



PATIENT

Stella Young

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed female

AGE

6 years

WEIGHT

9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

42863

DATE

12/5/22

PRESENTING CLINICAL SIGNS

History: 2.5 wks ago went to emergency and treated for apparent constipation but was quite ill, not eating and very lethargic. Treated with IV fluids and laxatives and normalized. On rads at emerg there is a sublumbar soft tissue opacity that is diverting the colon ventrally, and there is mineralization visible within this opacity. Repeatable on different views.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem done at emergency and was normal. On exam today is normal, no weight loss. **Very painful on rectal exam at 1'oclock position, ~2mm raised soft tissue bump here that feels like a muscle insertion. No pain on external pressure of lumbar, L-S or hip manipulation. VERY well cared for dog, no hx of trauma and always watched.

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 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. Slight pinpoint mineralization was noted. The right kidney measured 4.3 cm. The left kidney also measured 4.3 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. The right adrenal gland measured 0.5 cm at the caudal pole and 0.7 cm at the cranial pole. The left adrenal gland measured 0.4 cm at the cranial pole and 0.4 cm at the caudal pole.

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



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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.

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Gastrointestinal

The **stomach** revealed a fluid filled lumen and edematous wall with hypertrophied muscularis and increased submucosal echogenicity. Excessive GI gas was noted as well. The small intestine and colon were unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with minor gastritis pattern.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no other evidence of pathology. GI protectant protocol is recommended in this patient with a recheck sonogram in 2-3 weeks. Bland diet such as I/D or similar and b.i.d. feeding is indicated.

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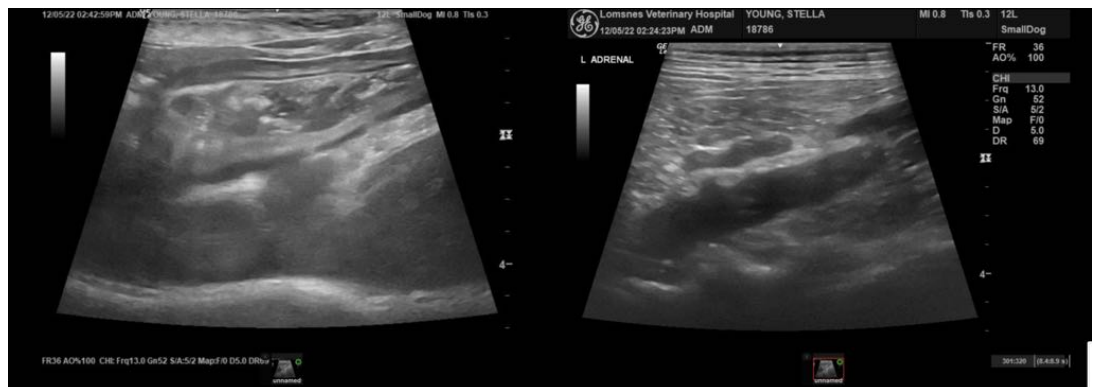
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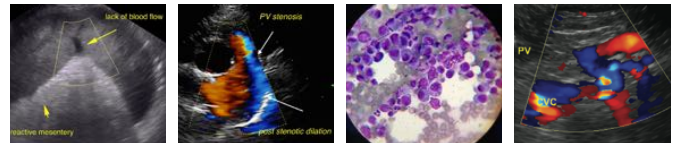


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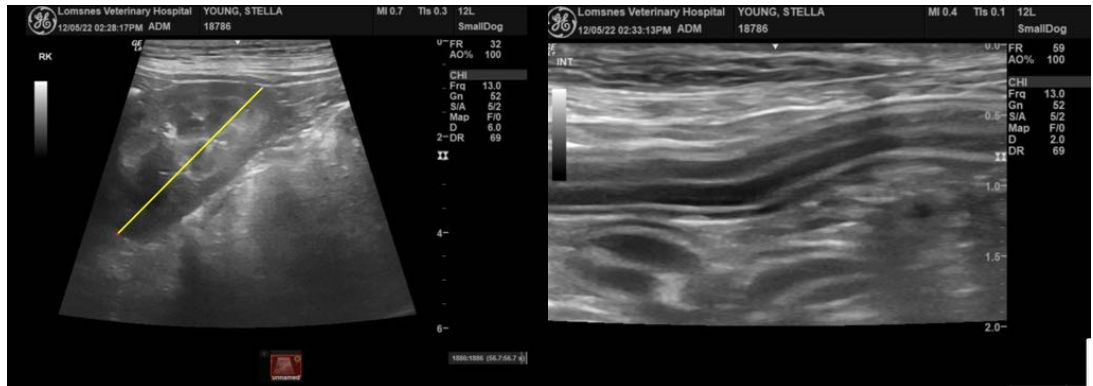
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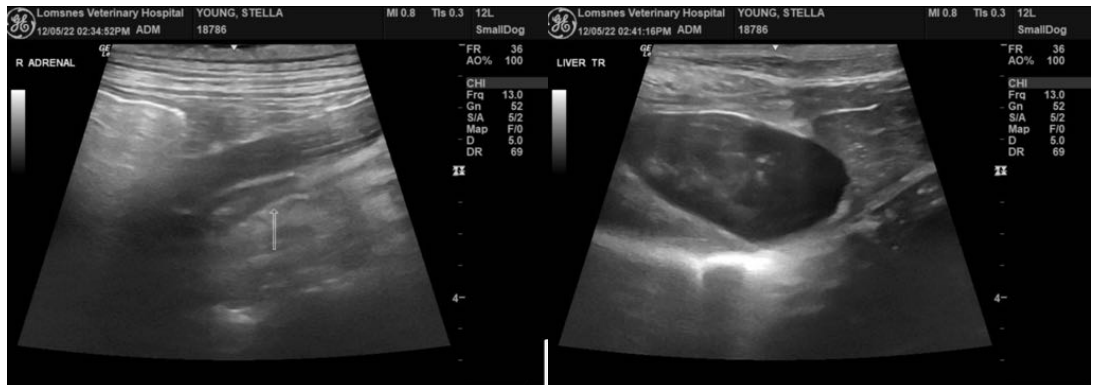
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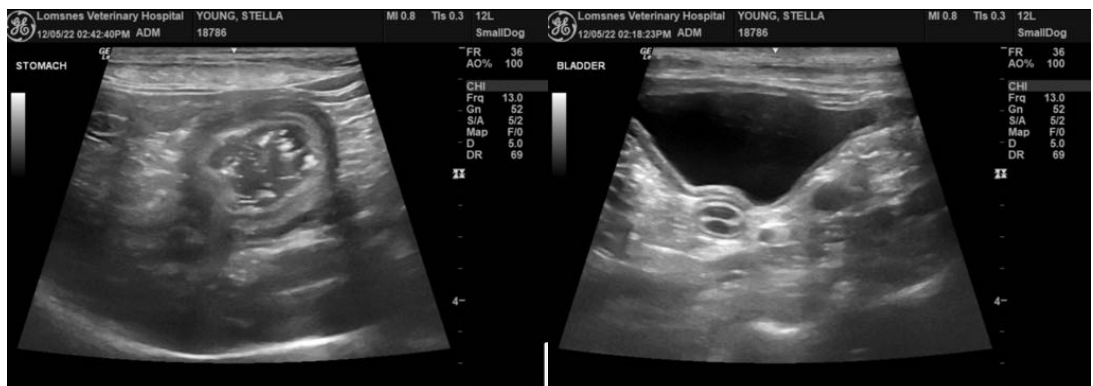
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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