



PATIENT

Chanel McBairty

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Spayed female

AGE

12 years

WEIGHT

8.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Moon

HOSPITAL NAME

Shiloh VH

REFERRING VET

Dr. Owings

INVOICE

42696

DATE

11/23/22

PRESENTING CLINICAL SIGNS

History: Diarrhea with darkened stool consistent for 7 days, decreased appetite, no vomiting. P had similar episode in June and January of this year, but those did not last as long. P had eaten very little until this morning, when after 2 q12h doses of omeprazole she ate a bit of turkey and rice. Also currently on sucralfate, cerenia, and metronidazole P had lost 1 lb in 6 days (9.1lbs to 8.2 lbs)
Abnormal PE/Chem/CBC/UA Results: 11/17- CBC/Chem normal, cPL normal 11/23 (today)- U/A USG >1.050

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 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 left kidney measured 3.4 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 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 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 **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropy" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. There was retention of ingesta or possible soft foreign matter that measured approximately 3.0 cm.

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There are areas of spastic small intestine noted. There are areas of mucosal fogging noted. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Variable gastrointestinal thickening, likely inflammatory bowel.

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Retention of ingesta or possible soft foreign matter.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

This is consistent with inflammatory bowel. If the patient was not n.p.o. then a recheck of the pyloric outflow at n.p.o. status is indicated. Purina HA or Royal Canin HP diet or similar is warranted. Albumin level should be monitored in this patient.

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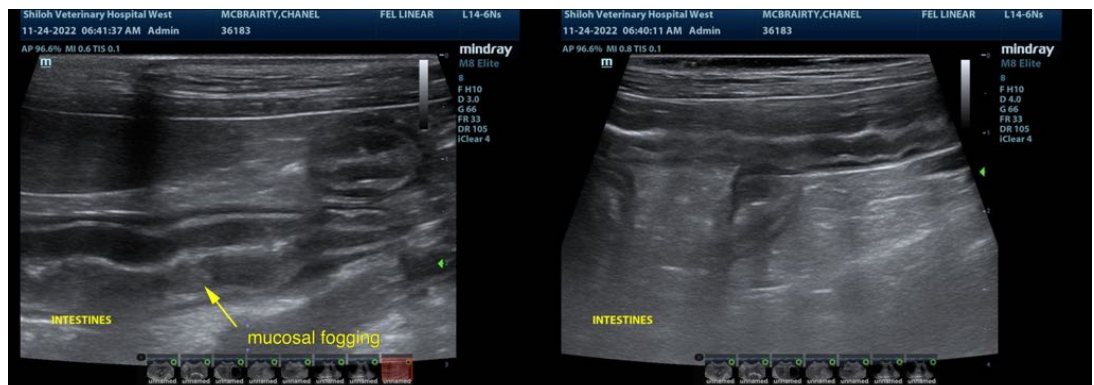
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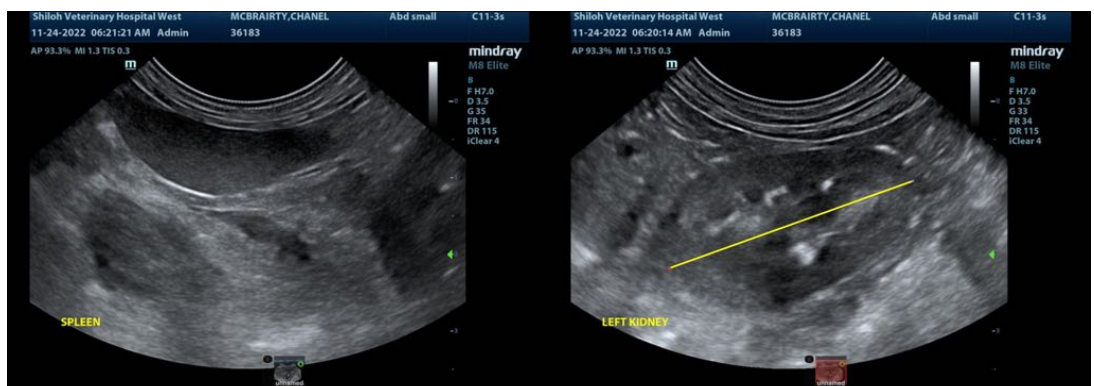
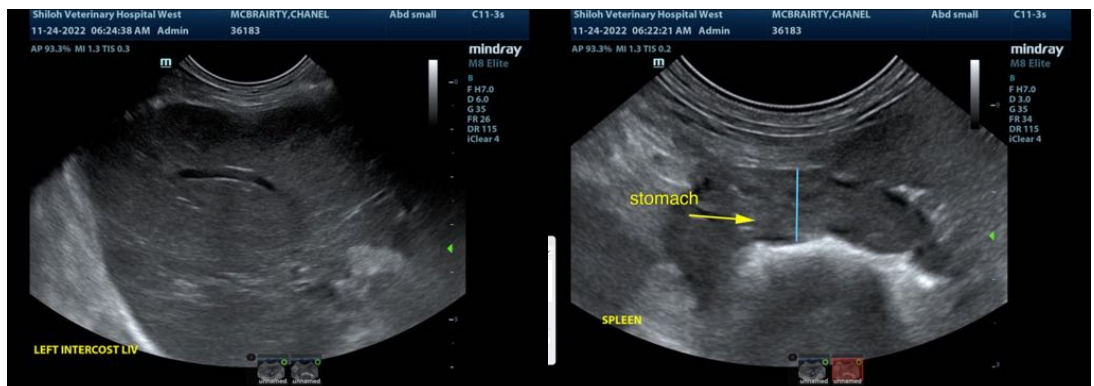
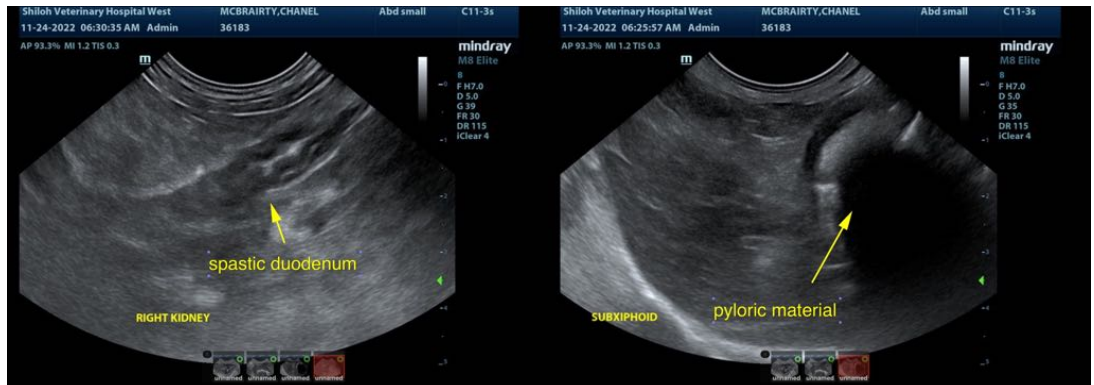
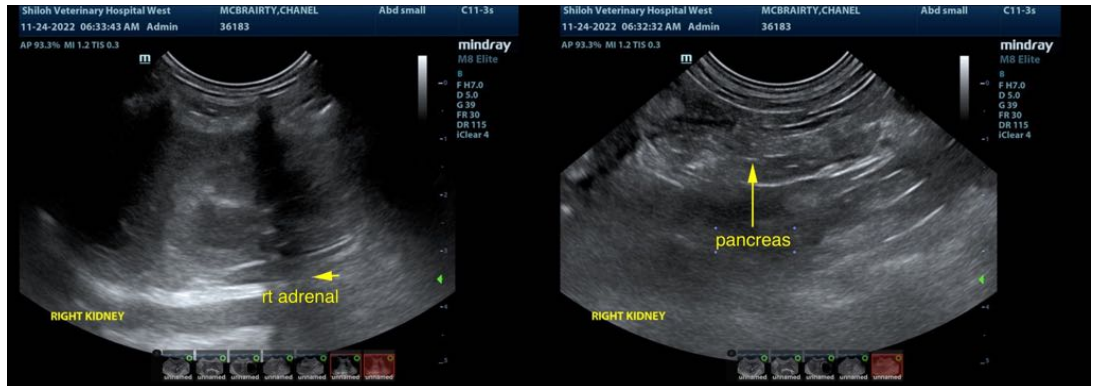
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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