



PATIENT

Maggie Olson

SPECIES

Canine

BREED

Lab

SEX

Spayed Female

AGE

12 Years

WEIGHT

83 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cathy Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Hannah Loeffler

INVOICE

33487

DATE

12/16/21

PRESENTING CLINICAL SIGNS

respiratory distress transfer from McMinville Vet Hospital, labored breathing and wheezing, p was rx amoxi by rdvm and was vomiting yesterday and had diarrhea
Abnormal PE/Chem/CBC/UA Results: FAST scan of abdomen revealed no evident cause of obstruction/reason for gastric distension CBC: RBC 4.6 M/UL, HCT 30%, HGB 10 g/dl, wbc 21 k/ul, mono 2.2 k/ul Chem 10: nsf EPOC: pH 7.314, PO2 195.5, BE - 5.4, sO2 99.6% T4- low at 0.8 (1.0-4.0)
Rads: Transient fluid in the caudal intrathoracic esophagus; the cardiopulmonary structures are normal. No evidence of bronchopneumonia. Fluid opacity summing with the left sixth rib on the ventrodorsal view is not identified in the thorax on additional images and may represent a cutaneous nodule or other summation artifact. Chronic degenerative disc disease in the caudal thoracic spine, shoulder osteoarthritis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended at the time of the sonogram, unremarkable otherwise. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.75 cm. The right kidney measured 6.69 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was folded upon itself caudally, unremarkable otherwise.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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. 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. 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



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upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

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- Structurally unremarkable abdomen with expected changes for this age patient
- Folded spleen (positional variant)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

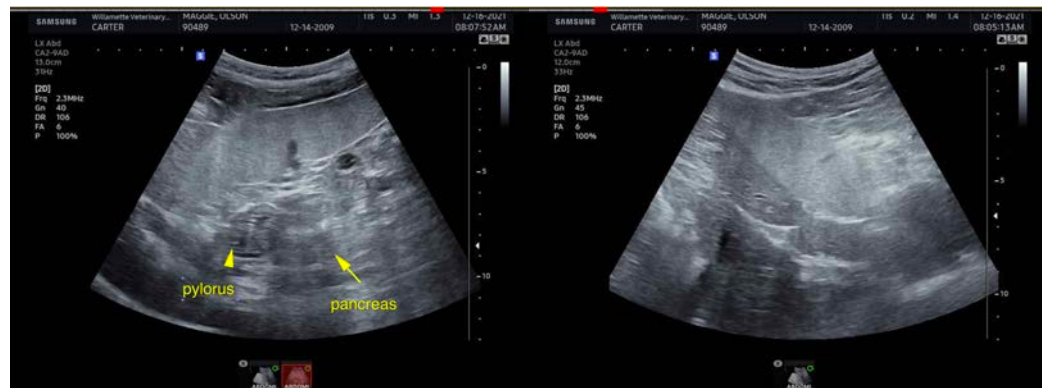
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No evidence of visceral pathology. The clinical signs are not related to any abdominal pathology noted.

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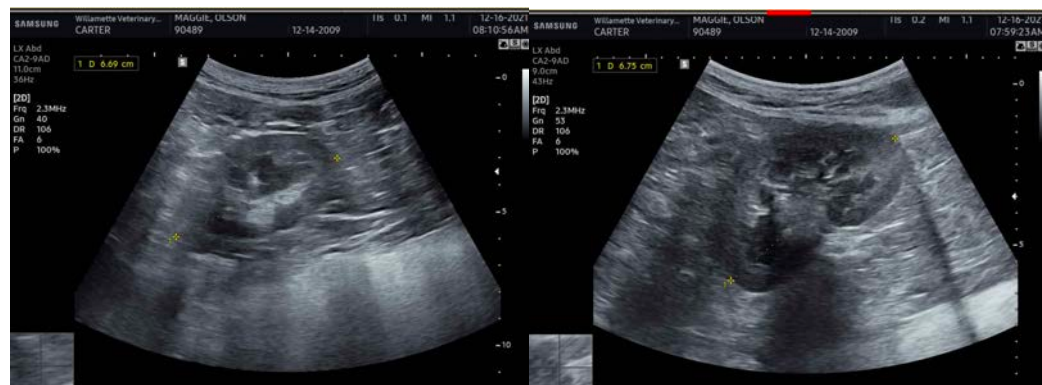
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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