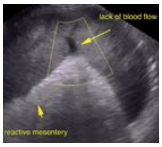

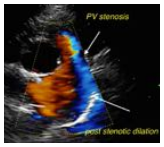

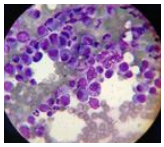
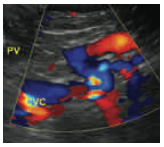

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PATIENT

Tess Beatty Oliver

SPECIES

Canine

BREED

Australian Shepehrd

SEX

Spayed Female

AGE

5 years

WEIGHT

47.6 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Newton VH

INVOICE

95637

DATE

1/31/22

PRESENTING CLINICAL SIGNS

R/O pancreatitis, gastritis, dietary indiscretion; vomiting started 1/28. On cerenia.
Abnormal PE/Chem/CBC/UA Results: CPL normal

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 5.49 cm. The right kidney measured 5.78 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 2.37 x 0.59 cm at the caudal pole and 0.48 cm at the cranial pole. The right adrenal gland measured 1.85 x 1.22 cm at the cranial pole and 0.41 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** revealed slight coarse architecture with mildly increased portal markings. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

The **stomach** and pylorus were empty. Minor intestinal thickening was noted without loss of mural detail. Slight muscularis hypertrophy was noted. The mesenteric lymph nodes are reactive.

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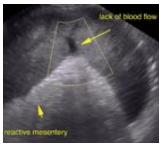
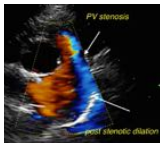
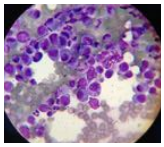
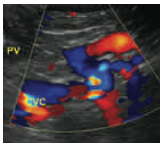

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Pancreas

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.

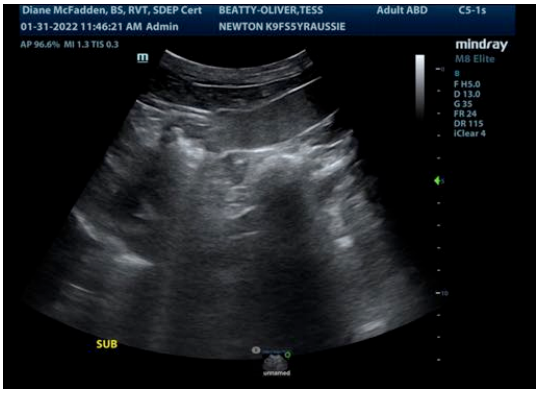
ULTRASONOGRAPHIC FINDINGS

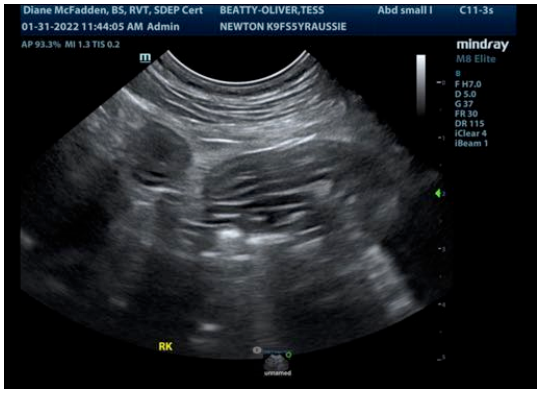
Minor intestinal thickening and reactive lymph nodes. Consistent with inflammatory bowel. Underlying occult parasitism is possible.

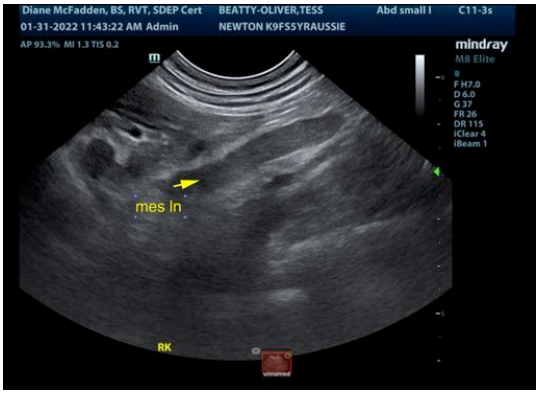
Mild hepatic remodeling.

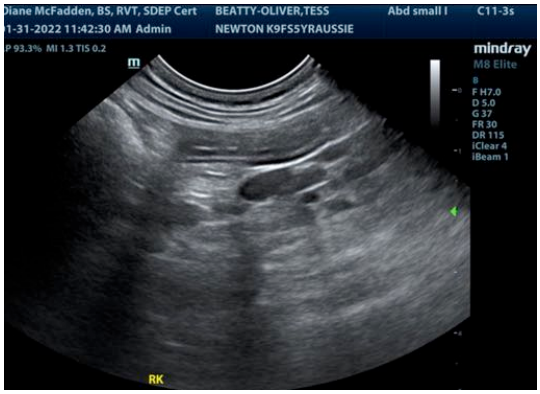
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness surgical GI and lymph node biopsies would be ideal for further definition. However, a clinical trial of the following may prove effective. Hydrolyzed diet, GI protectants and broad spectrum anti-parasitic protocol is all indicated followed by reassessment of the clinical signs.









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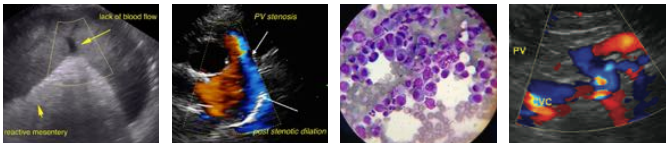

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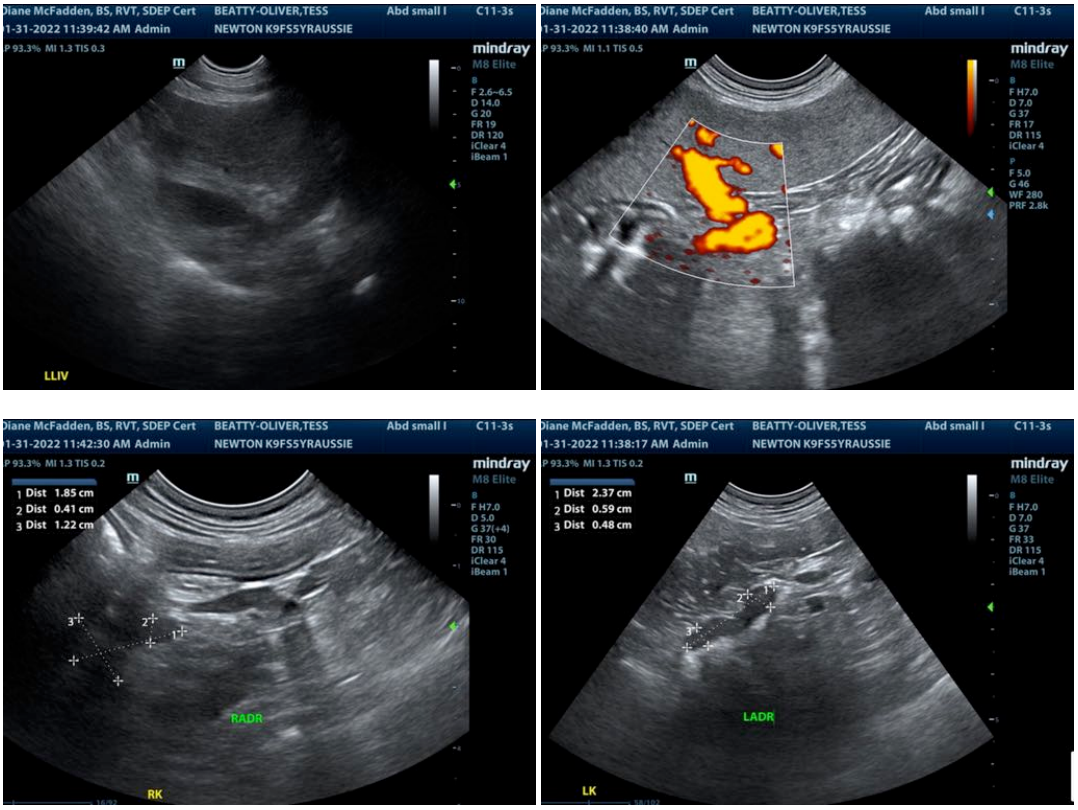

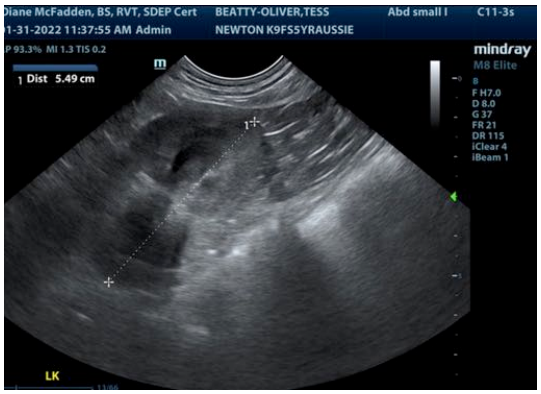

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com