



PATIENT

Lilly Bartlett

SPECIES

Canine

BREED

Miniature Poodle
Cross

SEX

Intact Female

AGE

9 years

WEIGHT

5.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Slenbaker

INVOICE

39972

DATE

10/7/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for lethargy, bloody diarrhea, anorexia. Last time ate was about 3 days ago. straight bloody diarrhea. Previous Health Concerns: none Current Medications: none
Abnormal PE/Chem/CBC/UA Results: MM/CRT: pale Abdominal: no obvious masses palpated, liquid feces in GI, pain on palpation Bloodwork-stress leukogram (neutrophilia, lymphopenia), anemia, thrombocytopenia, azotemia, hyperphosphatemia, hyperglobulinemia, hyperglycemia, elevated TBIL, elevated amylase, elevated lipase, Radiographs-empty stomach, subjectively inflamed SI, round unknown opacity in cranial ventral abdomen (unable to be identified on VD)

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 uterus was slightly thickened with a minor amount of luminal fluid and measured up to 1.0 cm. The uterus in this patient revealed a tubular, echogenic tissue mass that measured approximately 3.0 cm x 8.0 cm and appeared to be deriving from the left uterine horn.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. There was loss of corticomedullary definition. Hyperechoic medullary rim sign was noted. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 4.04 cm. The left kidney measured 3.84 cm. Blood flow to the kidneys appeared to be adequate.

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 0.6 cm in width. The right adrenal gland measured 0.5 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 was 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



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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

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The **gastric** wall is significantly thickened up to 1.5 cm with loss of mural detail. Echogenic mural remodeling was noted. The gastric thickening appeared to be in the fundus and pyloric outflow. Regional inflammation was noted and extended to the pancreas. The small intestine and colon were unremarkable. Occasional renal cyst was noted, yet not pathological.

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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

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Uterine mass, possibly benign.

Moderate to severe gastritis pattern with regional inflammation. Possibility of underlying gastric neoplasia.

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

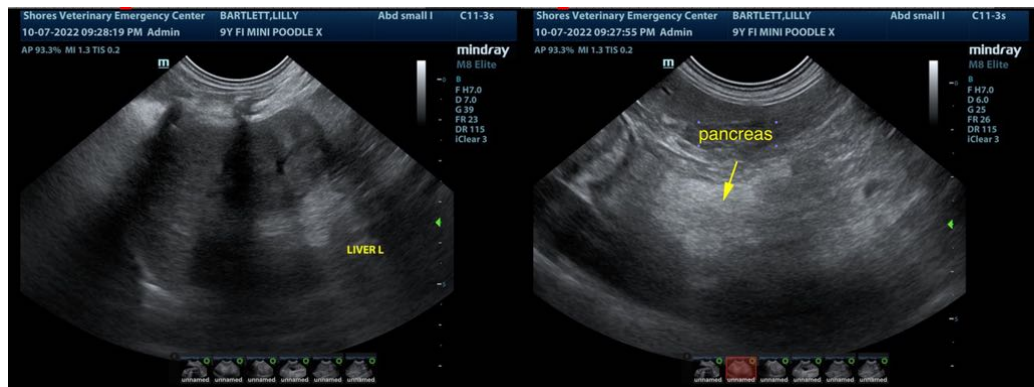
I recommend exploratory surgery with ovariohysterectomy and gastric biopsies in the pyloric antrum and gastric fundus.

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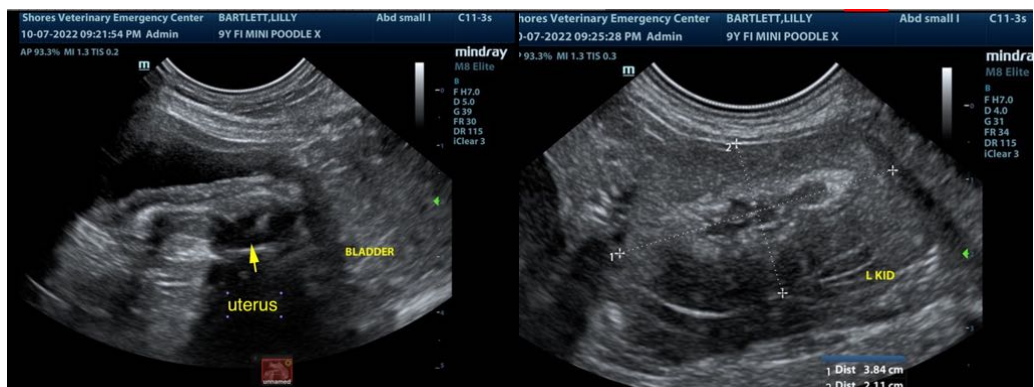
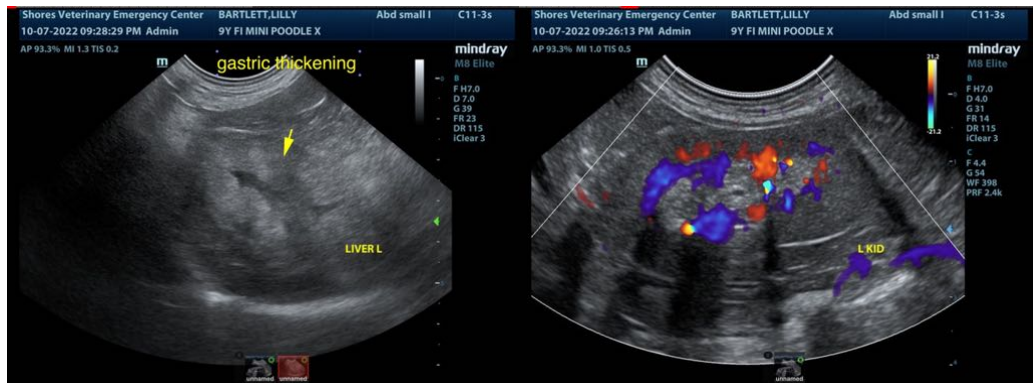
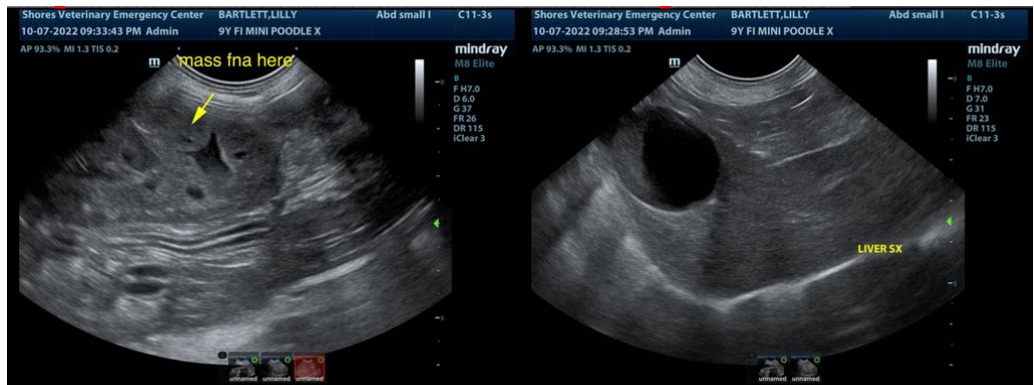
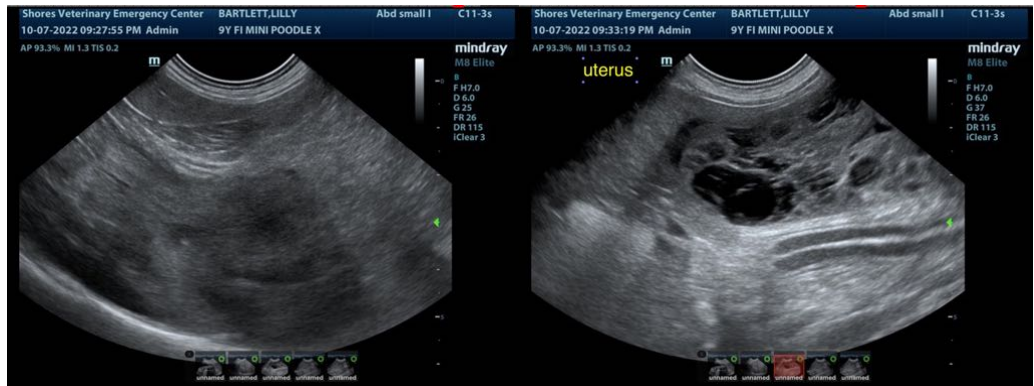
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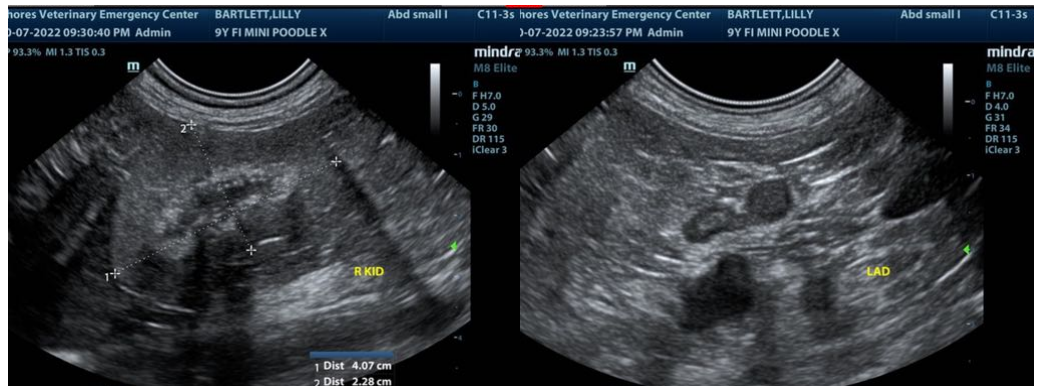
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com