



**PATIENT**

Misti Sipe

**PRESENTING CLINICAL SIGNS**

History: Thrombocytopenia ddx: immune mediated vs. neoplastic vs. toxic Hematuria Petechia/ecchymoses Luxating patellas (historic diagnosis) IVDD (historic diagnosis)

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Mix

The **urinary bladder** presented severe wall thickening and edema with suspended debris. The urinary catheter was in proper placement. There was loss of structural detail noted in the bladder wall. This is most consistent with severe cystitis. However, underlying mural neoplasia is possible.

**SEX**

Spayed female

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 4.5 cm. The left kidney measured 3.8 cm.

**AGE**

12 years

**Adrenal Glands**

**WEIGHT**

7.2 kg

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 left adrenal gland measured 1.62 x 0.37 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Dr. deCordon

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.

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**Liver**

**REFERRING VET**

Dr. deCordon

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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**Gastrointestinal**

**SPECIES**

Canine

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

**BREED**

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**

Slight free fluid was noted in the abdomen. A severe amount of enhanced mesentery was noted around the bladder with suspended debris.

**AGE**

12 years

**WEIGHT**

7.2 kg

**ULTRASONOGRAPHIC FINDINGS**

Free fluid in the abdomen. If the bladder was over distended this may be secondary to chronic over distension; however, inflammatory fluid or small rent cannot be ruled out.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Cytospin of the urine is recommended as well as culture and sensitivity. I recommend full urinalysis assessment with IV fluid support, treatment for UTI, pain management and a recheck sonogram daily to ensure that the free fluid in the abdomen is not increasing. There was no evidence of neoplasia. The lower urinary tract is the main issue in this patient at this time.

**IMAGING PERFORMED BY**

Dr. deCordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

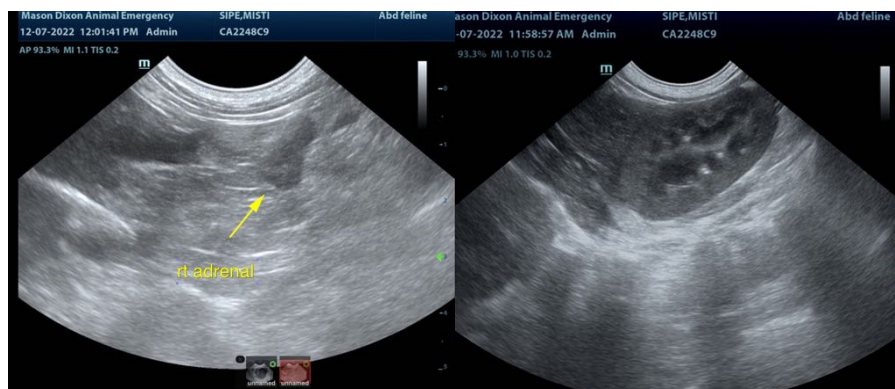
Dr. deCordon

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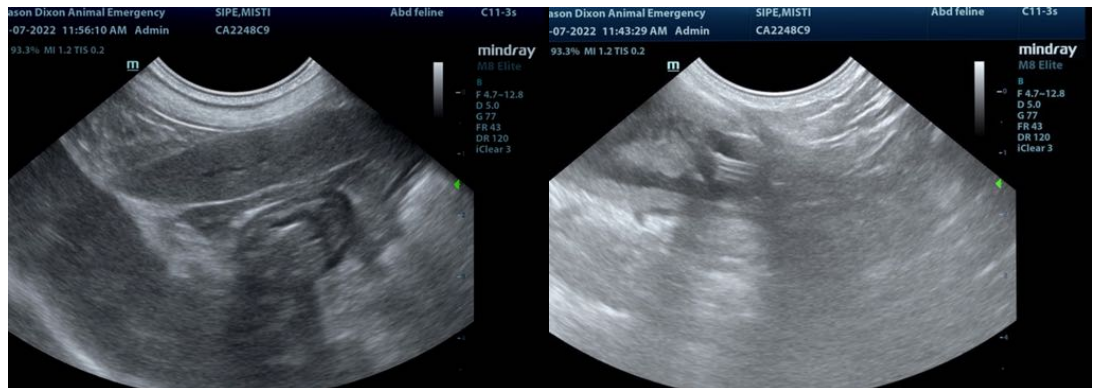
Misti Sipe

**SPECIES**

Canine

**BREED**

Mix



**SEX**

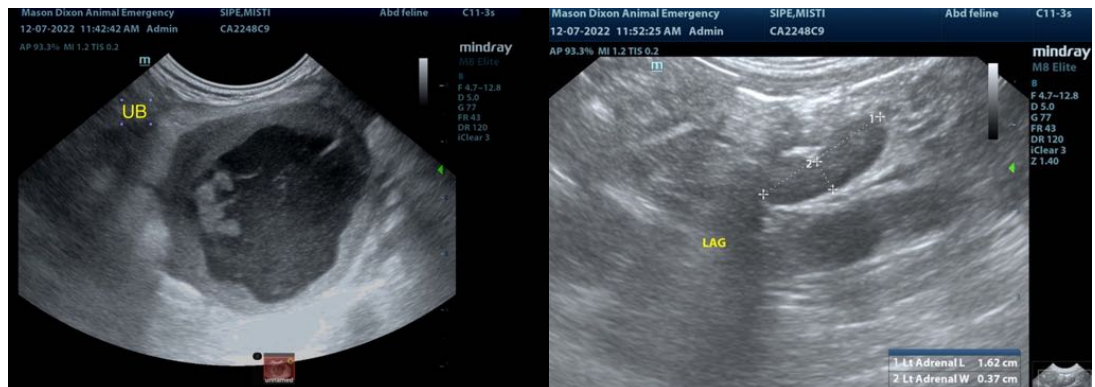
Spayed female

**AGE**

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**WEIGHT**

7.2 kg



**INTERPRETED BY**

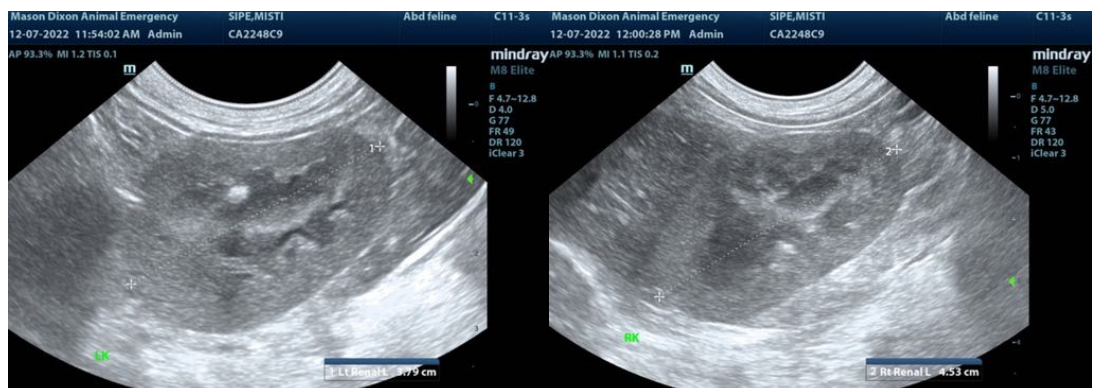
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**IMAGING PERFORMED BY**

Dr. deCordon

**HOSPITAL NAME**

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**REFERRING VET**

Dr. deCordon

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.

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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.

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