

PATIENT

Henry Jacobs

PRESENTING CLINICAL SIGNS

History: Chronic GI disease, intermittent diarrhea since obtained in August. Has been treated for parasites, including giardia. Responded to tylosin but relapsed when finished. Has had numerous courses of panacur, metronidazole, and cerenia. Has been vomiting for 3 days, diarrhea for last 7 days.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Current Medications Cerenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Poodle X

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 were noted. Ureteral papillae were normal. The prostate was uniform, measuring 1.5 cm.

SEX

Intact Male

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 5.82 cm. The right kidney measured 5.82 cm.

AGE

8 Months

Adrenal Glands

Both **adrenal glands** appeared subjectively flattened and measured subnormal in width for this size patient. The left adrenal gland measured 2.02 cm x 0.28 cm at the cranial pole and 0.35 cm at the caudal pole. The right adrenal gland measured 1.89 cm x 0.25 cm at the cranial pole and 0.28 cm at the cranial pole.

WEIGHT

40 Lbs.

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 were noted.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUS

HOSPITAL NAME

Cottage Grove VH

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.

REFERRING VET

Dr. Damewood

Gastrointestinal

Some minor retention of ingesta was noted in the **stomach** consistent with postprandial presentation. The small intestine and colon were unremarkable.

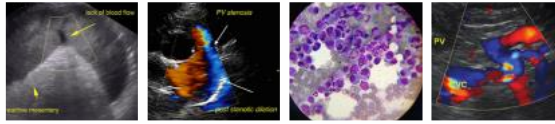
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13226

Pancreas

DATE

12/29/21



PATIENT Henry Jacobs
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.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Canine
- Subnormal adrenal size
 - Stomach ingesta
 - Structurally unremarkable abdomen otherwise

BREED

Poodle X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's warranted with ACTH stimulation.

SEX

Intact Male

AGE

8 Months

WEIGHT

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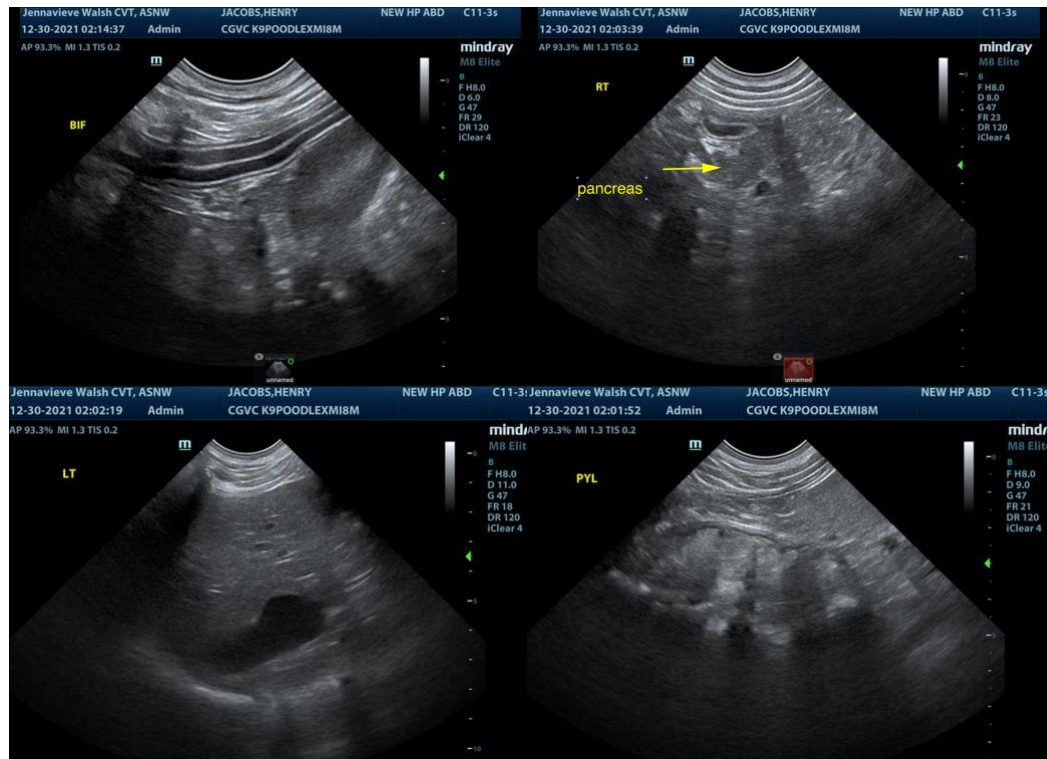
Dr. Damewood

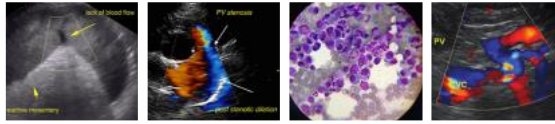
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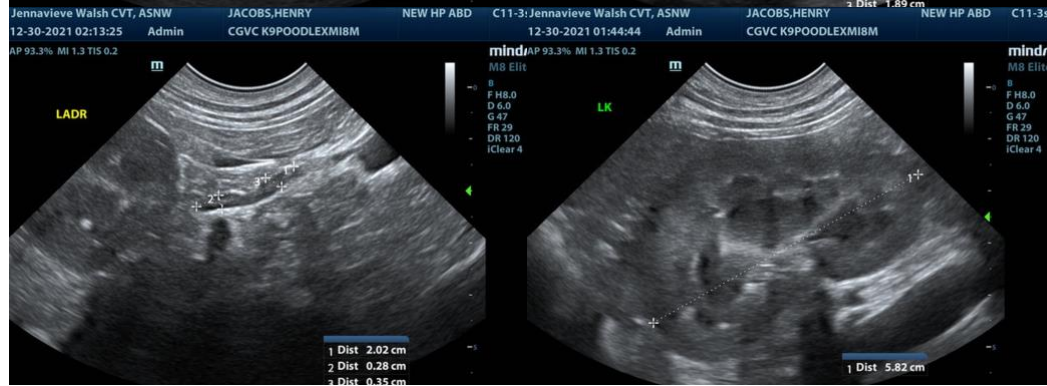
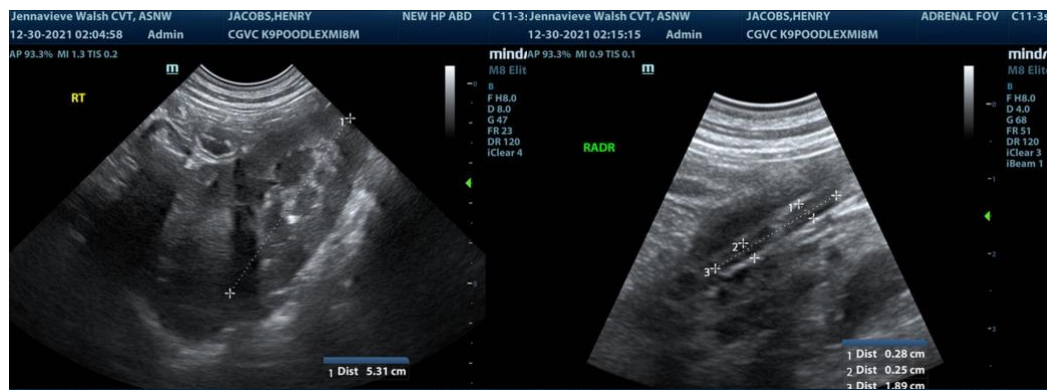
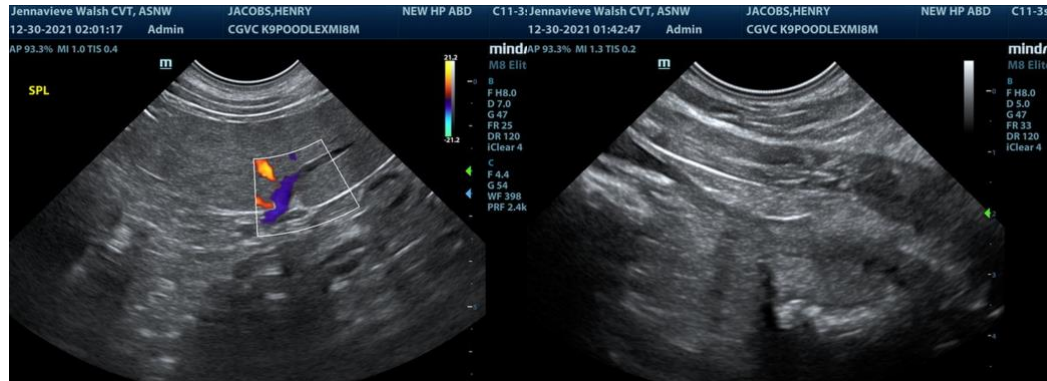
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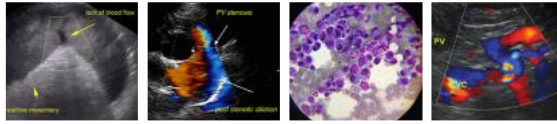
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com



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