



**PATIENT PRESENTING CLINICAL SIGNS**

Dixie Kupka

**SPECIES**

Canine

**BREED**

Beagle Mix

**SEX**

Spayed female

**AGE**

7 years

**WEIGHT**

27.7 lbs

History: PRESENTED FOR: Annual wellness Spleen appears course on routine senior abdominal ultrasound scan. REPORTED SYMPTOM: None VITALS: 27.7 pounds Temperature: 102.2 (normal range is 99.5 F- 102.0 F) Heart Rate: 128 bpm (normal is 70-80) Respiratory Rate: 24 bpm (normal is 15-25) Mucous Membrane Color: pink Capillary Refill Time: <2 seconds CURRENT MEDICATIONS: Heartworm prevention EXAM FINDINGS: NSF LAB RESULTS: Intestinal Parasite Screen (Fecal Float) reveals no evidence of intestinal parasites. Heartworm, Lyme disease, and Anaplasma disease tests do not show evidence of infection. The Ehrlichia was positive on 4DX Snap Test (detects E. canis/E. ewingii). CBC and manual slide evaluation results reveal a lymphopenia. Chemistry panel reveals low phosphorus, BUN at the low end of normal. Urinalysis results reveal uro 2, pH 7.0, and Specific Gravity: 1.001, indicating dilute urine. ASSESSMENT AND PLAN: Tick Borne Pathogen Panel rtPCR Group test was submitted. PRESENTED FOR: Annual wellness Spleen appears course on routine senior abdominal ultrasound scan. REPORTED SYMPTOM: None VITALS: 27.7 pounds Temperature: 102.2 (normal range is 99.5 F- 102.0 F) Heart Rate: 128 bpm (normal is 70-80) Respiratory Rate: 24 bpm (normal is 15-25) Mucous Membrane Color: pink Capillary Refill Time: <2 seconds CURRENT MEDICATIONS: Heartworm prevention EXAM FINDINGS: NSF LAB RESULTS: Intestinal Parasite Screen (Fecal Float) reveals no evidence of intestinal parasites. Heartworm, Lyme disease, and Anaplasma disease tests do not show evidence of infection. The Ehrlichia was positive on 4DX Snap Test (detects E. canis/E. ewingii). CBC and manual slide evaluation results reveal a lymphopenia. Chemistry panel reveals low phosphorus, BUN at the low end of normal. Urinalysis results reveal uro 2, pH 7.0, and Specific Gravity: 1.001, indicating dilute urine. ASSESSMENT AND PLAN: Tick Borne Pathogen Panel rtPCR Group test was submitted.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The **urinary bladder** revealed minor micropolypoid changes at the apex. Otherwise, the urine was anechoic. The bladder wall was unremarkable. The cystourethral junction was unremarkable. The urethra was not visualized.

**IMAGING PERFORMED BY**

Dr. Rupley

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 5.68 cm. The left kidney measured 4.4 cm.

**HOSPITAL NAME**

All Pets Medical Center

**Adrenal Glands**

**REFERRING VET**

Dr. Rupley

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 0.58 cm. The right adrenal gland was not visualized.

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**Spleen**

**DATE**

10/25/22

The **spleen** revealed a hypoechoic nodule that measured 0.5 cm.



**PATIENT**

**Liver**

Dixie Kupka

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**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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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**ULTRASONOGRAPHIC FINDINGS**

Polypoid bladder changes.  
Slight splenic nodule, not likely pathological.  
Otherwise, unremarkable abdomen.

**IMAGING PERFORMED BY**

Dr. Rupley

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

All Pets Medical Center

Partial water deprivation test could be considered in this patient to assess the ability to concentrate, yet structurally the abdomen appears unremarkable.

**REFERRING VET**

Dr. Rupley

Internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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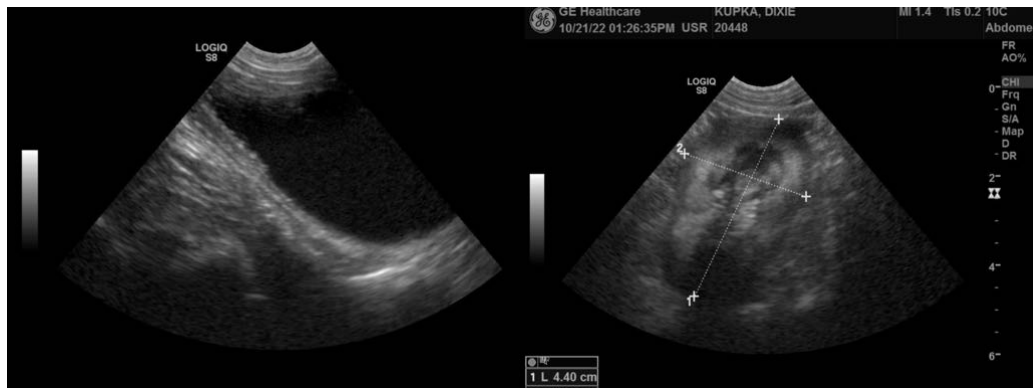
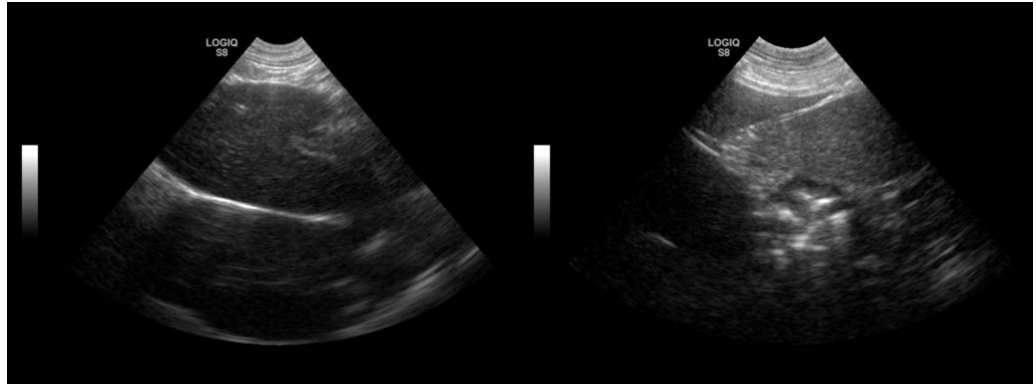
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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  
info@SonoPath.com