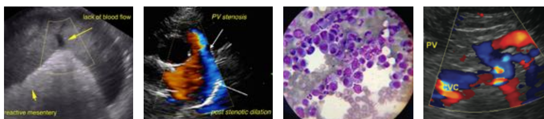


PATIENT
Tilly Lou Peters

SPECIES
Canine

BREED
Labrador Cross

SEX
Spayed female

AGE
12 years

WEIGHT
74 lbs

INTERPRETED BY
Eric Lindquist, DMV, DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Sara Hansen

HOSPITAL NAME
Q Street AH

REFERRING VET
Dr. Bretschneider

DATE
1/16/23

Invoice
42133

PRESENTING CLINICAL SIGNS

History: was seen at emergency vet on 1/10/23 for vomiting and loss of appetite, Had full blood work, radiographs, ultrasound and no distinct abnormalities found. Improved marginally for a week and now worse - though not vomiting. Won't eat of drink, shaking, uncomfortable, loose stool.
Abnormal PE/Chem/CBC/UA Results: Current Medications cerenia, sucralfate, gabapentin
Radiographic Findings no abnorms on radiographs

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 was noted. Ureteral papillae were normal.

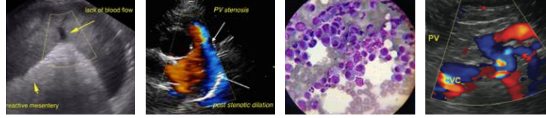
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased 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 6.91 cm. The right kidney measured

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 3.25 x 1.07 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland measured 3.2 x 0.93 cm at the cranial pole and 0.86 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. Hyperechoic lipogranulomatous nodules were noted and not overtly pathological. These changes are consistent with normal age-related alteration. Slight, hypoechoic nodules were noted in the spleen and were non-disruptive measuring up to 0.5 cm. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Small shadowing material was noted such as chyme and bone chips or similar. Delayed outflow appears to be the issue. Minor chyme transit into the small intestine was noted. Curvilinear patterns were maintained throughout the GI tract. Gas artifact was noted in the midabdomen and did not allow for acoustic penetration and evaluation of the surrounding intestinal wall. This may be transiting gas, but foreign matter cannot be completely ruled ou.t

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.

ULTRASONOGRAPHIC FINDINGS

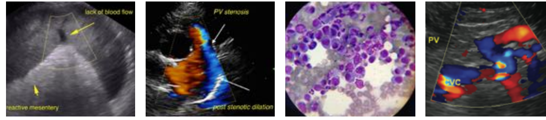
Delayed outflow gastric pattern with possible small foreign matter or similar. Minor gastric wall thickening.

Mild adrenal enlargement with remodeling.

Mild splenic and hepatic remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was n.p.o. at the time of the sonogram then delayed outflow is likely. I recommend IV fluid support, GI protectants, n.p.o. for 12-18 hours and a recheck sonogram primarily of the gastrointestinal tract. If the material is still present in the stomach after that time then exploratory surgery would be indicated with the objective of gastric biopsies and evacuating the stomach.



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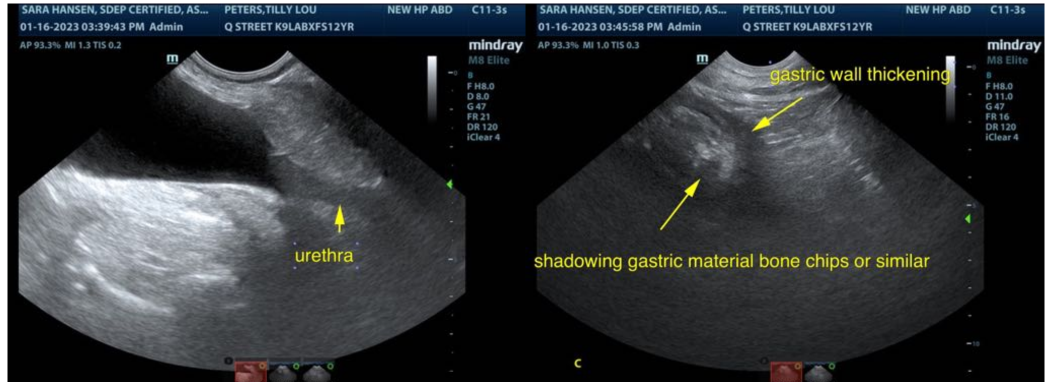

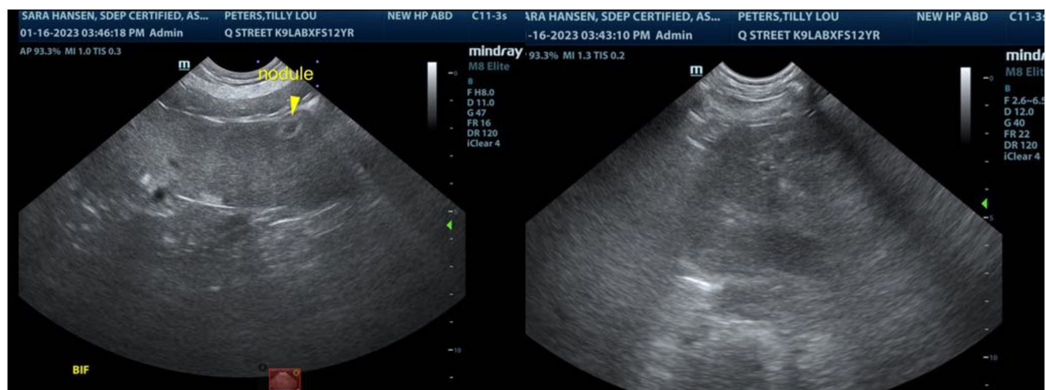

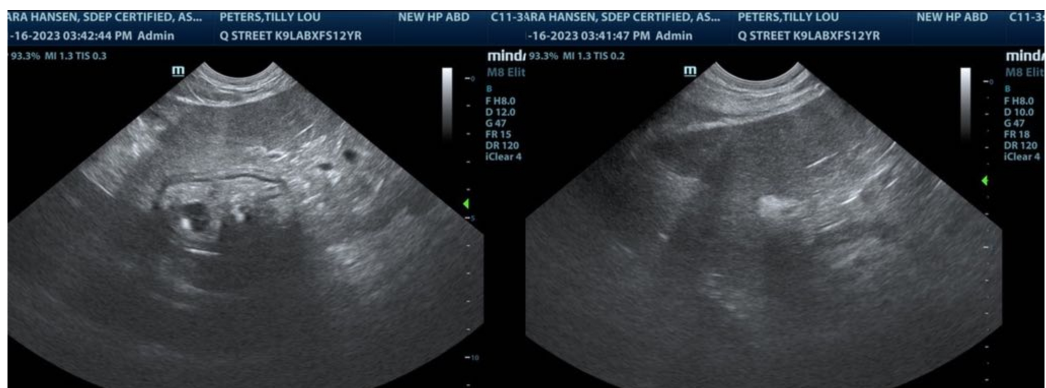

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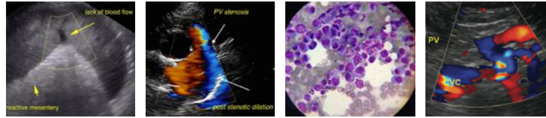

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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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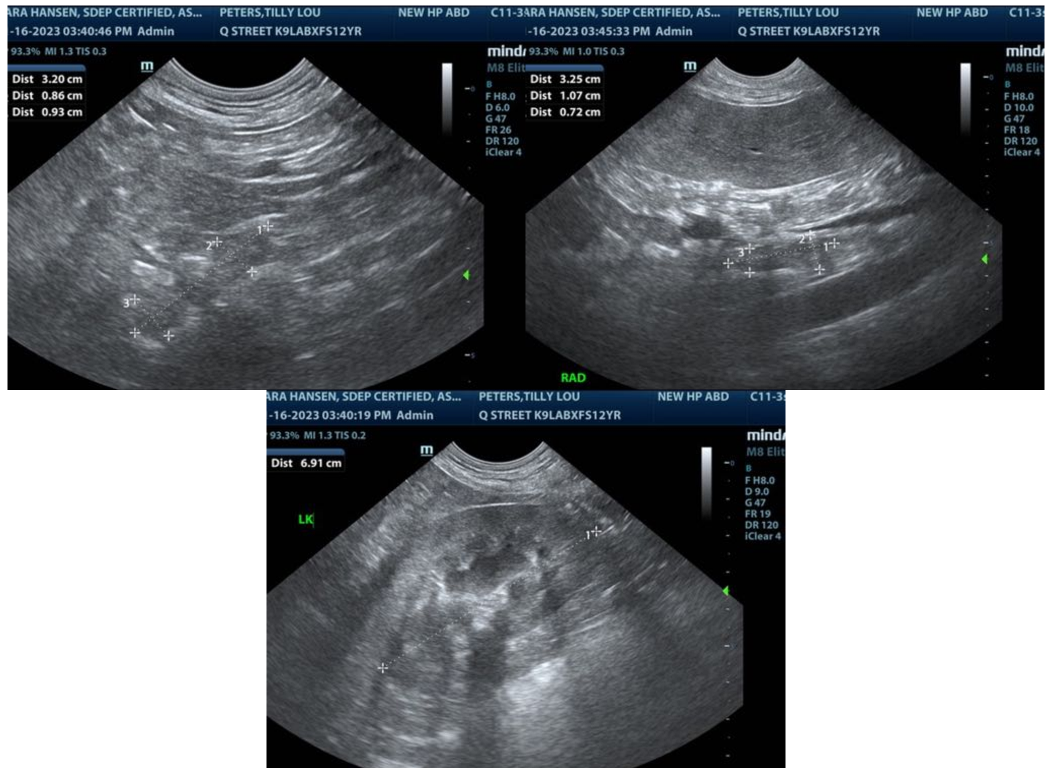

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

Eric.Lindquist@SonoPath.com