



**PATIENT**

Lucy Bruckart

**SPECIES**

Canine

**BREED**

Blue Tick Coonhound

**SEX**

Spayed female

**AGE**

5 years

**WEIGHT**

75.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Lincoski

**HOSPITAL NAME**

University Drive VH

**REFERRING VET**

Dr. Lincoski

**INVOICE**

42674

**DATE**

11/22/22

**PRESENTING CLINICAL SIGNS**

History: t= 101.5 WEIGHT STABLE (dog was very wiggly so may not have been that low). Patient presents for similar c/s to last month's vomiting/diarrhea issues. She was noted to have clostridia, and was sent home with cerenia, metronidazole/proviable. Owner has been giving omeprazole daily since last month too. PE: Pink mm, tacky. H/L ausculted normally. Abdomen - soft/ non painful, good gut noises heard. PL: Unsure if vomiting/restlessness/diarrhea is a separate episode or something else is underlying (ie IBD etc). Keeping dog here to sedate with dexdomitor / butorphanol IM for u/s to get more information. Will draw blood for GI panel while sedated - may need to send to VID because not fasted. Will treat symptomatically with Cerenia SQ, metronidazole 500mg 1 tablet BID x 5 days and proviable combo kit. Owner to continue with homemade chicken/rice. Will call with u/s results and go from there.

Abnormal PE/Chem/CBC/UA Results: Bloodwork done 10/25 were: hemoconcentration, mild elevation of amylase, lymphopenia. 4dx was negative. Radiographs of thorax and abdomen at that time all 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 was noted. Ureteral papillae were normal.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.5 cm. The left kidney measured 8.0 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 0.55 cm. The right adrenal gland measured 0.5 cm.

**Spleen**

The **spleen** revealed minor, heterogenous parenchymal changes, yet there was no disruption of architecture.

**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 was mildly over distended with



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suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

**BREED**

Blue Tick Coonhound

**Pancreas**

**SEX**

The right limb of the **pancreas** revealed mixed, hypoechoic parenchymal changes.

Spayed female

**AGE**

**ULTRASONOGRAPHIC FINDINGS**

5 years

Mild, non-specific gastroenteritis pattern.

Minor, heterogenous right pancreatic limb.

**WEIGHT**

Otherwise, unremarkable abdomen.

75.2 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Broad spectrum anti-parasitic protocol and diet change is recommended. Diet change to hydrolyzed diet may be in this patient's best interest.

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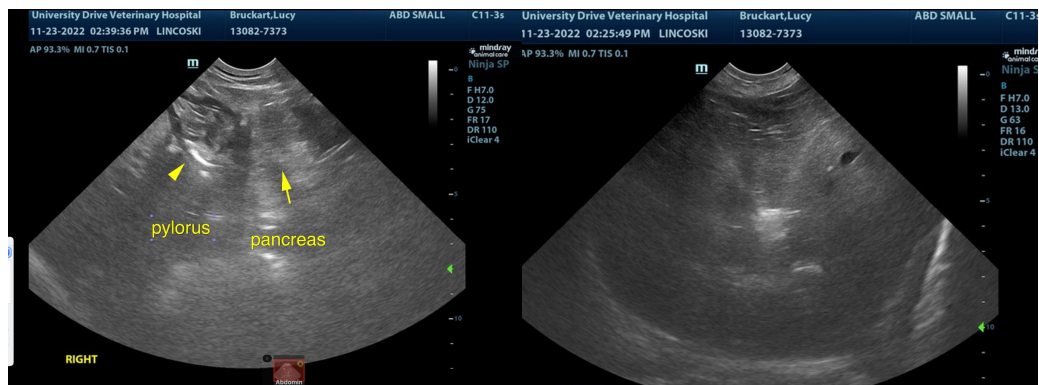
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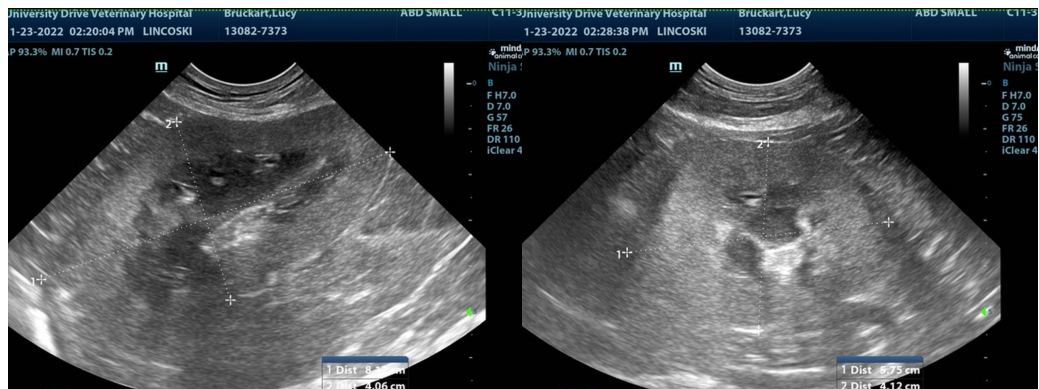
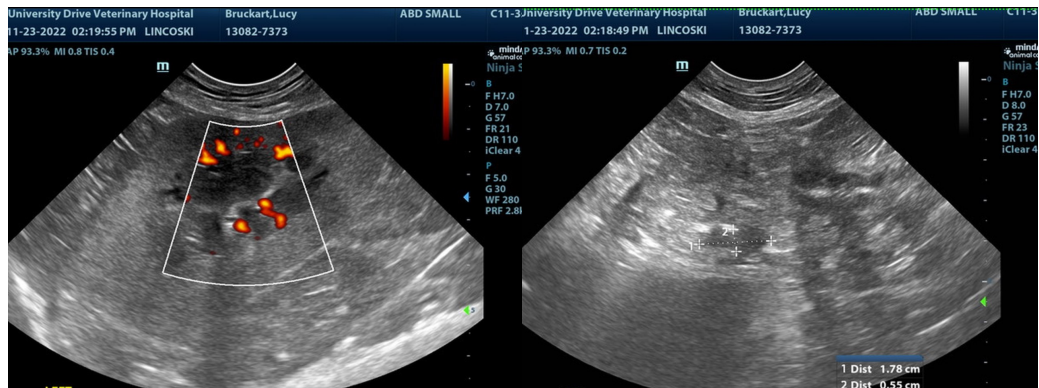
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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