



PATIENT

Buttercup Lo

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

9 years

WEIGHT

9.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Olcha

INVOICE

42884

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: Presented on 11/29 for acute allergic reaction (hives, otherwise stable). Put on benadryl and prednisone. Represented on 12/3 for lethargy, hyporexia, vomiting, redness of skin. Started on doxycycline and entyce and labs sent out. Presented to ER for lack of improvement on 12/4, no additional diagnostics performed, started on gabapentin, omeprazole, maropitant. Recheck today for little improvement in lethargy and ongoing anorexia. Repeat CBC/Chem plus basal cortisol pending. Tick PCR pending.

Abnormal PE/Chem/CBC/UA Results: QAR, TPR WNL. Diffuse generalized erythema, no scaling, crusting etc. CXR unremarkable. Neutropenia with moderate toxic changes confirmed by pathologist review.

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. The left kidney measured 4.0 cm.

Adrenal Glands

The left adrenal gland appeared subjectively small and measured 0.5 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



PATIENT

Gastrointestinal

Buttercup Lo

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SPECIES

Canine

BREED

Labrador Mix

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.

SEX

Spayed female

Free Abdomen

AGE

9 years

The iliac trifurcation was unremarkable.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.5 kg

Structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Given the vague clinical signs screening for Addison's is indicated. Other causes of the vague clinical signs such as orthopedic pain, thoracic or CNS disease should be considered. However, there was no evidence of significant visceral disease present.

IMAGING PERFORMED BY

Dr. Olcha

HOSPITAL NAME

East Meadow VC



REFERRING VET

Dr. Olcha

INVOICE

42884

DATE

12/6/22



PATIENT

Buttercup Lo

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed female

AGE

9 years

WEIGHT

9.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

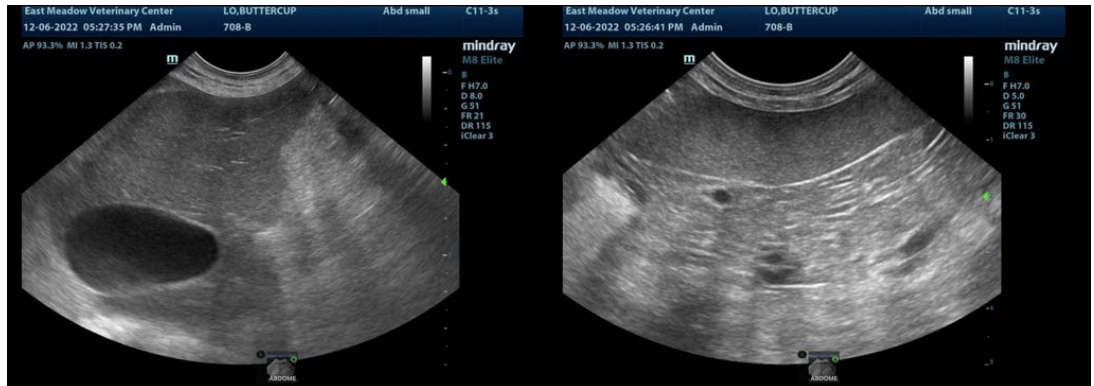
Dr. Olcha

INVOICE

42884

DATE

12/6/22



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