



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Buck Obrien

SPECIES
Canine

BREED
Brittany Spaniel

Presented at our hospital for lethargy for 4 days, dark stool passed yesterday, and decreased appetite today. Patient went to RAETC where patient had xrays, bloodwork, and fecal-diagnosed with anemia and outpatient treatment performed. Owners state patient has become even more lethargic since home. Previous Health Concerns: diagnosed with anemia today Current Medications: Cerenia injection and Famotidine injection at RAETC, sent home with Carafate (given today) and Flagyl (did not start). Abnormal PE/Chem/CBC/UA Results: Rossmoyne ER bloodwork: Albumin 2.2 L, Calcium 8.9 L, HCT 20 L, WBC 20.77 H, PMN 18.77 H Rossmoyne ER Radiology report: unremarkable abdomen Liver panel: Albumin 2.0 L, Normal total bilirubin (<0.1) PCV/TP: 21/4.2 Flex 4: negative x 4 Saline agglutination: negative Coagulation panel: pt 14.6 N, aptt 90.6 N PCV post blood transfusion 23%, now PCV 32%

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Neutered male

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.

AGE

8 years

WEIGHT

24.2 kg

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.92 cm. The left kidney measured 6.66 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was 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 2.12 x 0.46 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland was not visualized.

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

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.

REFERRING VET

Dr. Miller

INVOICE

95033

DATE

1/6/22



PATIENT *Liver*

Buck Obrien 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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

Structurally unremarkable abdomen.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of pathology. If no significant proteinuria is present then protein losing enteropathy or Addison's should be ruled out. CBC path review is indicated +/- bone marrow aspirate would be appropriate given the GI signs protein losing enteropathy is likely. However, structurally the GI tract appears unremarkable.

IMAGING PERFORMED BY

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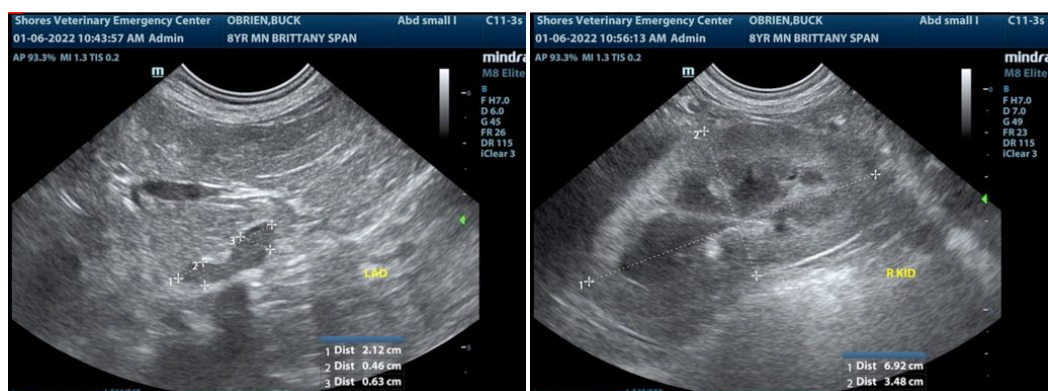
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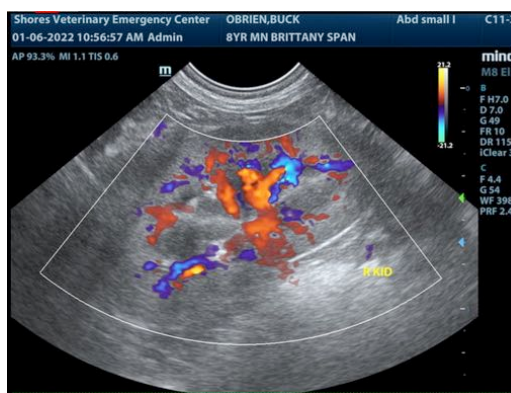
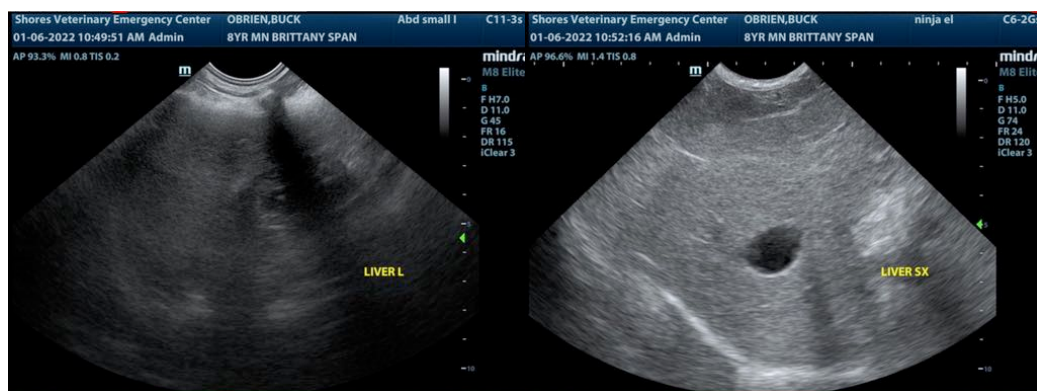
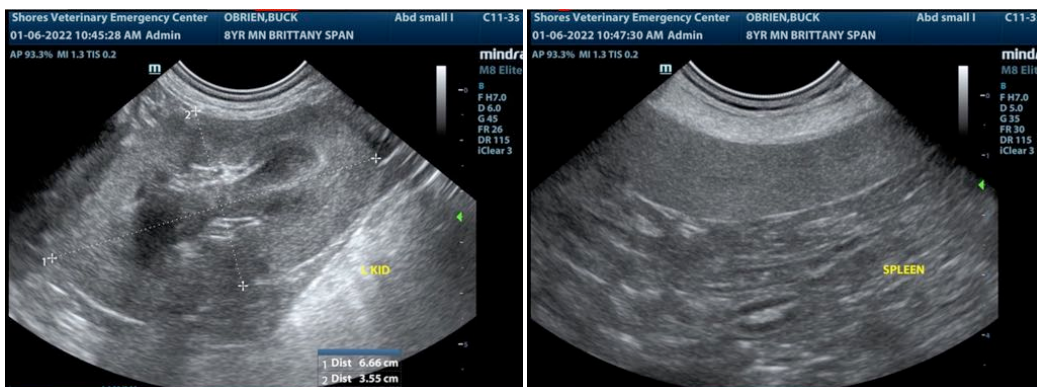
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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