



PATIENT

Joan Marigold Rueter

SPECIES

Canine

BREED

German Shepherd Mix

SEX

Spayed female

AGE

10 years

WEIGHT

104 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Ashley McCaughan

HOSPITAL NAME

Marina VVIC

REFERRING VET

Dr. McCaughan

INVOICE

43085

DATE

12/13/22

PRESENTING CLINICAL SIGNS

History: Acutely obtunded and acute vomiting episode on 12/4/22. Presented to Emergency Vet Hospital for evaluation and overnight hospitalization. CBC/Chem - hyperkalemia, seizure, non-regen anemia. Progressive improvement in strength and mentation. Appetite and energy slowing returning. Sedated abd u/s performed by me on 12/7/22 using our Wisonic Piloter machine. Not happy with depth of penetration on scan. Hopefully there is a bit of info to be gleaned... this was my first attempt at SDEP protocol, so apologies if the videos are not up to pare.

Abnormal PE/Chem/CBC/UA Results: historical obtundation; hyperkalemia, seizure (focal head tremor in hospital, only one episode), non-regen anemia. 12/7/22 PE: mild lethargy and loss of strength of pelvic limbs. Known hip and stifle OA - treated intermittently with NSAID and acupuncture. NO full work up performed at my office.

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. The capsules were acceptably uniform without significant irregularities. The left kidney revealed slight pyelectasia. The left and right kidney measured 7.0 cm.

Adrenal Glands

The region of the left adrenal gland revealed a hypoechoic structure that measured 1.0 cm in width. Resolution of the left adrenal gland was poor and pixilated. The right adrenal gland was not visualized.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. The gallbladder wall was echogenic and fibrosed. This is consistent with porcelain gallbladder. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

ULTRASONOGRAPHIC FINDINGS

Largely geriatric abdomen.

Moderate degenerative renal changes.

Porcelain gallbladder/fibrosed wall.

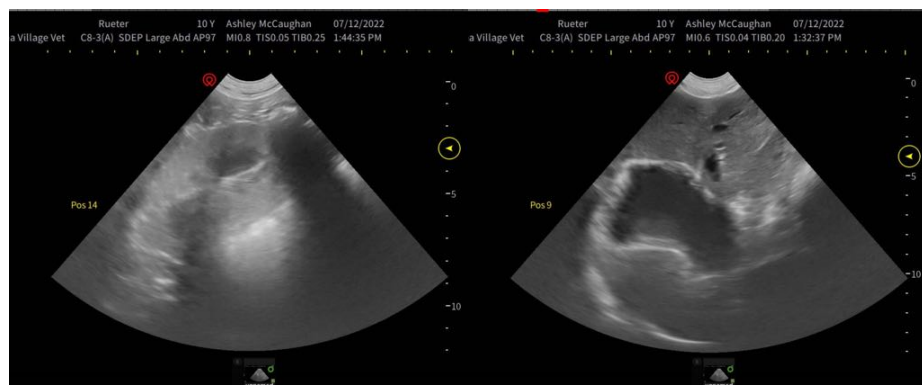
Full stomach.

Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The images revealed poor resolution and contrast. Therefore, subtle changes may be missed on sonographic interpretation. A large amount of artifact was present, yet the technique was adequate.

There was no evidence of significant disease. Given the seizure activity skull CT with contrast would be appropriate. There was no evidence of pathology related to the anemia. CBC path review +/- bone marrow aspirate is indicated.





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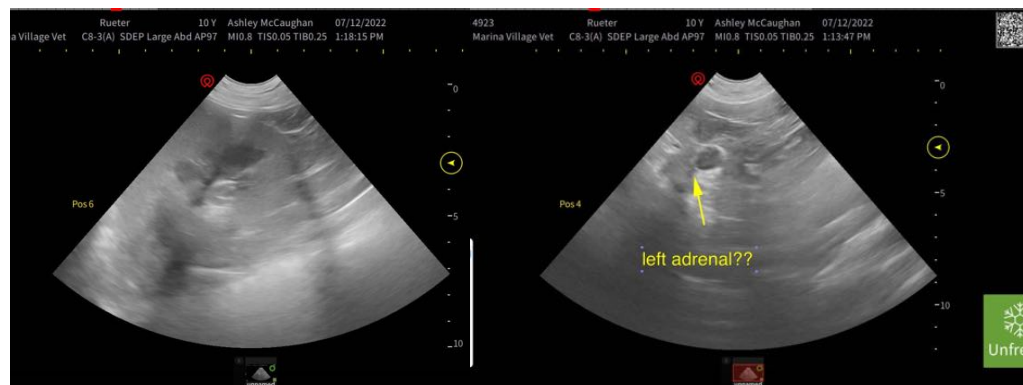
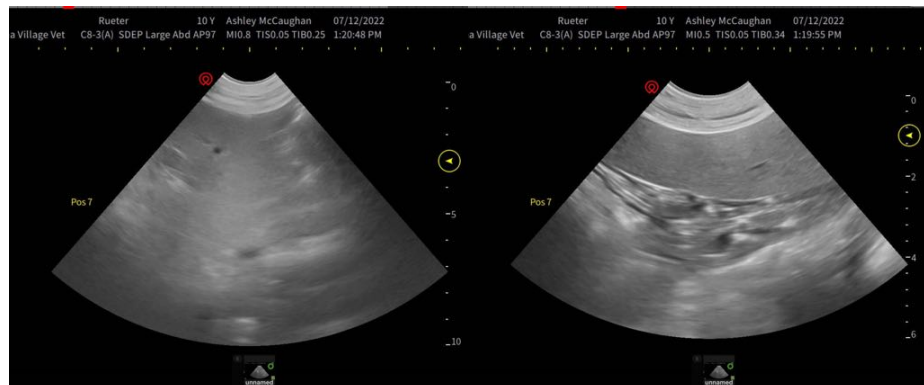
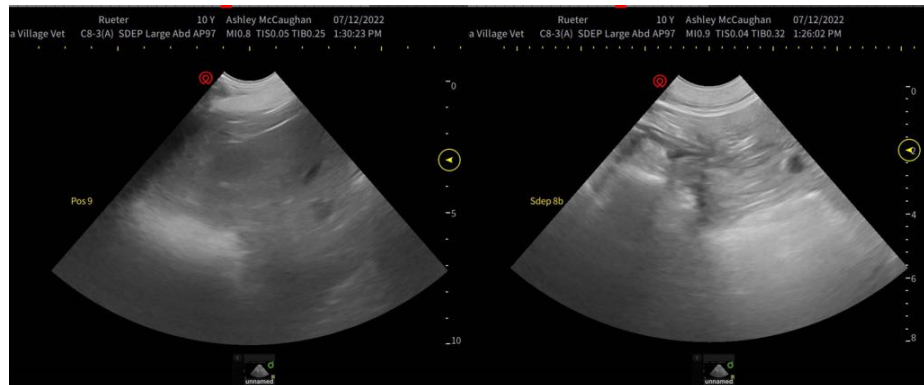
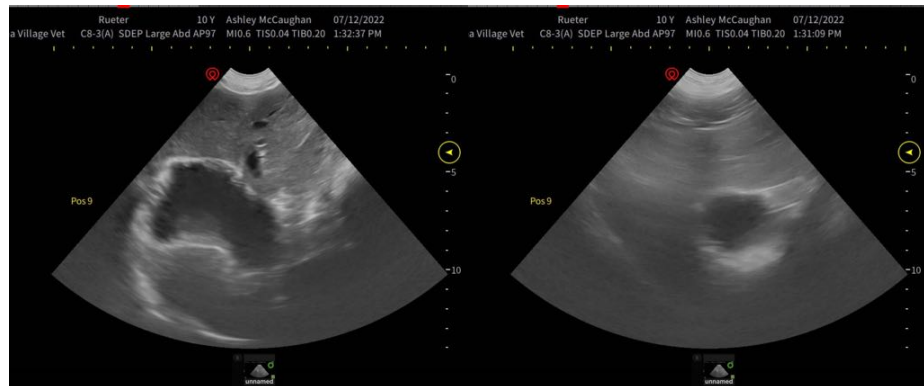
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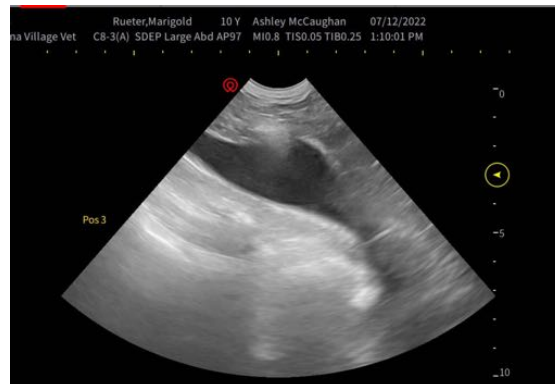
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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