



PATIENT

Scout Smith

SPECIES

Canine

BREED

Australian Shepherd
Mix

SEX

Neutered male

AGE

2 years

WEIGHT

18.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Hayley Flinchbaugh
CVT

HOSPITAL NAME

Mason Dixon Animal
Emergency Hospital

REFERRING VET

Dr. Longbottom

INVOICE

94683

DATE

12/16/21

PRESENTING CLINICAL SIGNS

History: P has been having hematuria, PU/PD, ravenous appetite, waking O up to eat in the middle of the night, intermittent limping
Abnormal PE/Chem/CBC/UA Results: tick panel to NC state negative, 4dx negative, urinalysis pending, GI panel negative RBC 4.16 MCV 94.4 MCH 34.8 TP 5.4 urinalysis pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 iliac trifurcation was unremarkable.

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. Trace pyelectasia was noted at full bladder and disappeared after voiding. The left and right kidney measured 7.0 cm.

Adrenal Glands

The left **adrenal gland** was subjectively small and measured 0.35 cm in width x 2.6 cm. The right adrenal gland was also flattened and isoechoic.

Spleen

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

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. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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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.

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Australian Shepherd
Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Structurally unremarkable abdomen.

Neutered male

Subjectively flattened adrenal glands.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

2 years

The cause of the hematuria and PU/PD is unclear. Partial water deprivation test can be considered to assess the ability to concentrate. ACTH stimulation is warranted to obtain a baseline of the cortisol axis as the adrenal glands appeared flattened, which could be related to an occult or emerging Addisonian state, which at times can have PU/PD.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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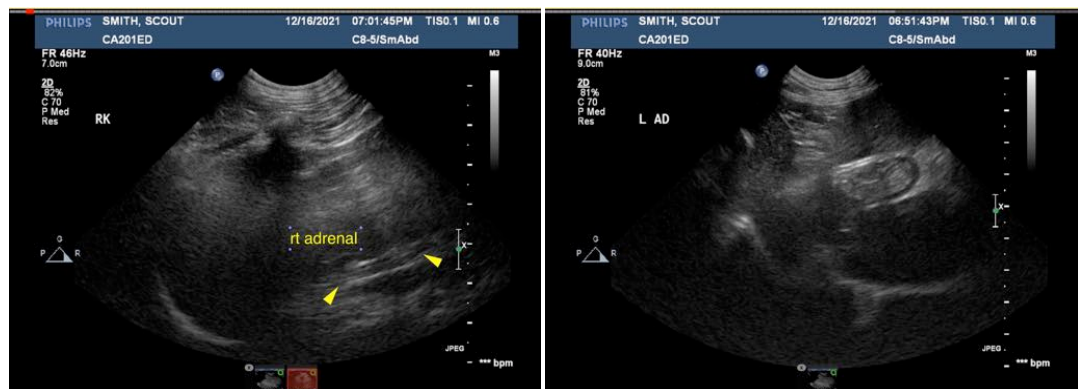
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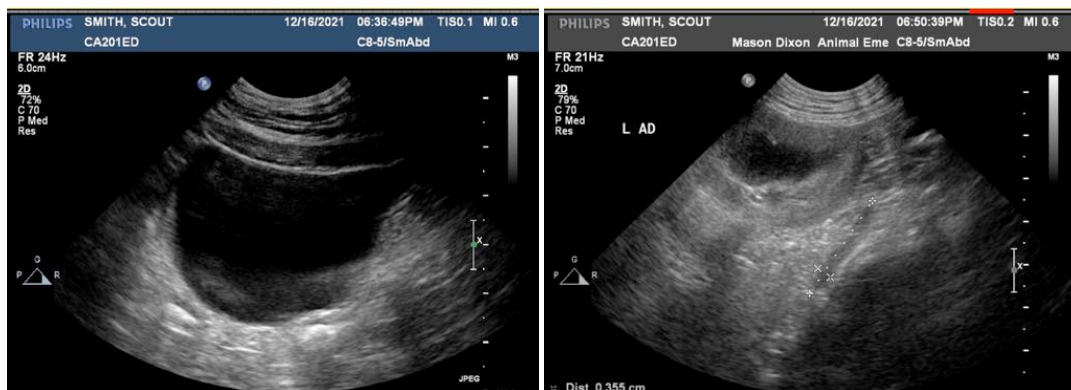
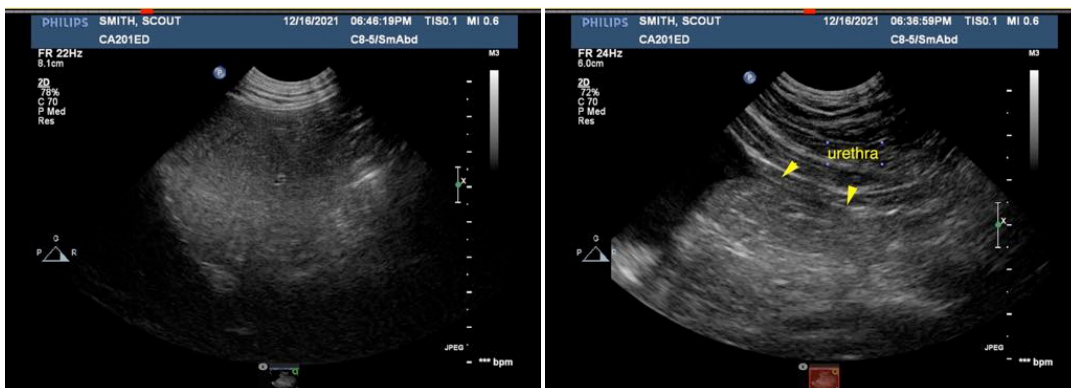
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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

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