

**DATE**

4/11/22

PRESENTING CLINICAL SIGNS

History: On 3/27/22 P was seen @ the ER for vomiting and diarrhea; as of 4/4/22, P is no longer vomiting but not eating as well as he used to. P has a history of having intermittent diarrhea nsf on PE.

PATIENT

Henry Spillman

Current Medications: None listed.

Lab Results: See attached.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV sedative.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

SPECIES

Canine

BREED

Schnauzer Mix

SEX

Neutered Male

AGE

6/7/20

WEIGHT

21 Pounds

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 4.01 cm. The right kidney measured 4.01 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 2.01 cm x 0.43 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 1.93 cm x 0.44 cm at the caudal pole and 0.47 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Charm City VH

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.

REFERRING VET

Dr. Karbonik

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.

INVOICE

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Gastrointestinal

Some retention of the **stomach** and hyperperistalsis present. The small intestine and colon were unremarkable.

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

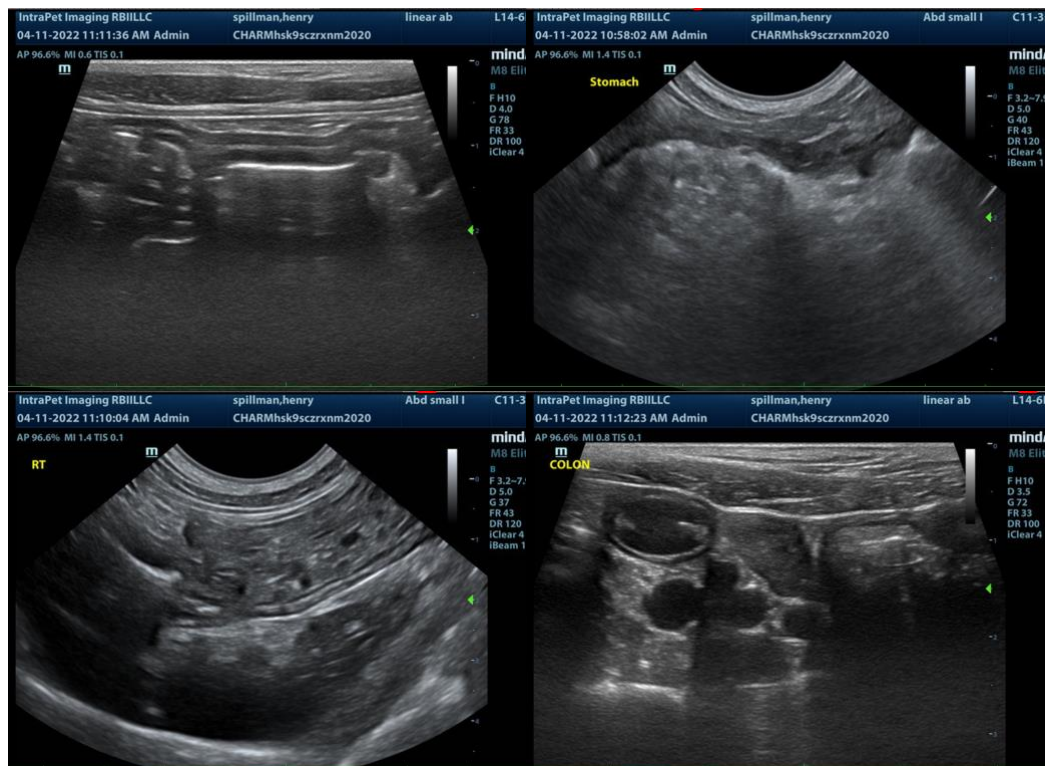
The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. A grouping of lymph nodes measured 2.7 cm x 1.27 cm.

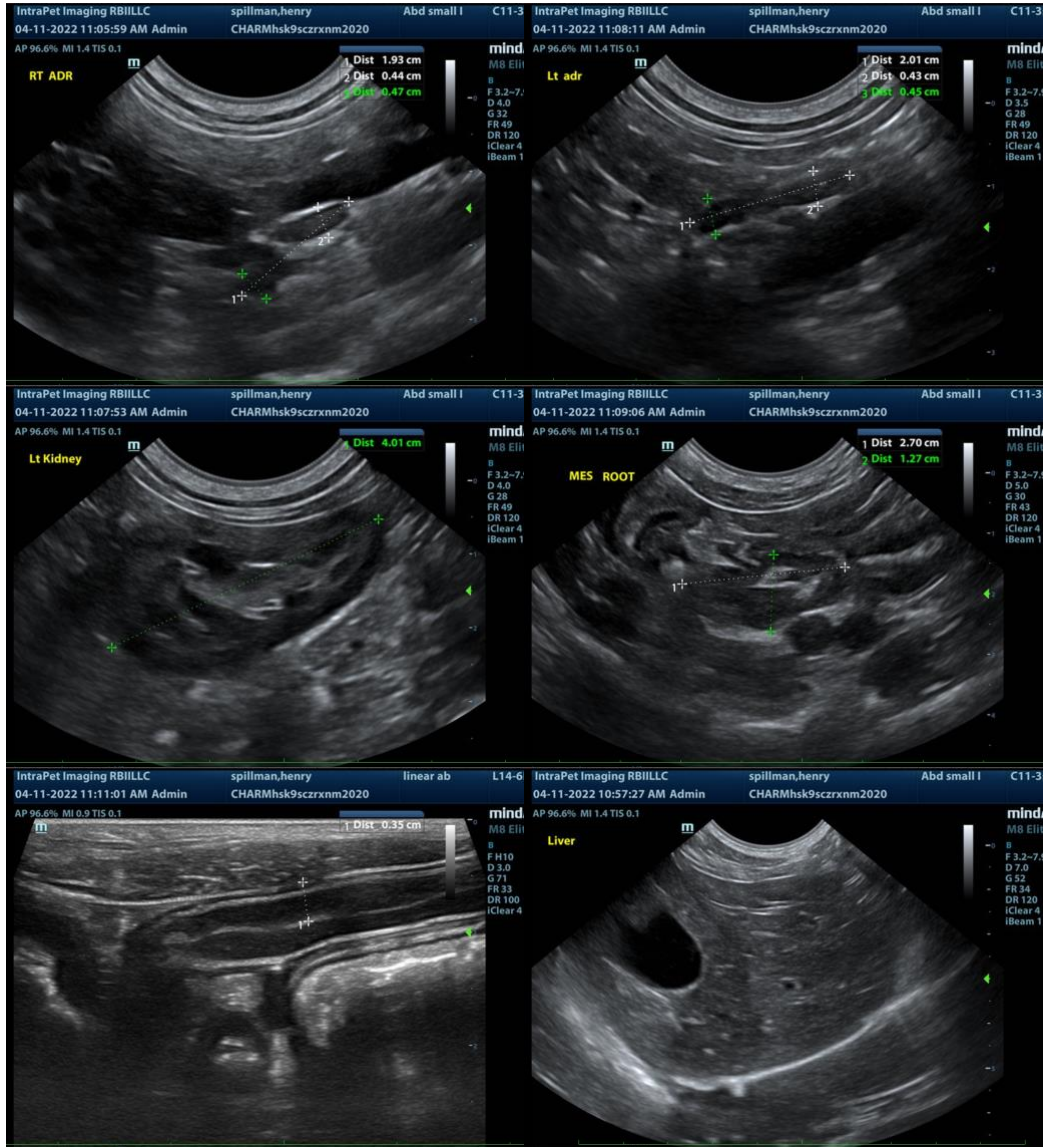
ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen
- Reactive mesenteric lymphadenopathy
- Non-specific gastrointestinal upset

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Occult parasitism, dietary intolerance, food hypersensitivity all possible. Screening for occult Addison's warranted, even though the adrenals appear normal. Antiparasitic protocol, 10-14 days of metronidazole, hydrolyzed diet trial and reassessment of clinical signs would be a valid empirical implementation.





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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