

**DATE**

9/30/22

PATIENT

Jetta Huber

SPECIES

Canine

BREED

Havanese

SEX

Intact Female

AGE

8/8/12

WEIGHT

18.6 Pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Rachel Brilhart RDMS

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Goessling

INVOICE

41779

PRESENTING CLINICAL SIGNS

Monday night, owner noticed patient was gimping. Tuesday, she was non-weight bearing on one leg and wouldn't really move. Owner gave carprofen dose. Wednesday, went to see RDVM and had fever, was 4DX tested- positive for lyme disease. Since patient is on temaril P for tracheal collapse, RDVM told owner not to administer further carprofen and RX'd doxycycline and tramadol. Patient didn't want to eat last night so owner gave doxycycline in a spoonful of canned food. Overnight, patient started "screaming like a seal" and seemed very painful. Has known heart murmur.

Current Medications: Doxycycline, baytril, metocloperamide, protonix, gabapentin
Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: STAT 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 **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 5.04 cm.

Adrenal Glands

The **left adrenal gland** was mildly swollen, yet within normal limits. The left adrenal gland measured 2.67 cm x 0.73 cm at the caudal pole and 0.70 cm at the cranial pole.

The **right adrenal gland** was mildly swollen and measured 2.44 cm x 0.79 cm at the cranial pole and 0.69 cm at the caudal pole.

Spleen

The **spleen** presented a small, mixed hypoechoic nodule, not likely pathological.

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** presented extensive overdistention with largely anechoic fluid and delayed outflow pattern. The distal small intestine and colon were unremarkable. No evidence of foreign body. The pylorus was patent, yet surrounded by inflammatory pancreatic presentation. Large stool noted in the colon. Minor colonic wall thickening present. The patient may have passed a foreign body recently. Reactive mesentery noted around the colon with some loss of mural detail within the colon. Some stasis present. The ileocecal junction was also mildly thickened. Regional peritonitis present.

Pancreas

The **pancreas** revealed extensive mixed hypoechoic, irregular parenchyma with enhanced surrounding mesentery. The right limb of the pancreas enveloped the upper gastrointestinal tract, likely contributing to the delayed outflow.

Other

Slight areas of free fluid noted.

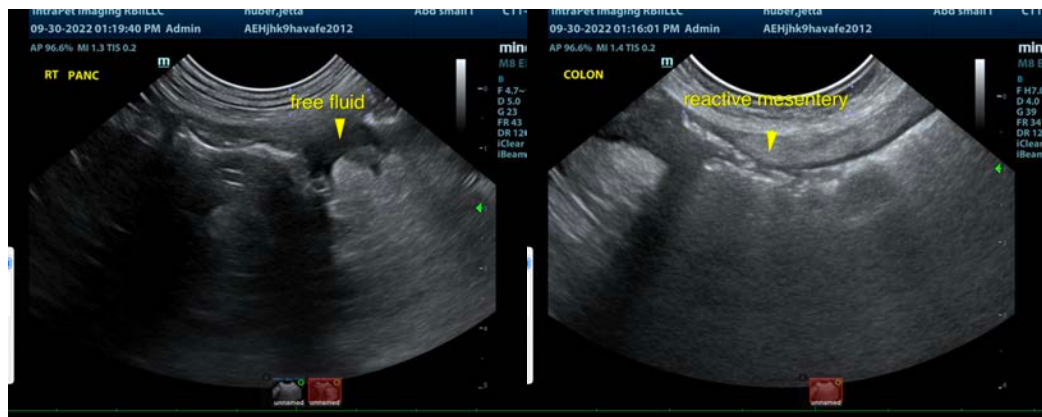
ULTRASONOGRAPHIC FINDINGS

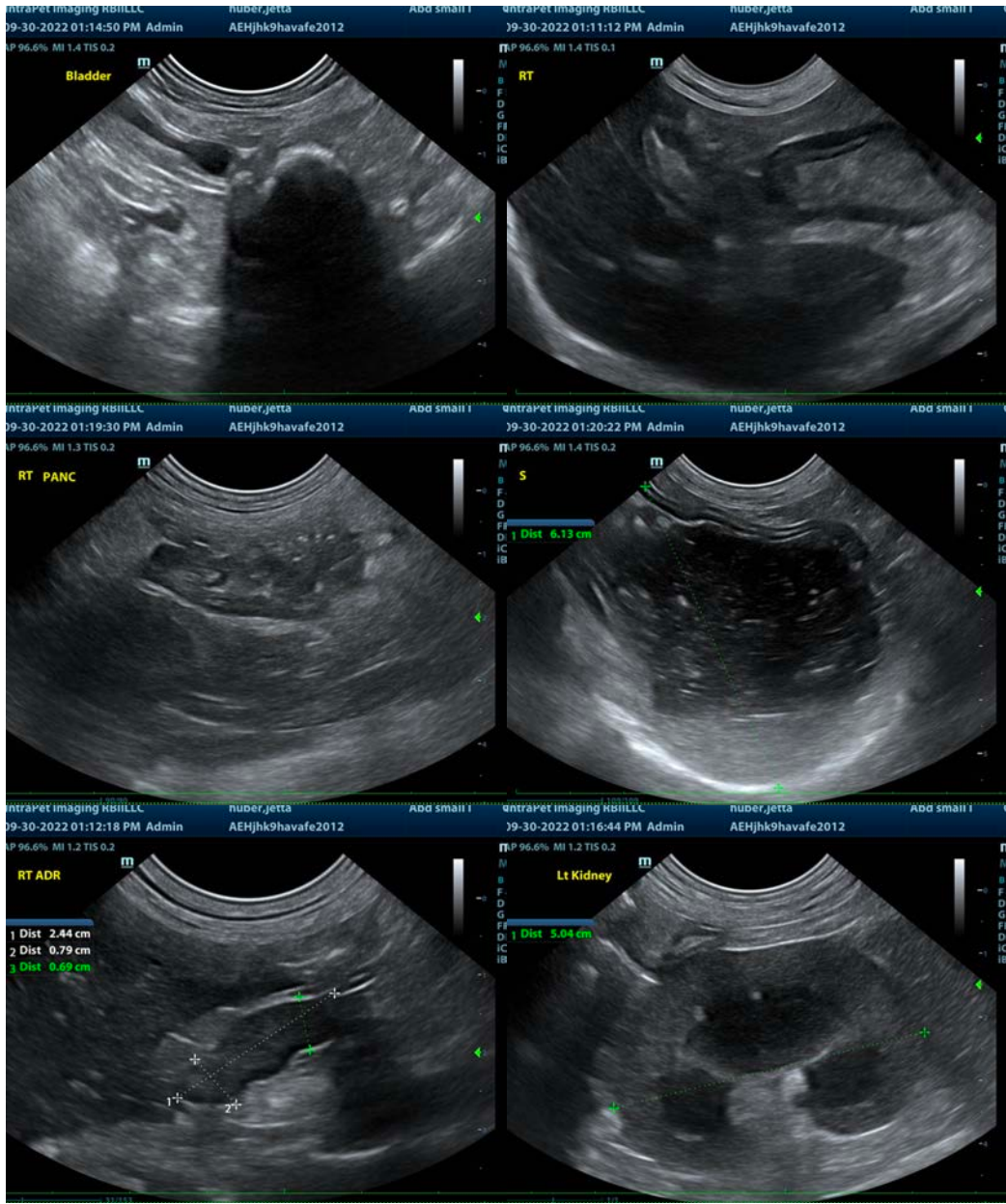
- Hard colonic stool pattern with variable colonic thickening and regional inflammation
- Concurrent pancreatitis
- Bilateral adrenal hypertrophy
- Splenic nodule
- Slight free fluid

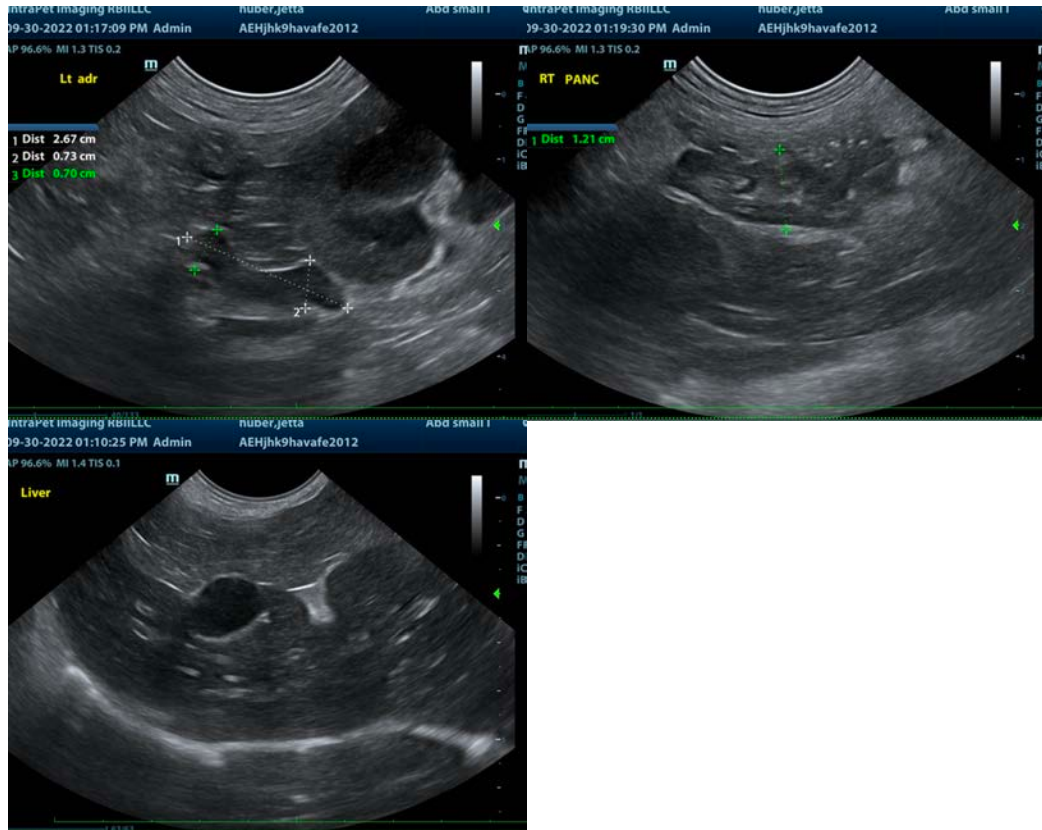
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for precarious mural presentation in variable parts of the colon. Some of the luminal material within the colon may be passing foreign matter. Ultrasound guided centesis of the free fluid recommended. If any evidence of sepsis is present, then exploratory surgery indicated, or direct exploratory to assess the integrity of the proximal descending colon.

My personal preference would be to explore this patient with expectations for potential subtotal colectomy, which may be necessary, as there is some detail loss in the descending colon as well as reactive mesentery and free fluid. Prognosis is guarded. If medical management only is to be employed, then recheck sonogram in 24-48 hours. If free fluid is progressing, then exploratory surgery would be essential.







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.

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