



PATIENT

Khorii Redekopp

SPECIES

Canine

BREED

Shepherd X

SEX

Spayed Female

AGE

10 Years

WEIGHT

36.6 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amanda Favis

HOSPITAL NAME

Ruisdoso AC

REFERRING VET

Amanda Favis

INVOICE

12832

DATE

12/3/21

PRESENTING CLINICAL SIGNS

History: 1 month history of decreased appetite and GI symptoms. Started with bilious vomiting and then decreased appetite. Vomiting has stopped, but now has diarrhea. Weight loss present.

Abnormal PE/Chem/CBC/UA Results: Albumin low at 2.1

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 were noted. Ureteral papillae were normal. 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 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.5 cm.

The **right adrenal gland** was not visualized.

Spleen

Hyperechoic nodular changes were noted in the **spleen**.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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 was unremarkable.

Gastrointestinal

The **pylorus** revealed progressively shadowing material, presumed to be ingesta, postprandial presentation. The progressively shadowing material measured approximately 3.0 cm in width as a grouping. A portion of distal small intestine was particularly thickened (wall thickness of approximately 8.0 mm), presumed to be jejunum. Some loss of layering noted. The remainder of the intestinal tract was hyperperistaltic.

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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ULTRASONOGRAPHIC FINDINGS

BREED

Shepherd X

- Thickened jejunum
- Spleen, hyperechoic nodular changes
- Age-related hepatic changes
- Unremarkable abdomen otherwise

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

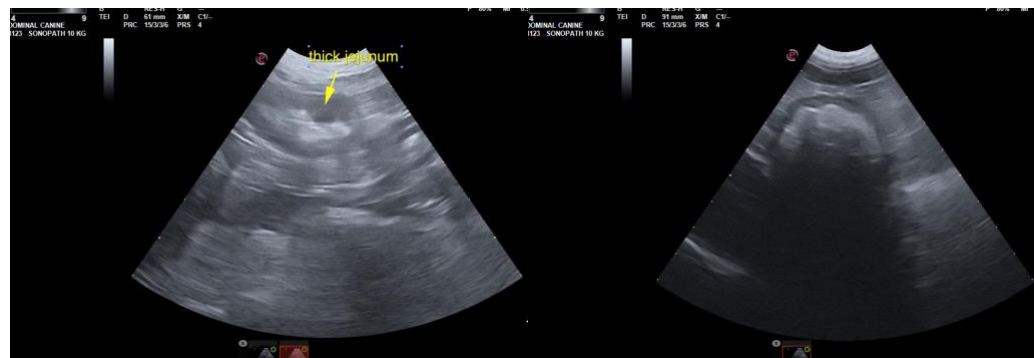
Possible protein losing enteropathy If no significant proteinuria is present, then protein losing enteropathy is likely. Medical management with hydrolyzed diet and enrofloxacin/metronidazole over a 7–10-day period and recheck sonogram, particularly of the thickened portion of small intestine. Screening for Addison's warranted given the low albumin and vague GI signs.

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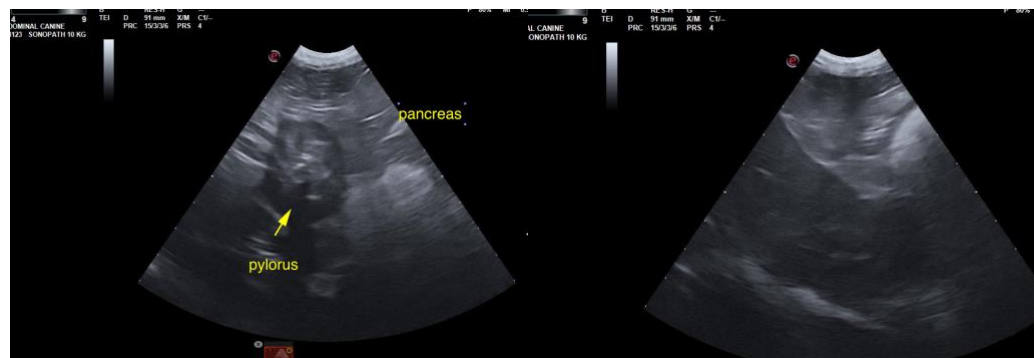
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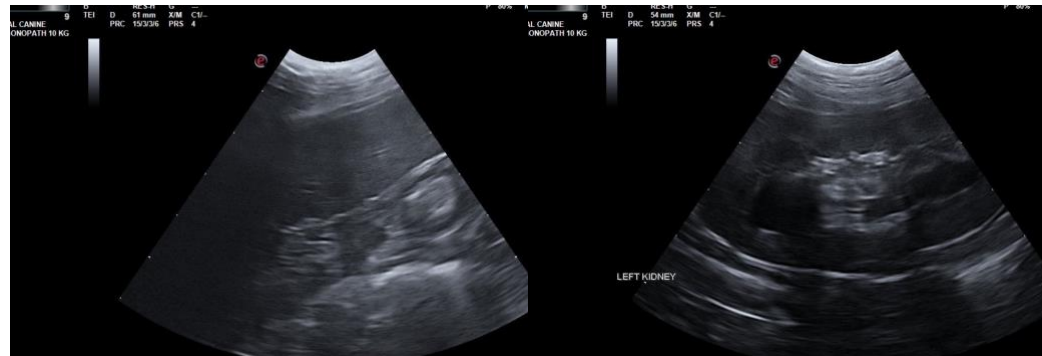
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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