



**PATIENT**

Frances Bradshaw

**SPECIES**

Canine

**BREED**

St. Bernard

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

92 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Couser

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Couser

**INVOICE**

17701

**DATE**

10/15/22

**PRESENTING CLINICAL SIGNS**

History: Over the last 3 days pt has not been able to keep food down, a week ago pt would randomly just vomiting, and yesterday just producing bile. The last full meal that pt ate and kept down was 3 days ago. They took to RDVM and took rads, and recommended coming here. All they did was radiographs at the RDVM No d/c/v. Pt urinating normally but a weird color, due to drinking normal. Pt has had increased panting and seems very uncomfortable and not herself. Pt is not likely to get into anything she is not supposed to, layed back and usually lays around and plays with housemates, not fish or bodys of water that can contain fish.

Abnormal PE/Chem/CBC/UA Results: No murmur auscultated, Clear lung sounds, mildly painful on palpation, Spleen does not appear torsed on US Vomiting/not eating-FB vs Mass effect, CBC: WBC (3.88), Neut (2.77), Lymph (0.72), Plt (145) Chem 17: Glu (121), Crea (1.3), BUN (10), ALT (48), ALP (37) EPOC: Ca (1.26), K (3.6), Na (150), Lac (1.02) UA: pH (9.0), Neg leu, Ket (+1), USG (1.050), WBC (<1/HPF), no bacteria present PT/PTT: WNL 12s/80s

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.1 cm. The right kidney measured 6.5 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** revealed generalized enlargement with uniform parenchyma. Cranial and caudal folding of the spleen was noted.

**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.

**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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**Pancreas**

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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.

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St. Bernard

**ULTRASONOGRAPHIC FINDINGS**

- Hypersplenism
- Adrenal glands were not visualized
- Structurally unremarkable abdomen otherwise

**SEX**

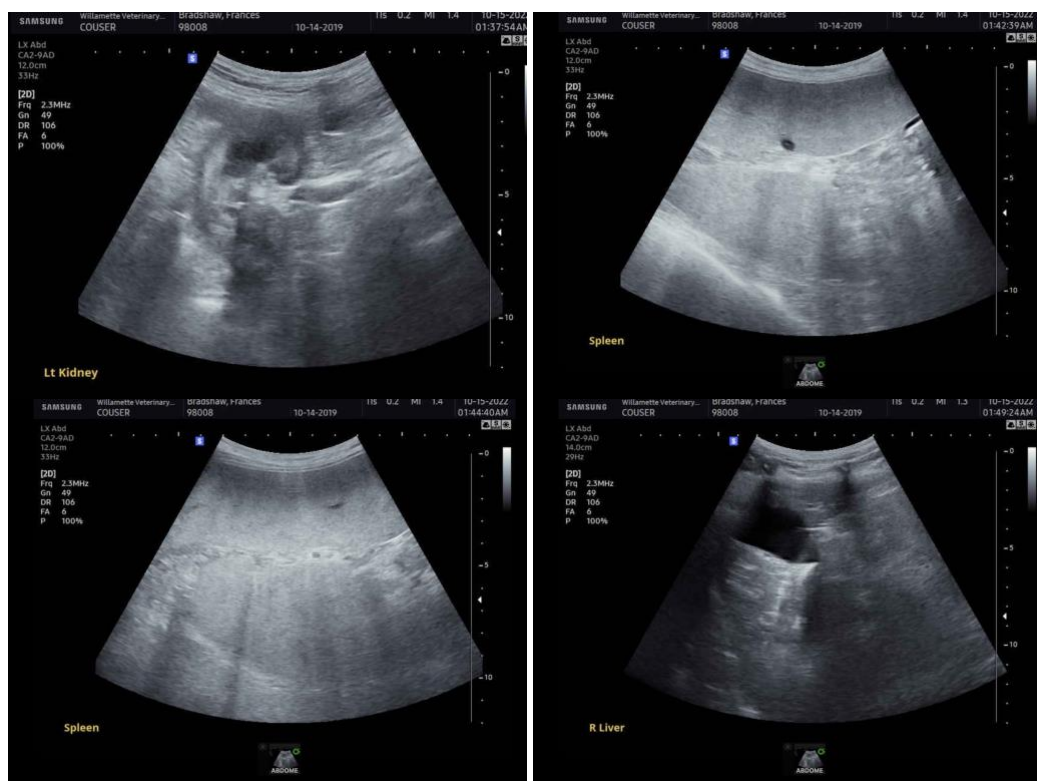
Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Manual palpation of the spleen is warranted to assess for discomfort. Proactive splenectomy may be in this patients best interest. FNA could be considered for further definition to ensure no emerging round cell neoplasia. Underlying infectious agents, such as tick-borne disease should be considered. Screening for Addisons is warranted with baseline cortisol or ACTH stimulation.

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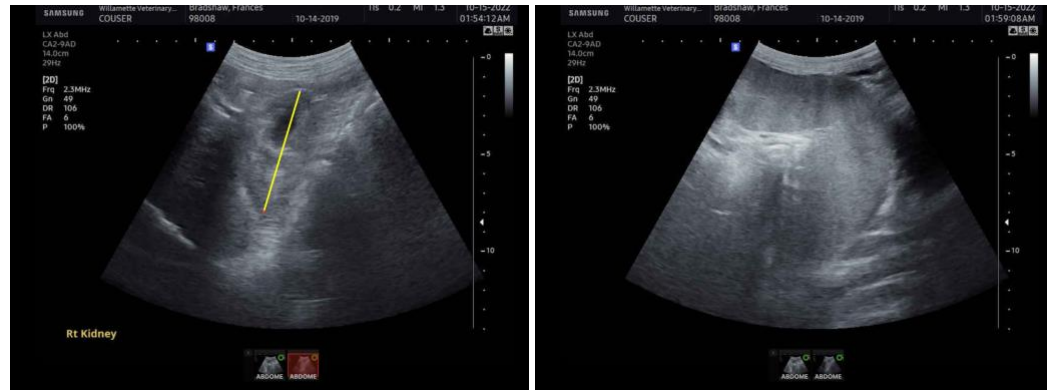
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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