



PATIENT PRESENTING CLINICAL SIGNS

Bella Hogan
Episode of bloody diarrhea 9/7, responded to medical therapy. Senior screen at that time was unremarkable. Has had intermittent vomiting since. Represented today with similar signs. Anorectic, diarrhea with blood.

SPECIES

Canine Abnormal PE/Chem/CBC/UA Results: Current Medications SQ fluids, Metronidazole, Cerenia

BREED

Mastiff

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Spayed Female

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

AGE

11 Years

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 3.31 cm. The left kidney measured 8.41 cm.

WEIGHT

128 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.28 cm x 0.58 cm at the cranial pole and 0.85 cm at the caudal pole. The right adrenal gland measured 2.64 cm x 1.49 cm at the cranial pole and 1.04 cm at the caudal pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

The **spleen** revealed slight microcystic change measuring 5.0 mm at the mid cranial body.

Liver

HOSPITAL NAME

Cottage Grove VC

The **liver** was significantly subnormal in size. Increased portal markings and hepatic remodeling noted. An anechoic cyst was noted in the left liver. The gallbladder presented minor polypoid changes.

REFERRING VET

Dr. Damewood

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.

INVOICE

42067

Pancreas

DATE

10/13/22

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.



PATIENT *Other*

Bella Hogan Rapid view of the heart revealed no evident pathology.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Splenic nodule or cyst, appears subjectively benign
- Microhepatica with remodeling
- Unremarkable abdomen otherwise

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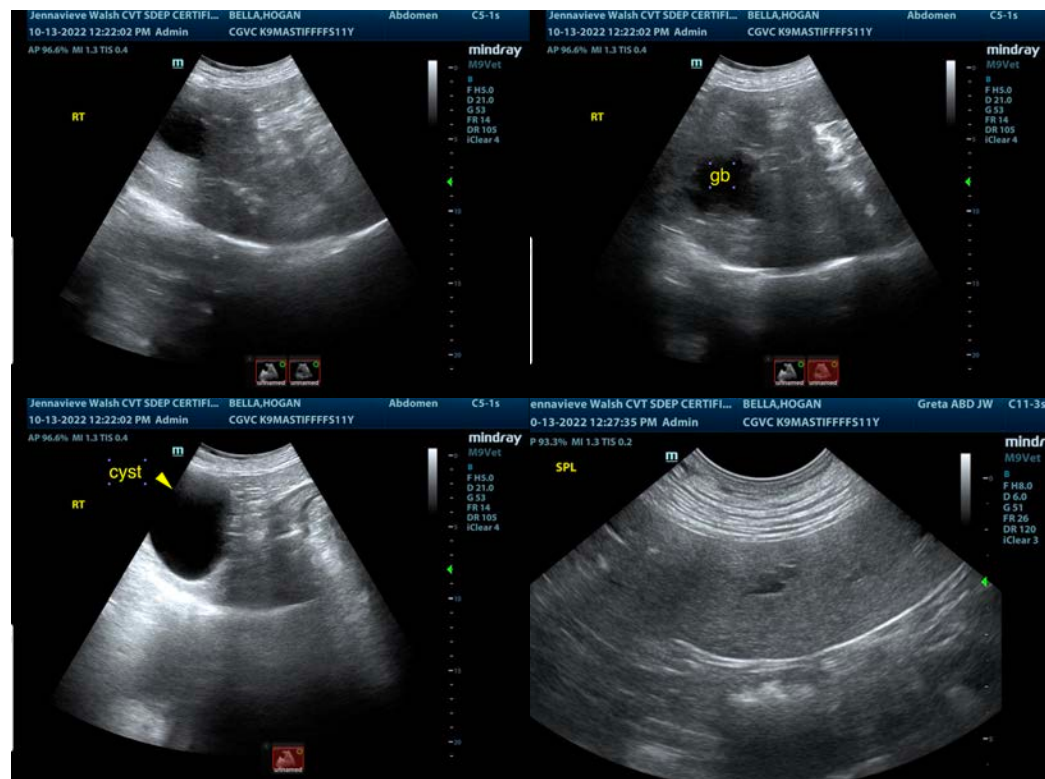
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile recommended to assess if any early hepatic dysfunction is an issue. GI protectant protocol, anti-parasitic protocol, and diet change all indicated. Hydrolyzed diet may be in this patient's best interest.





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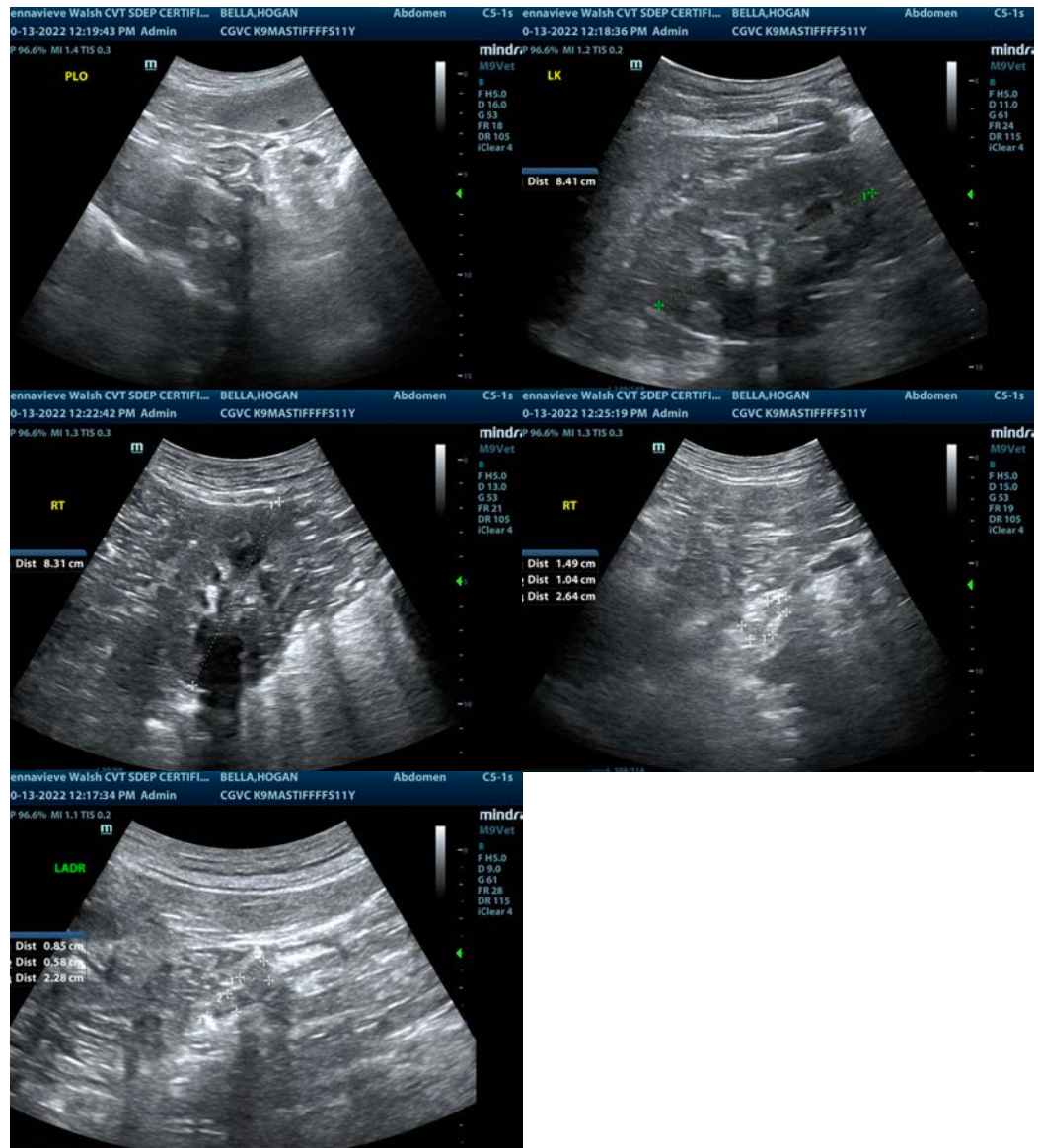
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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