

**PATIENT**

Costa Beedy 24813B

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Spayed Female

**AGE**

6 Years 5 Months

**WEIGHT**

28.5 kg

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Vet  
Specialists – Dr.  
Daggett**INVOICE**

42607

**DATE**

11/7/22

**PRESENTING CLINICAL SIGNS**

Costa presented to the MVS Emergency Service on Nov 07, 2022, at 7:20am, for evaluation of painful abdomen. Saturday, Costa was offered breakfast and declined, but eventually ate it a few hours later. Sunday, Costa was not herself but not as bad as Saturday according to owners. This morning when Costa was let outside, she laid down immediately. Owners also noticed a distended abdomen. Costa was not interested in food this morning.

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs- Diffusely filled descending colon with fecal-like material, suspected gas opacity within the ascending colon but cannot rule out small intestines

**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 measures 7.04 cm. The left kidney measures 6.84 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 0.52 cm at the cranial pole and 0.59 cm at the caudal pole. The left adrenal gland measures 0.35 cm at the caudal pole and 0.55 cm at the cranial pole.

**Spleen**

The **spleen** was mildly enlarged (normal for this breed) and folded upon itself caudally, uniform parenchyma.

**Liver**

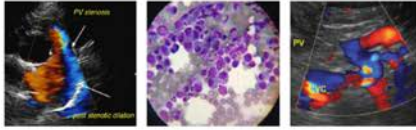
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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. Minor gastric gas noted yet no evidence of luminal material. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted.

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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.

**Free Abdomen**

Trace amount of ascites noted.

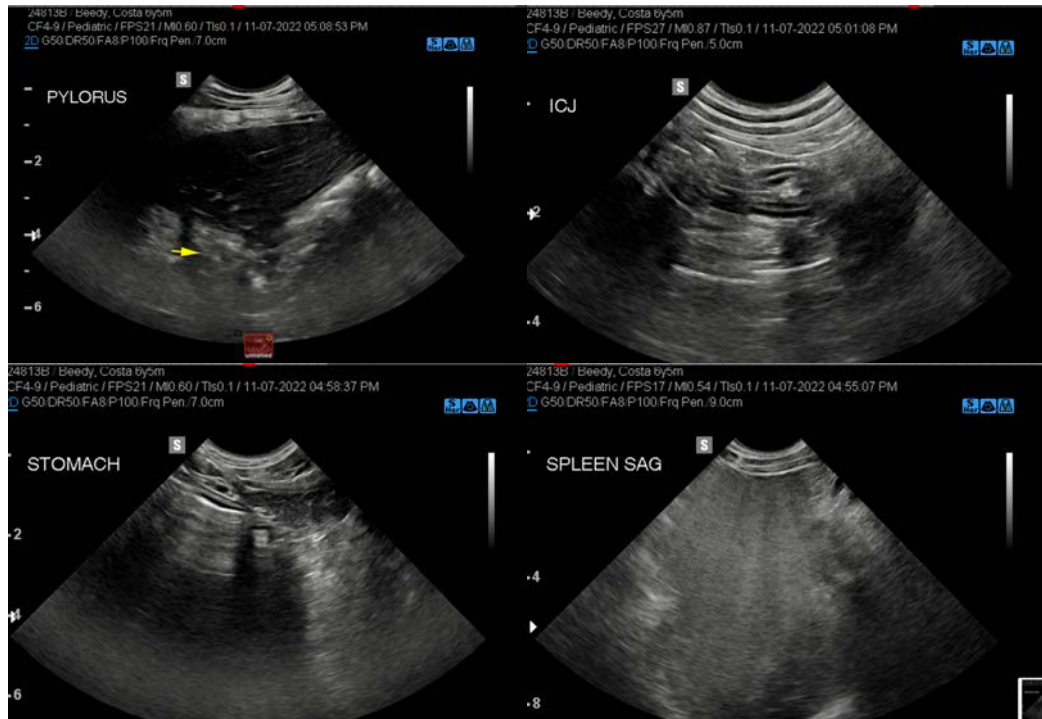
Slight mesenteric lymph node enlargement noted up to 1.5 cm, reactive.

**ULTRASONOGRAPHIC FINDINGS**

- Minor reactive mesenteric lymph nodes – not clinically significant.
- Slight effusion – exact cause is unclear.
- Mildly enlarged spleen (normal for this breed)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care should prove effective. There is no evidence of obstructive disease. If albumin levels are <1.5, then the ascites may be owing to protein losing disease, yet structurally the remainder of the abdomen is unremarkable. Recheck sonogram in 48-72 hours if the patient is not responding to supportive care.



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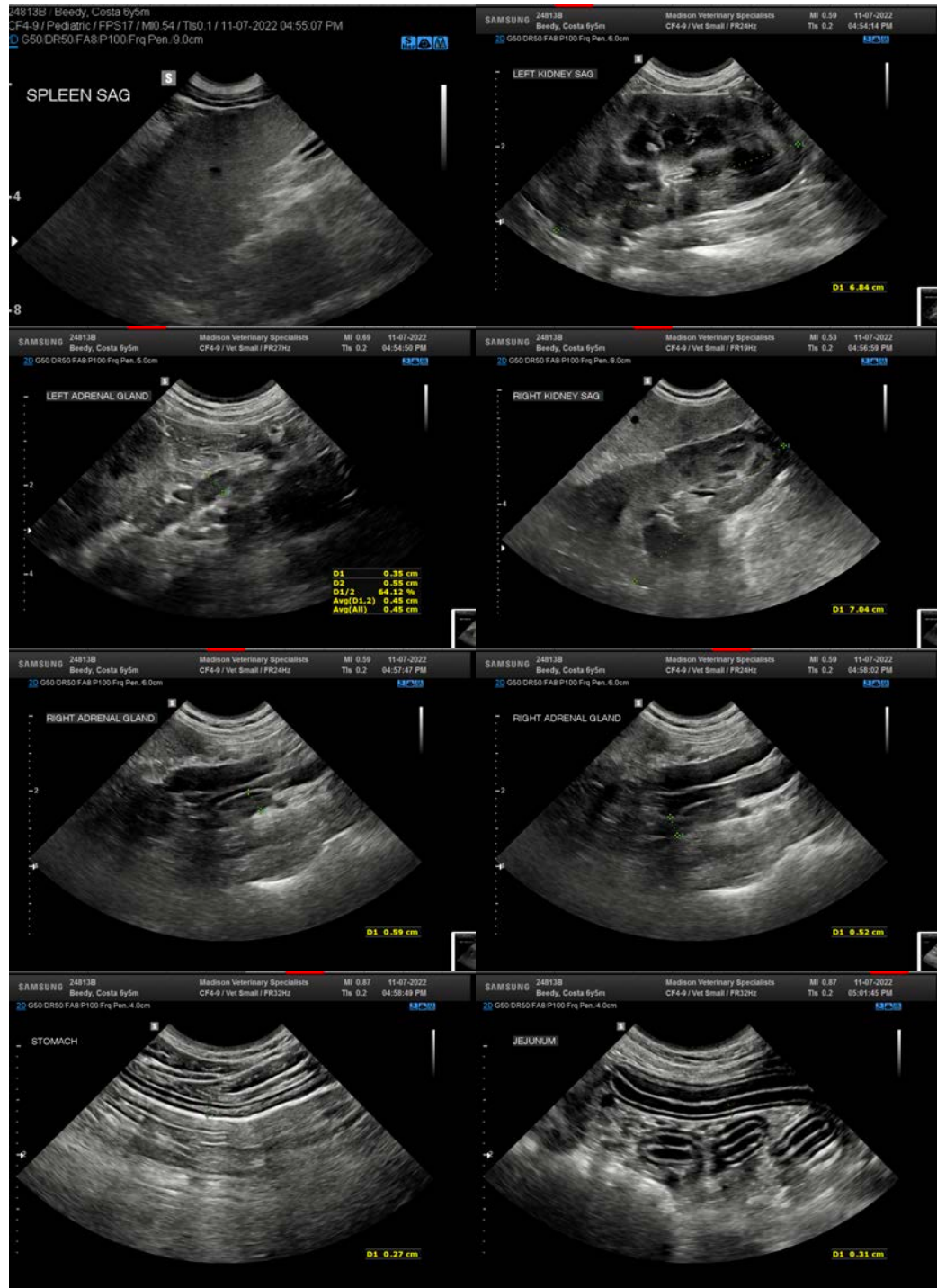
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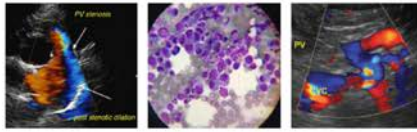


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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*Clinical Sonography & Telecytology*

EDUCATIONAL TELECONSULTATION SERVICES™

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**PATIENT**

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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