



PATIENT

Tallulah Robinson

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

12 years

WEIGHT

15 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Woodside

HOSPITAL NAME

Sherwood Family Pet
Clinic

REFERRING VET

Dr. Schlimgen

INVOICE

92503

DATE

10/19/21

PRESENTING CLINICAL SIGNS

History: Diagnosed with pneumonia at emergency clinic on 10/18/21. Presented to SFPC on 10/19/21. Noted marked weight loss of 13.4# (29% of BW) since Feb 2021 (48# to 34.6#) Weight loss had started in June 2021, with 5# lost since Feb. Owner did not note change in appetite, or GI issues during the above time. Ultrasound to investigate causes for weight loss.

Abnormal PE/Chem/CBC/UA Results: BCS 3/9; 105.8 at ER, normal by afternoon 10/19; tachypnea, dyspnea; pale mm, dehydration; normal WBC/PMN count but toxic appearance of neutrophils; HCT 32%; ALP 318 (-212); Glob 4.6 (-4.5)

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 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 left kidney measured 5.73 cm. The right kidney measured 6.77 cm.

Adrenal Glands

Both **adrenal glands** appear slightly swollen, yet at the upper limits of normal in measurement. The left adrenal gland measured 0.73 cm. The right adrenal gland measured 0.76 cm.

Spleen

The **spleen** was hyperechoic with lipogranulomatous change noted in the mid body. The majority of the spleen was otherwise, unremarkable.

Liver

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.



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Gastrointestinal

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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.

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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.

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Free Abdomen

Transdiaphragmatic view revealed comet tail lung pattern or B lines through the diaphragm. Chest radiographs are warranted to assess for alveolar disease.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

15 kg

Mild bilateral adrenal hypertrophy.
Swollen liver.

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Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of weight loss is unclear. If lung consolidations are available for ultrasound-guided FNA then I recommend FNA of any lung lesions to assess for neoplasia versus pneumonia depending upon radiographic findings. FNA of the liver can be considered for further definition, yet subjectively appears unremarkable. Bilateral adrenal hypertrophy may be incidental or possible related to emerging PDH/Cushing's if the patient is Cushingoid. Eventual work-up for Cushing's is warranted after this immediate episode has been resolved. .

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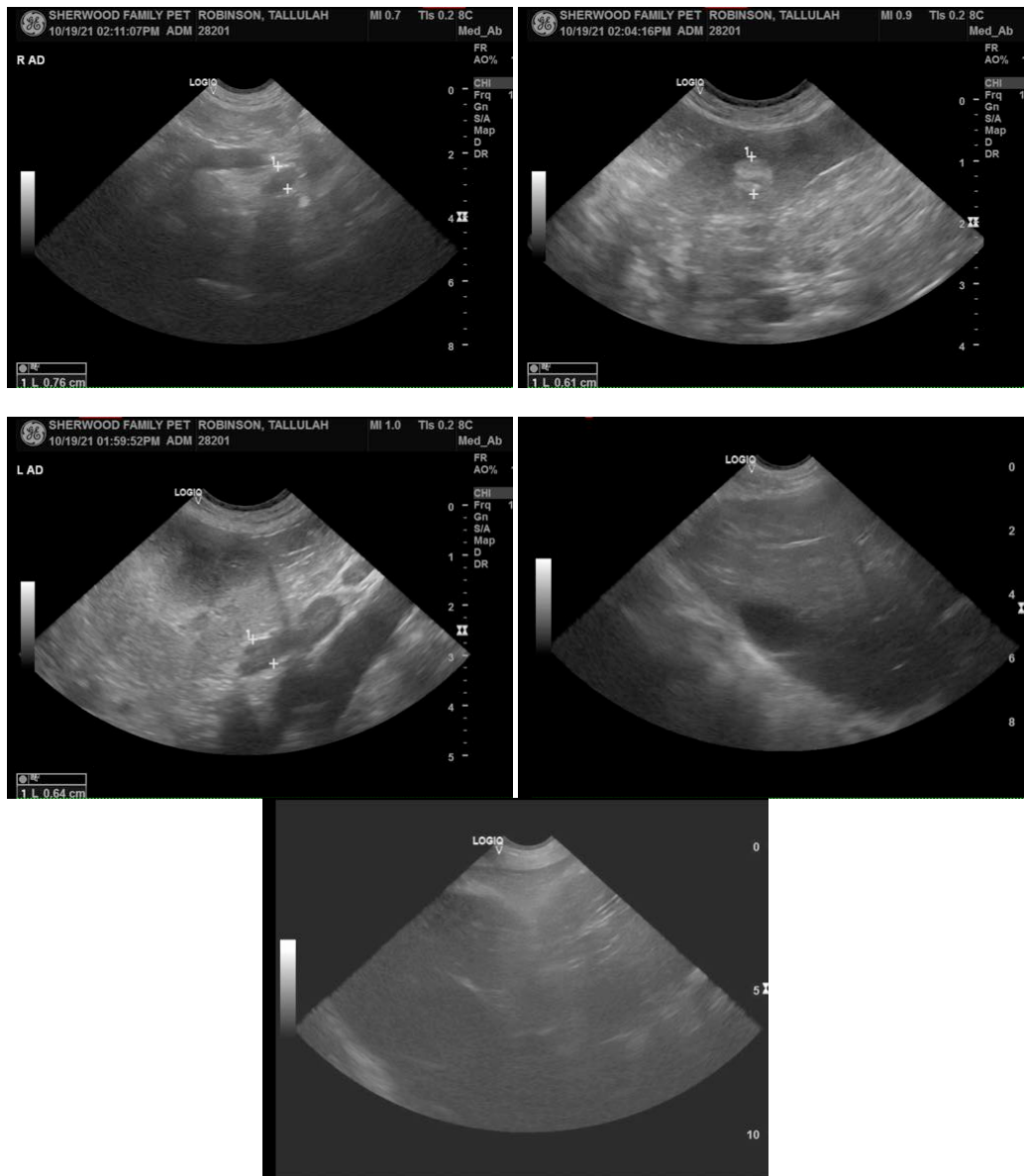
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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