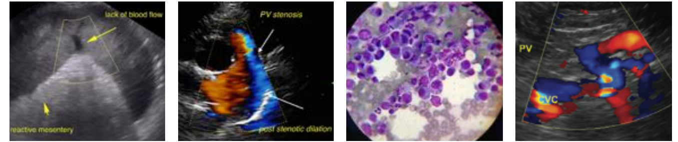
SonoPath

Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com

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

PATIENT

Scooby Cabrera

SPECIES

Canine

BREED

Beagle

SEX

Neutered male

AGE

4 years

WEIGHT

29 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez , CVT

HOSPITAL NAME

New Bridge VP

REFERRING VET

Dr. Glennon

INVOICE

32365

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History: Patient had presented on Monday for vomiting and diarrhea. Treated with Unasyn, Cerenia, Baytril, and IVFs. Patient presents today for continued anorexia. Concern for possible FB/pancreatitis, vs. other.

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 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 4.6 cm. The right kidney measured 4.09 cm.

Adrenal Glands

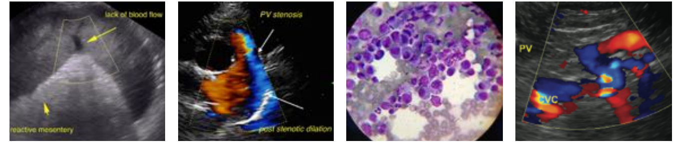
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 1.74 x 0.51 cm at the caudal pole and 0.72 cm at the cranial pole. The left adrenal gland measured 2.1 x 0.59 cm at the cranial pole and 0.59 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 was 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.



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Gastrointestinal

The **stomach** was mildly thickened. Hyperperistalsis was noted with an empty lumen. There was no evidence of foreign body. Duodenal spasming was present. Soft stool was noted in the colon. The mesenteric lymph nodes were reactive and measured 3.27 x 0.35 cm. Cranial abdominal lymph node was mildly enlarged and rounded measuring 0.49 cm.

Pancreas

The **pancreas** was heterogenous with mixed, echogenic changes.

Free Abdomen

Reactive mesentery was noted around the lymph nodes and pancreas.

ULTRASONOGRAPHIC FINDINGS

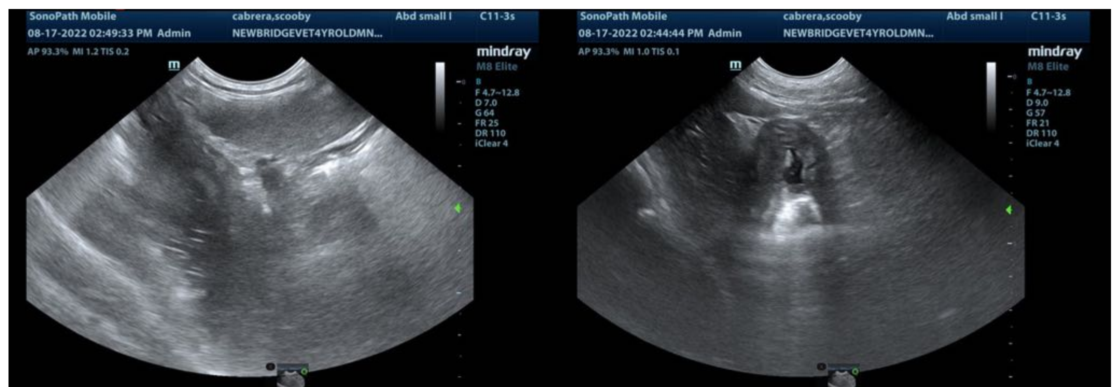
Gastroenteritis.

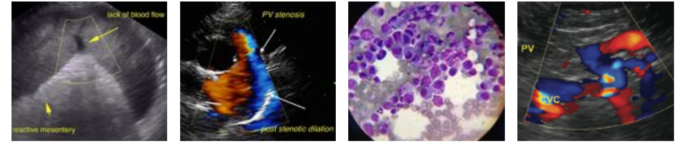
Reactive lymph nodes.

Concurrent pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Some level of low-grade pancreatitis is possible. Subxiphoid palpation is recommended to assess if there is any pain or discomfort. 24-hour n.p.o. is recommended. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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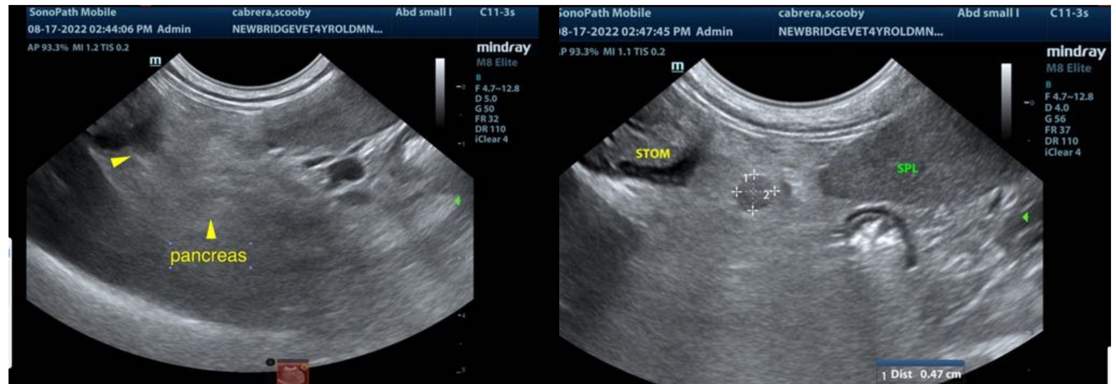

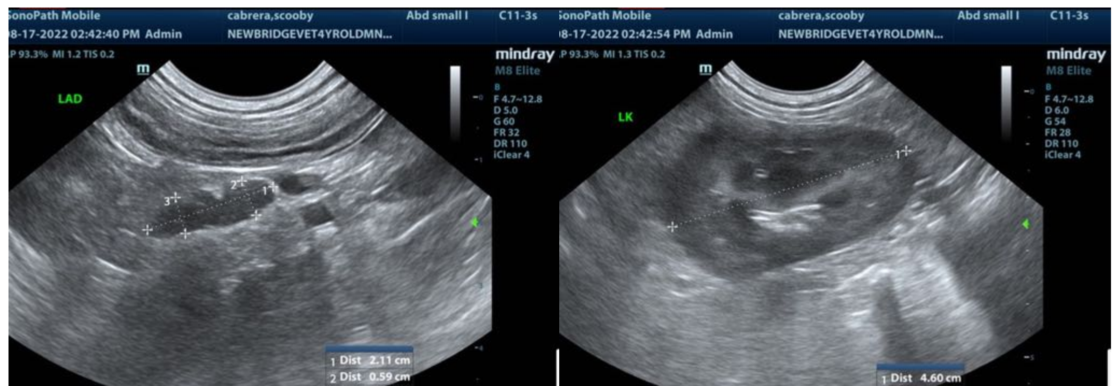

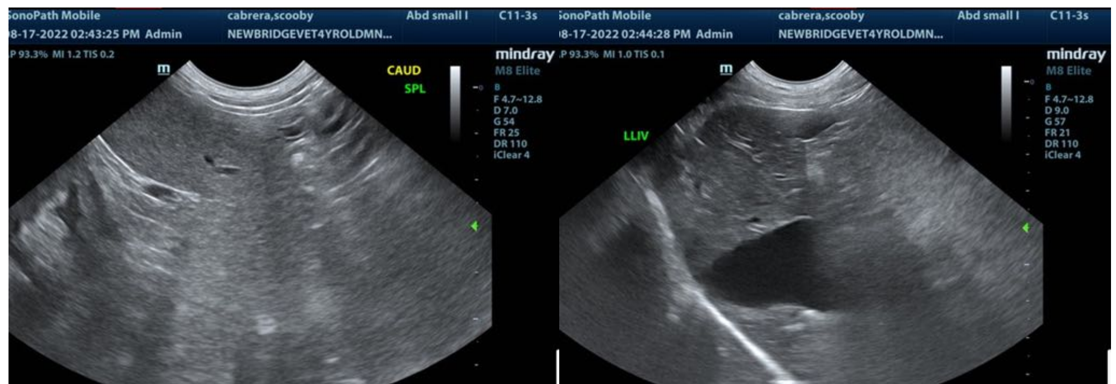

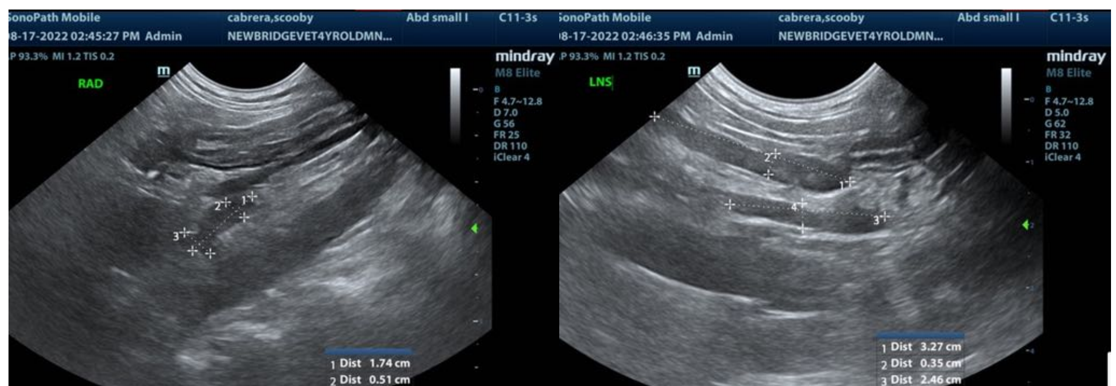

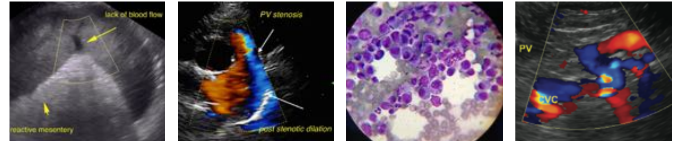

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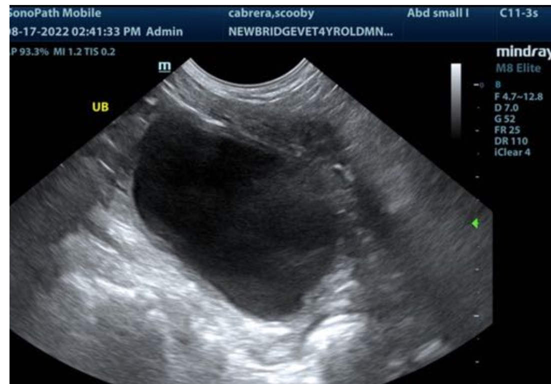

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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