

PATIENT

Foxy Miklasheusky

SPECIES

Canine

BREED

Pointer Mix

SEX

Spayed Female

AGE

3 years

WEIGHT

46.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Murphy

INVOICE

13980

DATE

10/22/21

PRESENTING CLINICAL SIGNS

History: F.U.O. Current meds: IVFs, Doxycycline, Rimadyl, Gabapentin, Unasyn.
Abnormal PE/Chem/CBC/UA Results: WBC 31.45, neuts. 27.96, monos 1.29, glob. 5.1, tick panel negative. U/A pending.

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 **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 right kidney measured 6.24 cm. The left kidney measured 7.48 cm.

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 2.26 cm x 0.4 cm at the caudal pole and 0.51 cm at the cranial pole.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

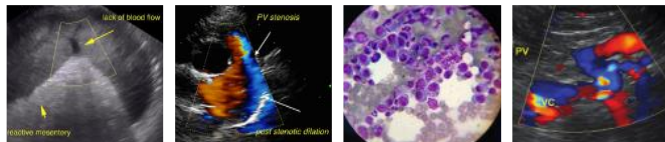
The **spleen** was mildly enlarged with granular mixed echogenic micronodular changes.

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

The **stomach** was filled with ingesta, some of which was shadowing consistent with postprandial presentation. If the patient was NPO at the time of the sonogram then delayed outflow would be appropriate. The mid to distal small intestine revealed progressively shadowing material. Dilated small



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intestine followed by empty small intestine consistent with an obstructive pattern. Soft stool was noted in the colon.

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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

An iliac **lymph node** was reactive, measuring 2.66 cm x 1.1 cm.

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ULTRASONOGRAPHIC FINDINGS

- Obstructive intestinal pattern
- Splenomegaly
- Reactive iliac lymph nodes

AGE

3 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

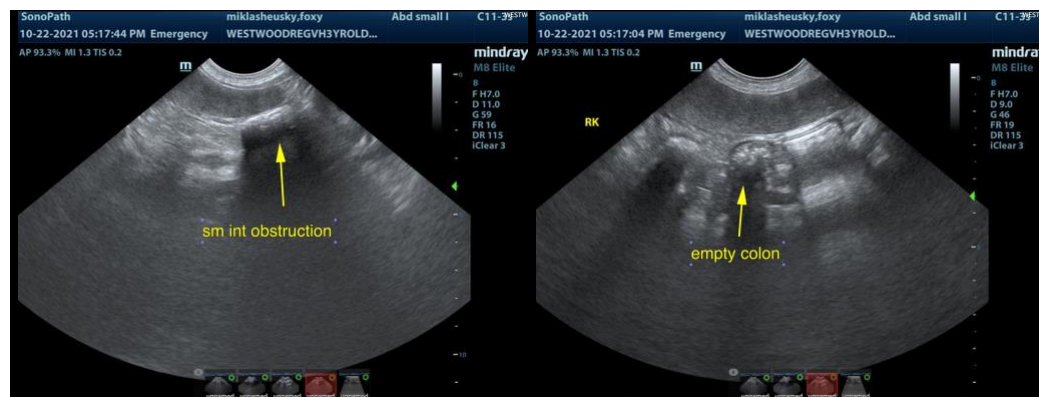
Exploratory surgery recommended in this patient to liberate the intestinal obstructive pattern +/- remove the spleen. The spleen is likely benign, however, does appear somewhat precarious from a sonographic standpoint-biopsies indicated. Iliac lymph node biopsies and culture would be ideal at the time of surgery.

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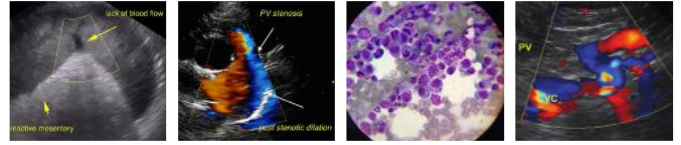


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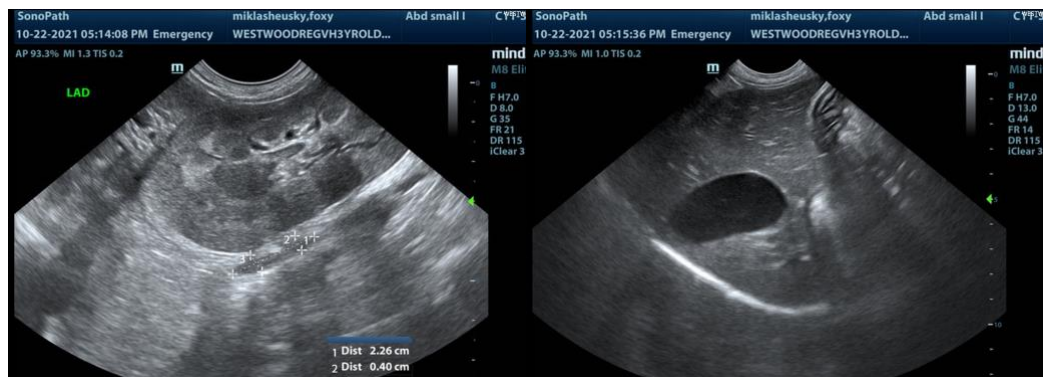
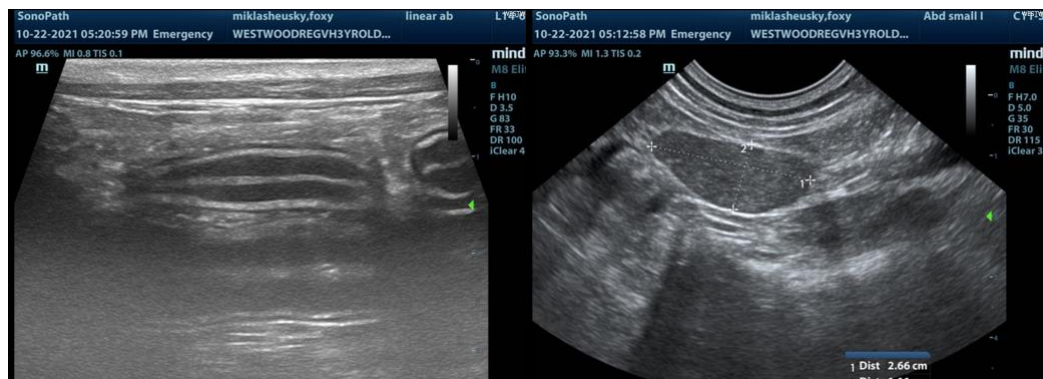
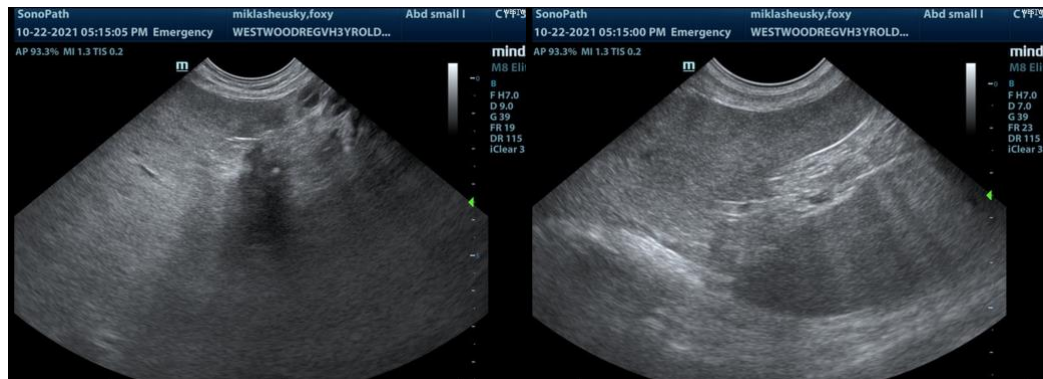
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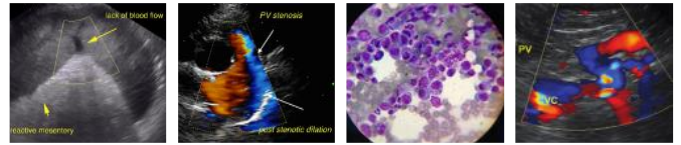
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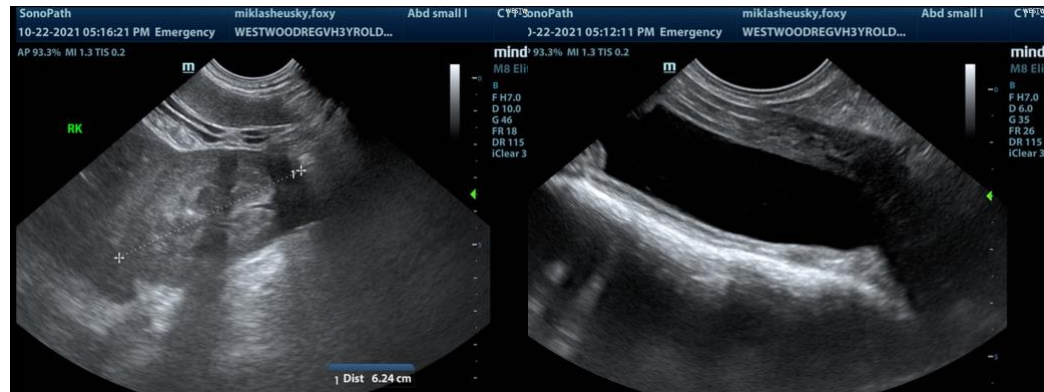
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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