



PATIENT

Romi Boizard

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

6 Years 7 Months

WEIGHT

41.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Donna Markland, DVM

HOSPITAL NAME

Island Mobile Paws VS

REFERRING VET

Saltspring VS

INVOICE

94159

DATE

11/29/21

PRESENTING CLINICAL SIGNS

History: Weight loss with periodic lethargy. Polydipsic, but not >100 mL/kg. Normal appetite. Unremarkable physical exam. CBC normal. Mildly increased ALT and Lipase.

Abnormal PE/Chem/CBC/UA Results: November 26: Lipase-1924 (200-1800) ALT=129 (10-125)

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 **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 right kidney measured 6.3 cm. The left kidney measured 7.58 cm.

Adrenal Glands

The left **adrenal gland** was 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 2.42 x 0.53 cm. The region of the right adrenal gland was unremarkable.

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.



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Gastrointestinal and Pancreas

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The right limb of the **pancreas** revealed approximately 5.0 x 3.0 cm region of pancreatic and mesenteric remodeling associated with portions of small intestine that were mildly thickened. There was no loss of detail and no obvious evidence of neoplasia or penetrating foreign body, yet I cannot completely rule this out.

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ULTRASONOGRAPHIC FINDINGS

- Steatitis/enteritis pattern with mild intestinal thickening. Degree of active inflammation is unclear.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

It is likely that this patient underwent an enteritis episode with secondary steatitis. The degree of inflammation around the mesentery is unclear. Deep mid abdominal palpation is recommended to assess for any discomfort. I recommend maintaining this patient on antibiotics over the next 10-14 days such as Enrofloxacin and Metronidazole combination. A recheck sonogram is recommended at that time or earlier if clinical signs initiate. At times early carcinomatosis, lymphomatosis can present in this fashion. However, there was no structural evidence of neoplasia elsewhere.

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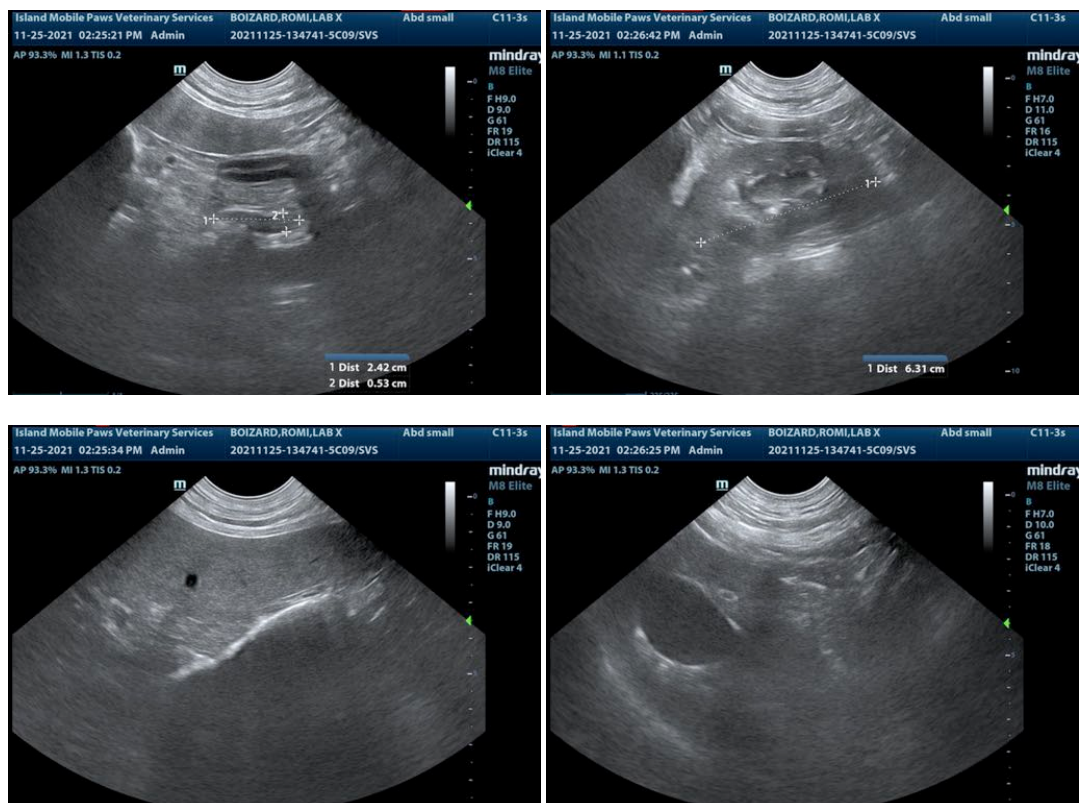
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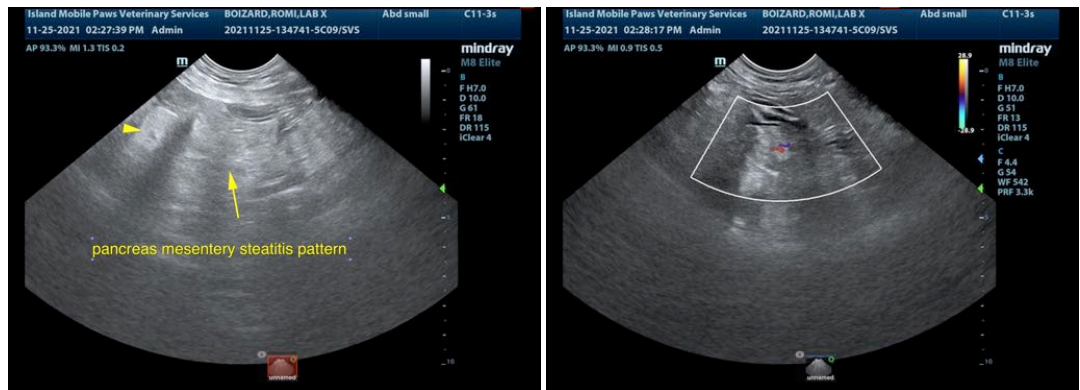
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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