



PATIENT

Cooper Nolan

SPECIES

Canine

BREED

Aussie-Doodle

SEX

Male

AGE

2 Years

WEIGHT

12.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Susan Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Susan Lincoski

INVOICE

41891

DATE

10/7/22

PRESENTING CLINICAL SIGNS

Acute vomit (yesterday) painful abdomen, not eating or drinking. No known toxin except ate a stinkbug and had Simparica trio much earlier that day (with no previous issues). Owner reports no diarrhea, no stool since this started. UTD on vaccines but no leptos vaccination has been done.

Abnormal PE/Chem/CBC/UA Results: ALT=747, GGT=15. K+=3.1, HCT=60.1 Decreased gut sounds, painful and tense cranial abdomen.

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 3.0 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. Slight pinpoint mineralizations noted in the right kidney. The right kidney measured 3.3 cm. The left kidney measured 4.33 cm.

Adrenal Glands

Both **adrenal glands** were 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 1.16 cm x 0.33 cm. The right adrenal gland measured 1.03 cm x 0.53 cm.

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



PATIENT

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

BREED

Aussie-Doodle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute hepatic insult. Structurally normal liver at this point. However, if continual inflammation maintains, then further progressive degenerative changes may occur. Leptospirosis (if endemic in your region) should be considered. FNA of the liver indicated for further definition. Supportive care should prove effective. IV Ampicillin, 24 hour NPO, GI protectants, plasma expanders all indicated as well as nutraceuticals. Further treatment based on FNA results.

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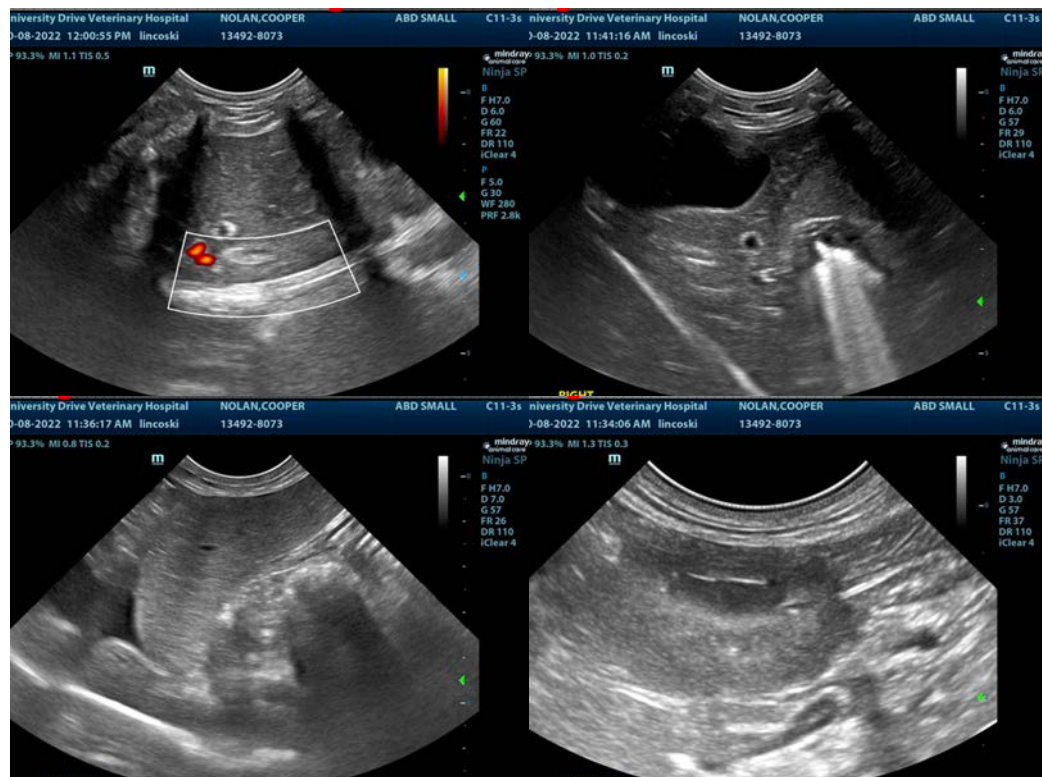
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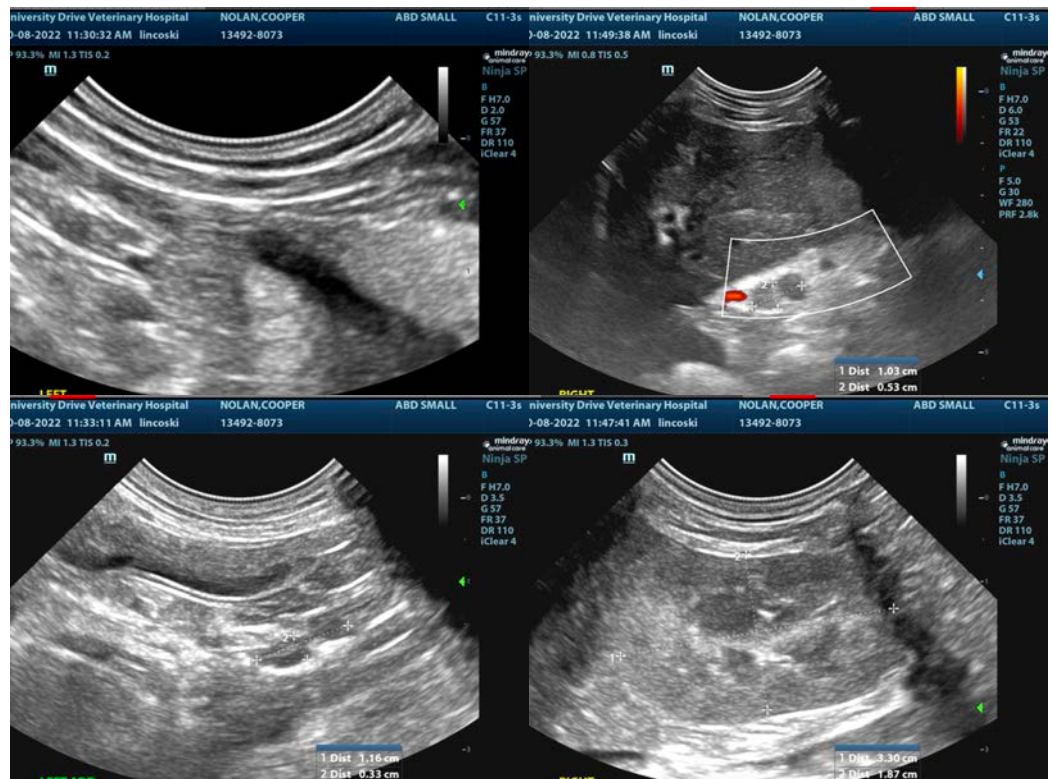
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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