



PATIENT

Tess Morse

SPECIES

Canine

BREED

Australian Shep

SEX

Spayed Female

AGE

13 Years

WEIGHT

30 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nicole Gotfredson

HOSPITAL NAME

Buffalo Vet Clinic

REFERRING VET

Dr. Teresa Bessler

INVOICE

41857

DATE

10/6/22

PRESENTING CLINICAL SIGNS

Vomiting for one week, not eating, lethargic, little stool with a reddish black, vomiting up flecks of blood as well.

Abnormal PE/Chem/CBC/UA Results: CPLI-normal, CBC/Chem=wnl

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 kidneys measured approximately 4.0 cm each.

Adrenal Glands

The **left adrenal gland** was visualized obliquely, measuring 0.50 cm.

The region of the **right adrenal gland** was imaged, no evident pathology.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** presented coarse architecture and mild increased portal markings. The gallbladder wall was slightly thickened.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed hyperperistalsis and mucosal fogging. Enhanced mesentery and surrounding hyperechoic fat noted. Fluid-filled gastric lumen/retention of ingesta. Some portions of the small intestine revealed loss of mural detail. Variable portions of intestine were more thickened than others.

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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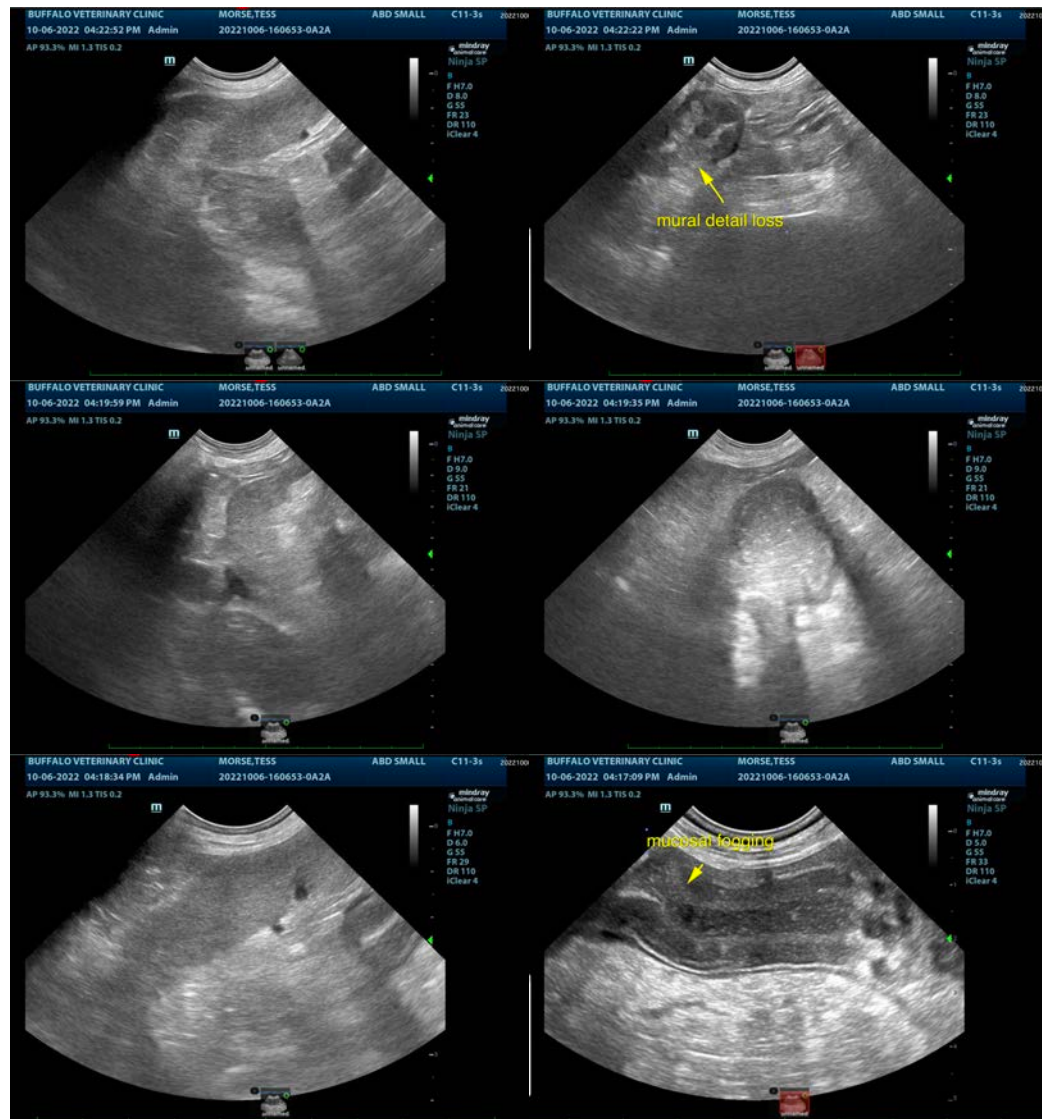
10/6/22

ULTRASONOGRAPHIC FINDINGS

- Variable intestinal thickening with reactive mesentery and mucosal fogging – lymphangiectasia suspected, potential for emerging round cell neoplasia.
- Minor hepatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy or full thickness GI biopsies would be ideal in this patient. GI protectant protocol, plasma expansion, broad-spectrum antibiotics, and recheck sonogram in 48-72 hours indicated. There is a possibility of emerging intestinal necrosis. Enterotoxins, parasitic disease are also potentials. If the patient is significantly painful in the cranial abdomen, then bowel infarction is a remote potential as well. No overt neoplastic criteria noted in the intestinal tract. However, some areas are beginning to lose mural detail and should be monitored carefully.





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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.

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Canine

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

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