



PATIENT

Waffles Grudzinski

PRESENTING CLINICAL SIGNS

1 week history of inappetence, lethargy, and pyrexia. Started on Doxy last week, limited improvement. Rechecked with us, abdominal rads NSF, bloodwork very concerning.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Painful abdomen, CRT 4 sec, CBC - WBC - 1.35 Lymph - 0.77 mono - 0.13 neu - 0.39 Platelets - 56 Albumin low, globulin high, ALP elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Mixed

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

SEX

Spayed Female

The right kidney is unable to be visualized in these images.

AGE

3 Years

The left kidney is normal in size (7.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is unable to be visualized in these images.

WEIGHT

68 Pounds

The left adrenal gland is normal in size (0.49 cm at the cranial pole and 0.57 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

IMAGING PERFORMED BY

Brian Klug

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

HOSPITAL NAME

Sondel Family VC

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

REFERRING VET

Dr. Hannah Mortensen

Gastrointestinal

The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. It is moderately distended with echogenic fluid, ingesta, and chyme, with no evidence of foreign material or infiltrative disease visualized. Pyloric outflow tract appears patent.

INVOICE

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The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

DATE

12/13/22



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The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

SPECIES

Canine

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

Mixed

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Other than suspected mild gastric ileus, there is no ultrasonographically visible abnormalities to help explain this patient's decreased appetite.

AGE

3 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the concurrent fever and marked leukopenia, further investigation of infectious, neoplastic, and/or immune mediated disease is recommended. Comprehensive infectious disease testing including vector borne disease is recommended. Additionally, a bone marrow exam for cytology could be considered. The hypoalbuminemia may be secondary to sepsis. However, if not recently evaluated, a urinalysis and, if indicated based on urinalysis results, urine culture are recommended. If protein is present in an otherwise quiet sediment, protein quantification with a urine protein to creatinine ration is recommended.

WEIGHT

68 Pounds

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DACVIM

3-view thoracic radiographs are also recommended.

In the meantime, in addition to symptomatic supportive care, broad-spectrum full quadrant antibiotic coverage is recommended.

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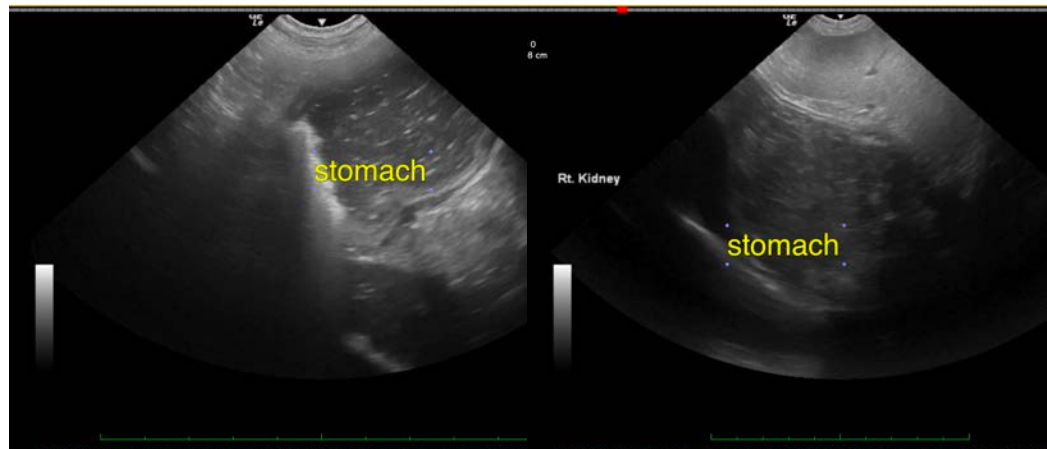
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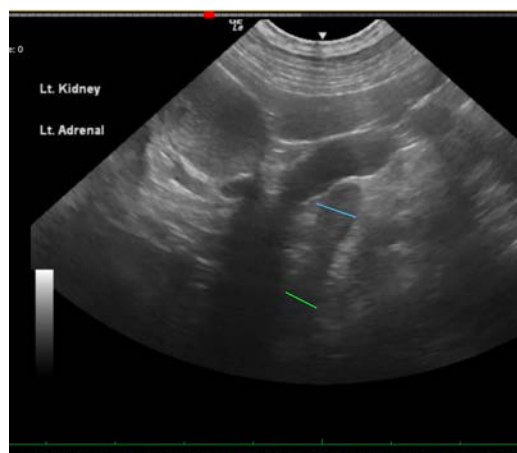
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com