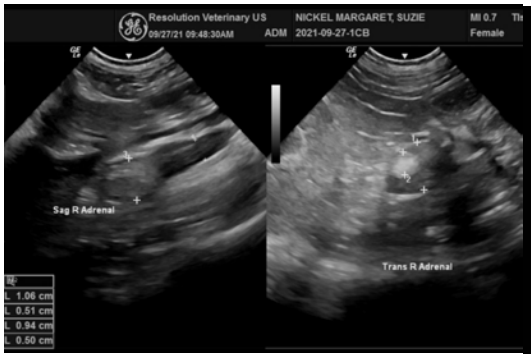

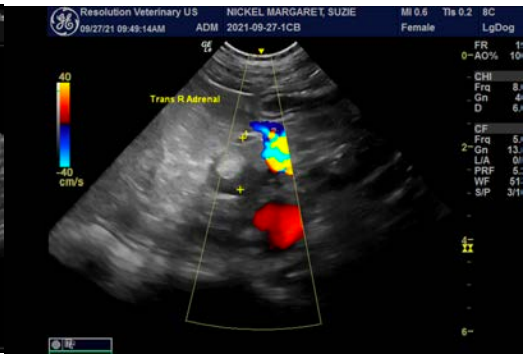

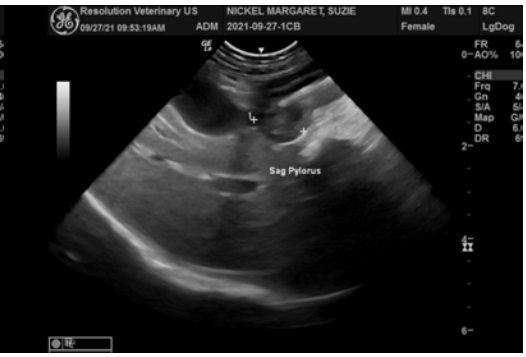

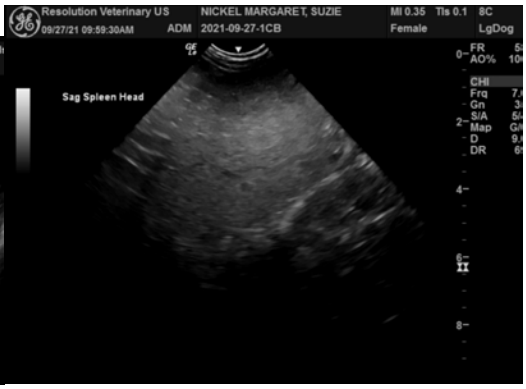

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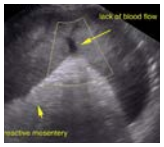
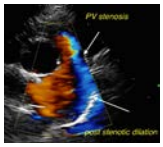
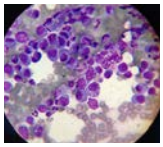
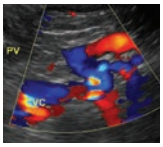

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com