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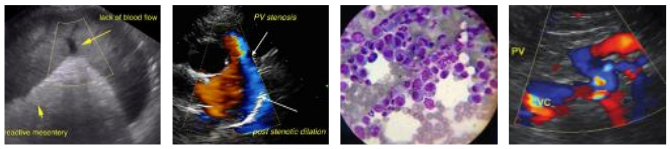
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Star Richardson

SPECIES

Canine

BREED

GSD

SEX

Female

AGE

9 Months

WEIGHT

26 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Ramberg, LVT

HOSPITAL NAME

Lone Mtn. AH

REFERRING VET

Natalie Gulson

INVOICE

18974

DATE

12/4/22

PRESENTING CLINICAL SIGNS

History: P presents for vomiting for the past 2 days. Presents unable to ambulate. Neurologic, dragging hindlimbs, decreased CP in hindlimbs. BW: increased ALP, ALT, WBC, low K and Na. Owner suspicious of toxicosis. Currently on IV fluids and GI supportive therapy medications.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a small amount of sand and suspended debris.

The **kidneys** were swollen. The kidneys measured approximately 6.0 cm.

Adrenal Glands

Both **adrenal glands** were 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.

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.

Liver

The **liver** was structurally mildly heterogenous. An irregular tubular structure was noted in the mid liver, this may represent intrahepatic shunting and may be an incidental finding. The gallbladder wall was echogenic and mildly thickened. Cholangitis pattern was noted.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. The colon was fluid filled and hyperperistaltic. This is consistent with response to irritation. The colon was unremarkable.

Pancreas

The **pancreas** was irregular in contour with enhanced mesentery. This change is consistent with pancreatitis.

Free Abdomen

A minor amount of **free fluid** was noted in the caudal abdomen.

The mesenteric lymph nodes (up to 1.0 cm x 3.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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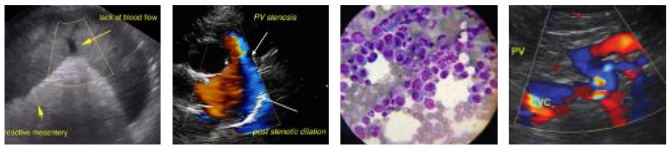

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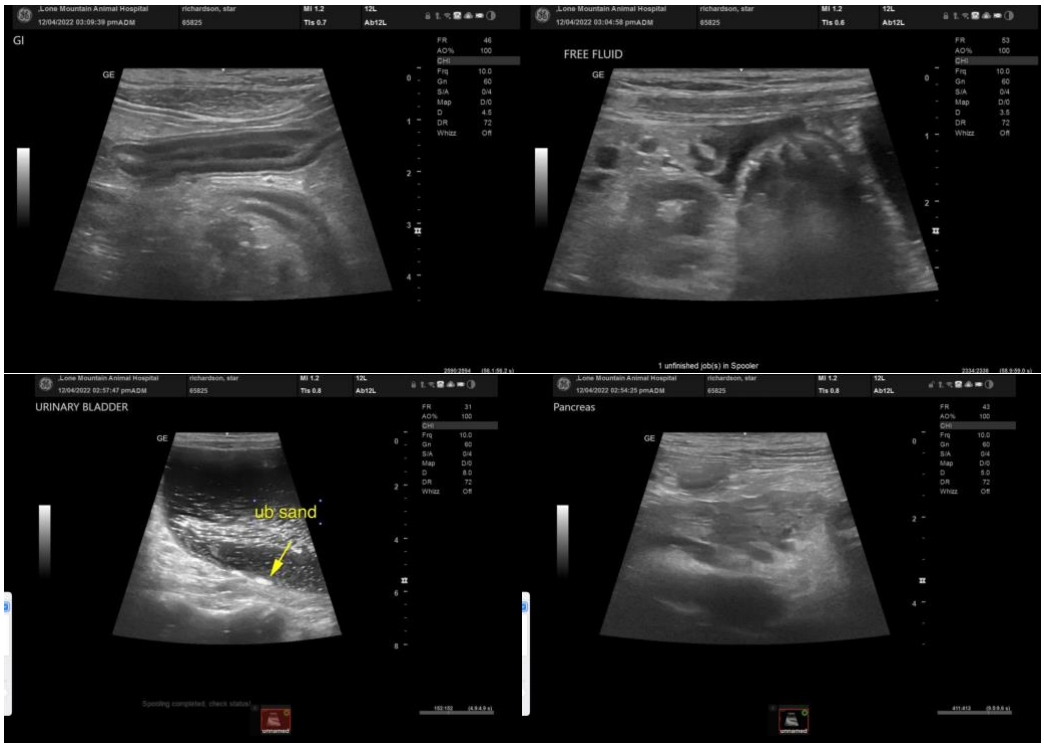
Reactive mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Enterocolitis pattern
- Pancreatitis pattern
- Reactive mesenteric lymph nodes
- Cholangitis pattern with irregular tubular structure in the mid liver
- Swollen kidneys
- Urinary bladder sand
- Free fluid
- Reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for gastroenteritis/pancreatitis is warranted in this patient. I recommend a fresh fecal smear and fecal floatation analysis, followed by eventual work up for intrahepatic portosystemic shunting. Further imaging would be necessary. CT with contrast or further sonographic imaging of the liver (SDEP 9-14) is warranted. Plasma expanders, plasma transfusion, GI protectants and leptospirosis titers are all. Indicated, as well as treatment for potential toxicosis.



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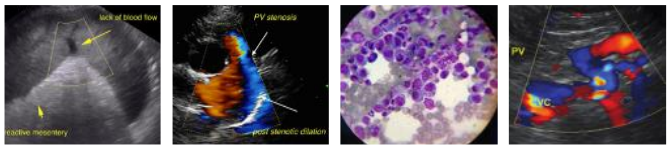

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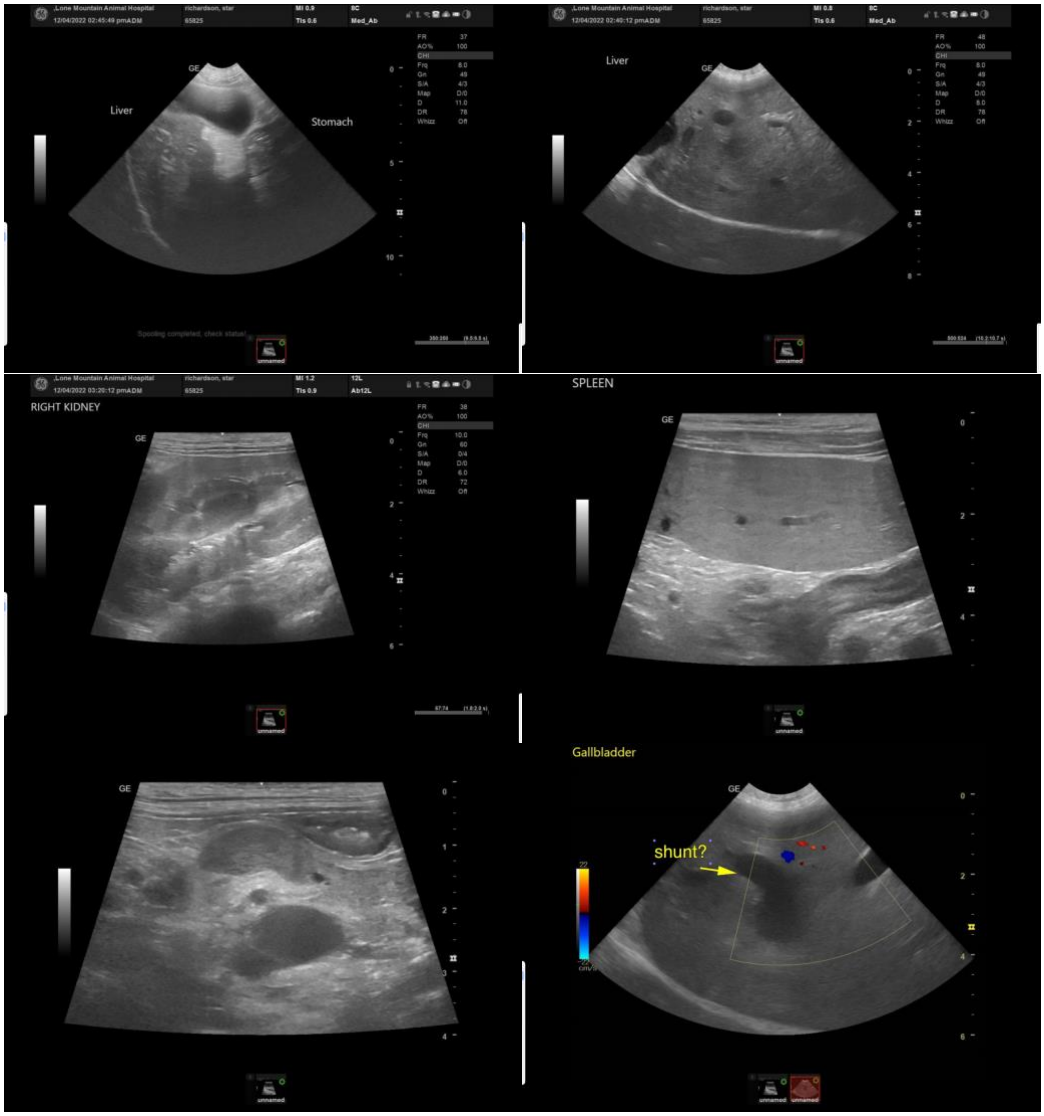

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com