



PATIENT

Muggins Scoular

PRESENTING CLINICAL SIGNS

Intermittent vomiting, Suspect IBD, recent history of incontinence
Abnormal PE/Chem/CBC/UA Results: Blood work WNL, Low USG 1.016, Possible PU/PD

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Wheaton Terrier

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 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.

SEX

Neutered male

The iliac trifurcation was unremarkable.

AGE

7 years

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. Both kidneys measured 5.0 cm.

WEIGHT

19.3 lbs

Adrenal Glands

The **adrenal glands** were normal in size and contour; however, this does not rule out the potential for Addison's. The left adrenal gland measured 1.89 x 0.39 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 2.1 x 0.54 cm at the cranial pole and 0.45 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Barnes

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Westview VH

Liver

REFERRING VET

Dr. Barnes

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.

INVOICE

97455

Gastrointestinal

DATE

12/20/21

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was retention of ingesta in



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the stomach. 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.

SPECIES

Canine

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.

BREED

Wheaton Terrier

Free Abdomen

SEX

Neutered male

A large amount of abdominal fat was noted.

AGE

7 years

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

Full stomach.

WEIGHT

19.3 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant visceral pathology. Screening for Addison's is warranted given the patient's clinical history. Underlying food intolerance or occult Helicobacter is suspected, yet there was no evidence of structural disease.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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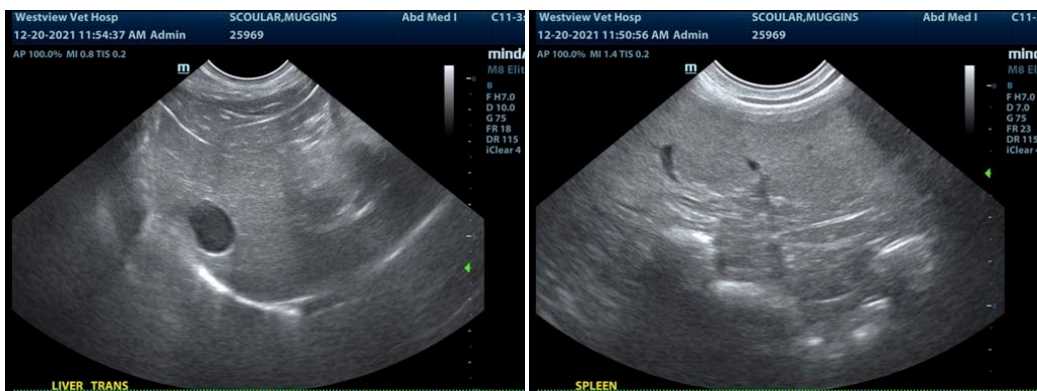
Dr. Barnes

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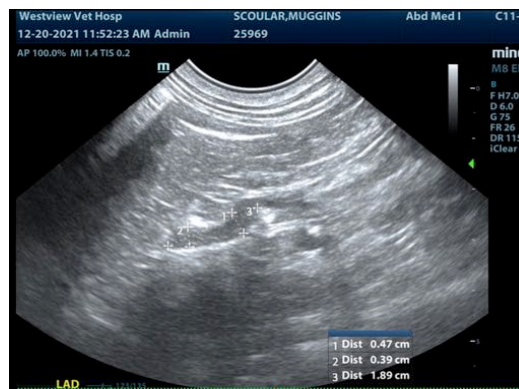
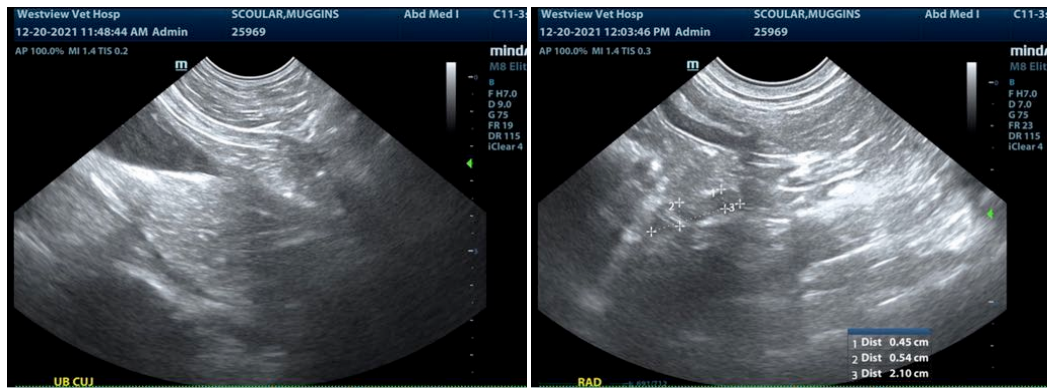
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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