



**PATIENT**

Aero McKee

**SPECIES**

Canine

**BREED**

Newfoundland

**SEX**

Spayed Female

**AGE**

14 months

**WEIGHT**

35 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush VC

**REFERRING VET**

Dr. Milot

**INVOICE**

94425

**DATE**

12/9/21

**PRESENTING CLINICAL SIGNS**

History: EXTREMELY emaciated - lost 20 lbs since October, literally skin over bones, no V/D, ravenous appetite

Abnormal PE/Chem/CBC/UA Results: normal BW

**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. Mild, suspended debris was noted. 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 7.0 cm. The right kidney measured 6.5 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**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.

**Gastrointestinal**

The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to



**PATIENT**

exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-act. Soft stool was noted in the colon.

Aero McKee

**SPECIES**

**Pancreas**

Canine

The visible pancreas was unremarkable.

**BREED**

**Free Abdomen**

Newfoundland

A minimal amount of body fat was noted in this patient.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen with mucosal fogging.

**AGE**

14 months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urinalysis is warranted to assess for any evidence of urinary tract infection. Malassimilation of nutrients is suspected. There was no evidence of neoplasia or foreign bodies. Screening for Addison's is indicated.

**WEIGHT**

35 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush VC

**REFERRING VET**

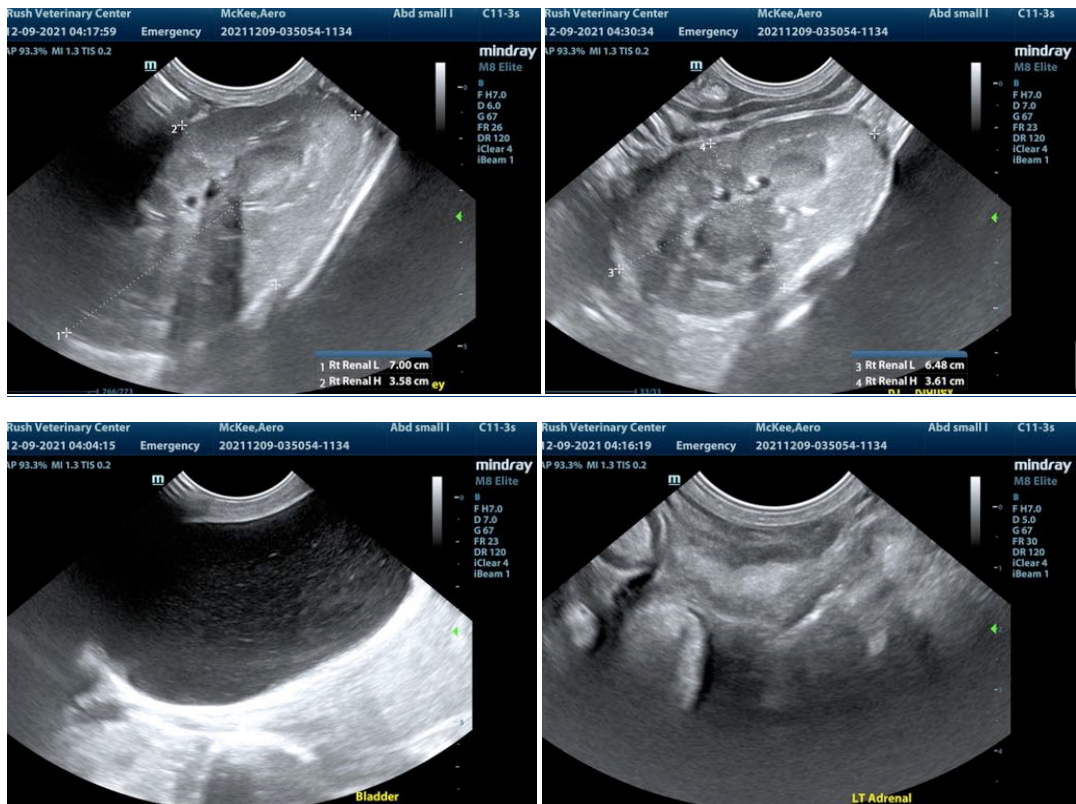
Dr. Milot

**INVOICE**

94425

**DATE**

12/9/21





**PATIENT**

Aero McKee

**SPECIES**

Canine

**BREED**

Newfoundland

**SEX**

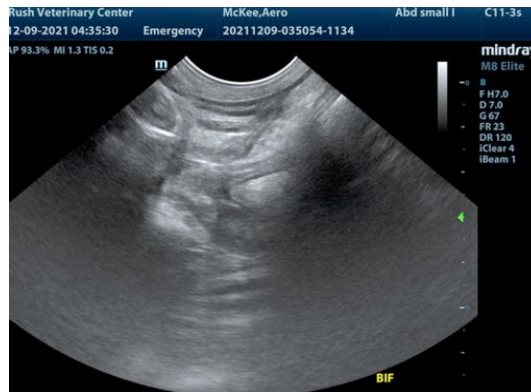
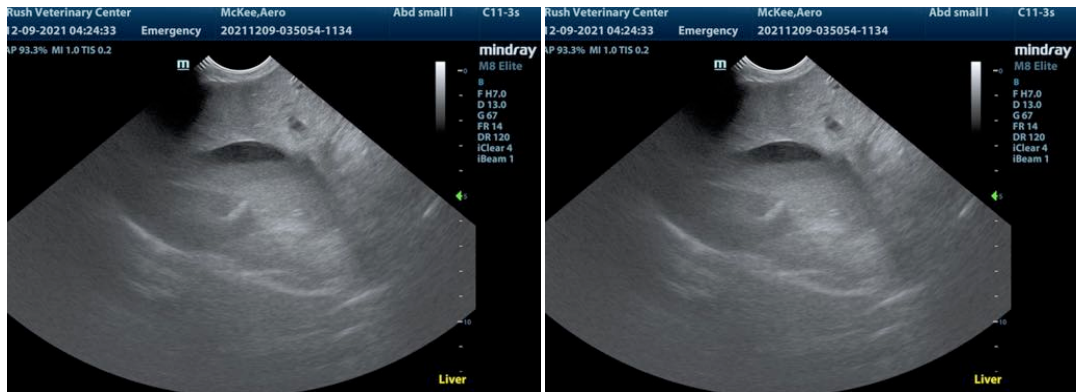
Spayed Female

**AGE**

14 months

**WEIGHT**

35 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Adrienne Ligenza

**HOSPITAL NAME**

Rush VC

**REFERRING VET**

Dr. Milot

**INVOICE**

94425

**DATE**

12/9/21

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