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Clinical Sonography & Telecytology
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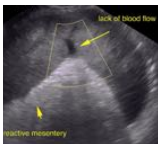
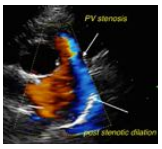
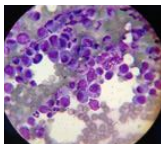
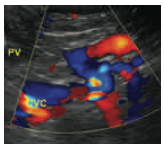





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Izzie Maxwell

SPECIES
Canine

BREED
Border Collie Cross

SEX
Spayed Female

AGE
1 ½ years

WEIGHT
17.9 kg

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Gira

HOSPITAL NAME
Resolution Veterinary Ultrasound

REFERRING VET
Dr. Toma

INVOICE
94489

DATE
12/10/21

PRESENTING CLINICAL SIGNS

History: GI issues past 3-4 days , increased water consumption , lethargic , inappetent , vomited recently .
Abnormal PE/Chem/CBC/UA Results: Borderline Neutrophilia 13.89 (2.95-11.64), PLT 505 (148 - 484). Biochemistry : Ca 1.32 (1.98-3.00), TP 34 (52-82), ALB 14 (23-40)Glob 20 (25-45) , Chol 1.1 (2.84-8.26). Current BW. All of the abnormal parameters have gone down since her BW was done 2 days prior (5-10%)

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 right kidney measured 5.61 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 0.68 cm at the caudal pole and 0.61 cm at the cranial pole.

Spleen

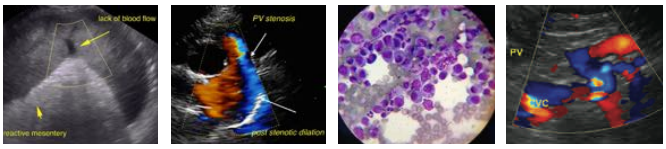
The **spleen** was slightly enlarged with scalloping contour. Minor, heterogenous parenchymal changes were noted.

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 was over distended with suspended debris.

Gastrointestinal

The **gastrointestinal tract** revealed an edematous wall and hyperperistalsis with no loss of mural detail. Minor enhanced surrounding fat was noted around the regions of the gastrointestinal serosa. There was retention of ingesta noted in the stomach. The gastric wall revealed heterogenous, mixed, irregularly



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hyperechoic and hypoechoic changes in the gastric mucosa. Ulcerative disease is suspected. There was no evidence of foreign body or neoplastic criteria. Images from the stomach, small intestine and colon were presented. This is most consistent with gastroenteritis owing to viral, bacterial/endotoxin or possible parasitic disease. The jejunal lymph node was reactive and measured 1.77 x 0.6 cm.

Pancreas

Heterogenous **pancreatic** changes were noted with undulating contour and enhanced, surrounding mesentery. Reactive mesentery was noted around the right limb of the pancreas. Patchy, mixed, hypoechoic parenchymal changes were noted.

Free Abdomen

Free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Pancreatitis.

Gastroenteritis presentation. Thickened gastric wall without loss of detail.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, 24-hour n.p.o. and gastrointestinal protectants are all indicated. An abdominocentesis, cytospin and culture are all indicated. There was no overt evidence of gastric rupture noted; however, this cannot be completely ruled out as there is a lot of inflammation associated with the upper gastrointestinal tract. This may be obscuring a potential perforation. For this reason abdominocentesis and cytospin is important to assess for any evidence of septic abdomen versus underlying neoplasia such as carcinomatosis. However, given the age of this patient this would be exceedingly rare in such a young patient.

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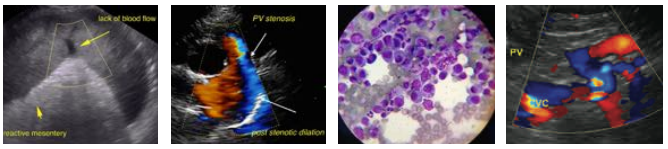

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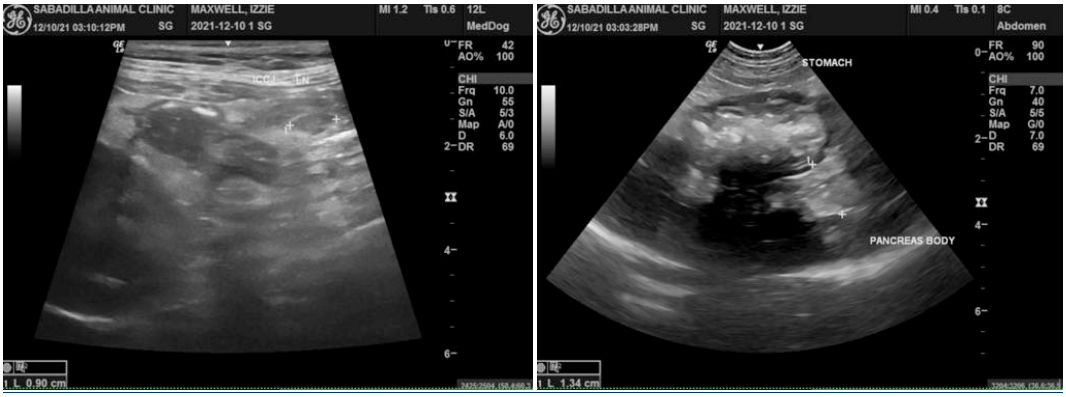

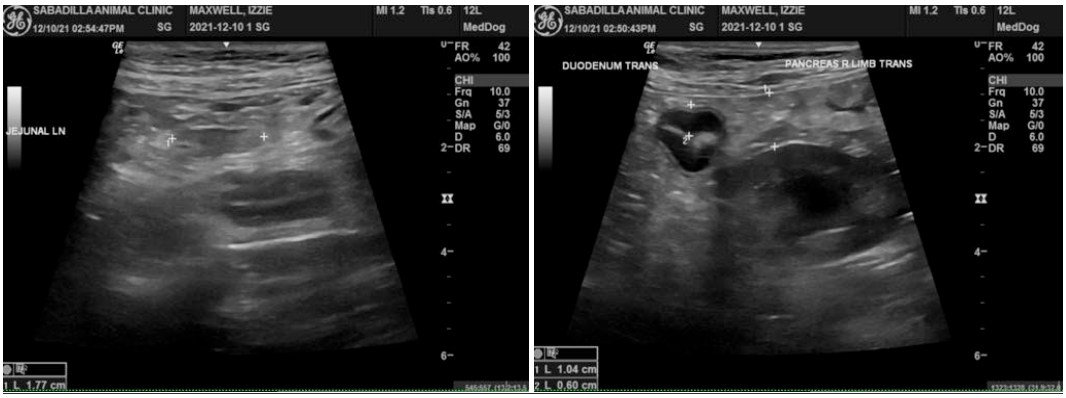

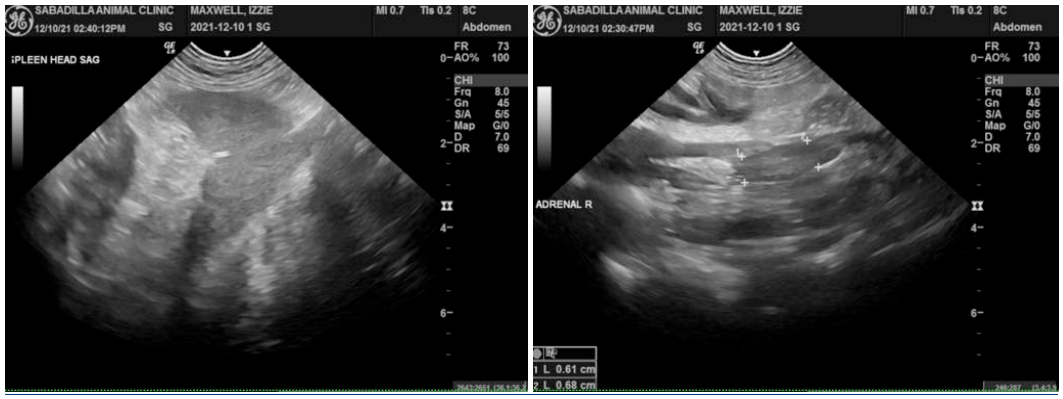

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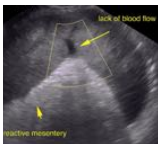
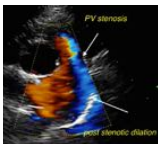
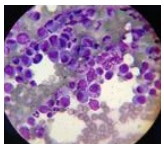
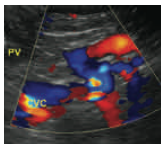

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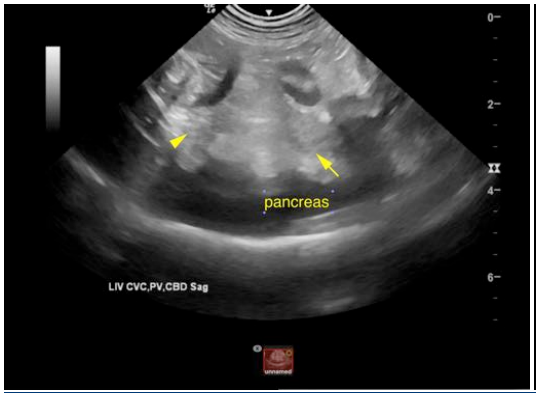

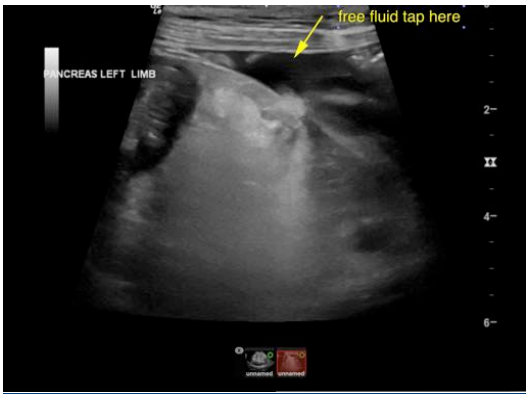

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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