



**PATIENT**

Kaia Owens

**SPECIES**

Canine

**BREED**

Spaniel Mix

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

50.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Carter

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Piskorowski

**INVOICE**

42234

**DATE**

12/20/22

**PRESENTING CLINICAL SIGNS**

History: Patient has been lethargic, vomiting (possibly only regurgitating), inappetent, producing unusual abdominal sounds for approximately 3 days. Patient has retched with no production at times. Abnormal PE/Chem/CBC/UA Results: CBC: WBCs 2.35, Neutrophils 1.35, Lymphocytes 0.62 Leukopenia secondary to neutropenia or lymphopenia cPL: 1397.9 (positive for pancreatitis) Chem 17: ALP 1506, Cholesterol 397, Lipase 2,619 EPOC: Lactate 2.81 (wnl), PCO2 27.2, BE -6.5

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.83 cm. The left kidney measured 5.76 cm.

**Adrenal Glands**

The left **adrenal gland** was visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The left adrenal gland measured 0.82 cm at the cranial pole and 0.77 cm at the caudal pole. The right adrenal gland was not visualized.

**Spleen**

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.

**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



<b>PATIENT</b>	lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.
Kaia Owens	
<b>SPECIES</b>	<b><i>Gastrointestinal</i></b>
Canine	The <b>gastrointestinal</b> tract revealed a minor amount of anechoic gastric fluid. This is typical of gastric irritation/vomiting history. The majority of the small intestine was unremarkable with mildly increased muscularis and submucosal layering. The colon was unremarkable. This is most consistent with non-specific gastroenteritis with possible underlying chronic inflammatory bowel.
<b>BREED</b>	
Spaniel Mix	
<b>SEX</b>	
Spayed female	The <b>pancreas</b> appears largely unremarkable with minor, hyperechoic mesentery noted, yet no overt significant lesions consistent with pancreatitis were noted. Cross reactivity with intestinal lipase may be playing a role. Regardless, pancreatitis and GI protocol should prove effective in this patient. If hypertension is present then adrenal disease may be suspected. Further imaging of the right adrenal under full sedation may be appropriate.
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Eric Lindquist, DMV DABVP, Cert. IVUSS	Right adrenal gland not visualized.
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**ULTRASONOGRAPHIC FINDINGS**

GI tract consistent with gastric irritation/vomiting history.

Minor, hyperechoic pancreatic mesentery.

Right adrenal gland not visualized.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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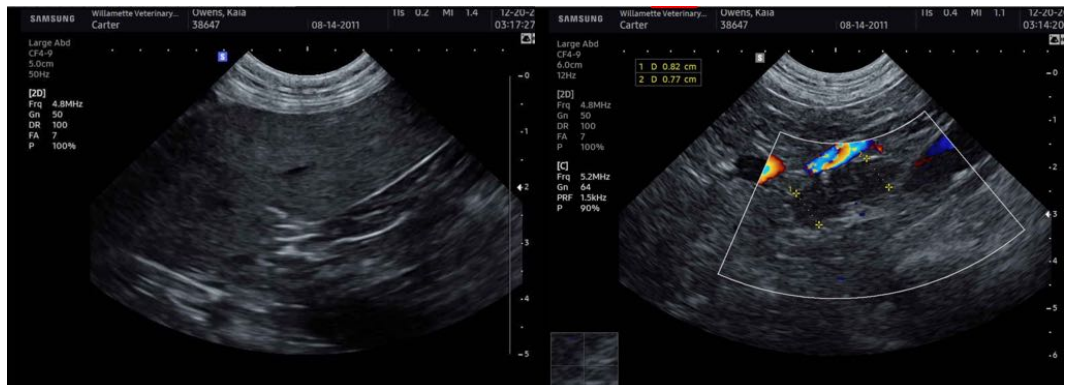
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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