



PATIENT

Meeko Thomas

SPECIES

Canine

BREED

Mixed

SEX

Neutered Male

AGE

11 Years

WEIGHT

29.3 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cassandra Van Nieuwal

HOSPITAL NAME

Animal Emergency Hospital Deland

REFERRING VET

Dr. Cassandra Van Nieuwal

INVOICE

45045

DATE

2/10/23

PRESENTING CLINICAL SIGNS

Patient presented for lethargy, weakness and pale gums. He has been vomiting for the past week. He has not been eating for the last 3 days. No history of toxin ingestion. On exam he was pale, weak, with snappy pulses. No effusion noted on aFAST or tFAST. Radiographs did not show any effusion or masses, but GI tract was noted to have more contents than expected given history of anorexia.

Abnormal PE/Chem/CBC/UA Results: Prolonged Clotting times on both PT and aPTT pH 7.302, K 3.4, Lactate 8.20, Glu 142, Ca 8.4, TP 3.7, Alb 1.8, Glob 1.9, Chol 89, EOS 0.01, RBC 1.83, Hgb 4.6, HCT 10.3%, MCV 56.3, PLT 39 Blood Smear Interpretation 1. Marked non or preregenerative anemia reported as microcytic and hyperchromic with increased numbers of cytologically microcytic erythrocytes - Most consistent with iron-deficiency/chronic blood loss anemia (see comment); 2. Absence of a lymphopenia 3. Platelet concentration suspected to be mildly decreased or within reference limits - confirmation required

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 were 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 kidneys measured 6.0 cm each.

Adrenal Glands

The **left adrenal gland** was 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 0.40 cm.

The region of the **right adrenal gland** was imaged, visualized obliquely at approximately 5.0 mm.

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** 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,



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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

Some ingesta was noted in the **stomach** with minor gas accumulation. A 2.0 cm focus noted consistent with gas interface or possible foreign body noted in the pyloric outflow with some stasis, however likely incidental. 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

AGE

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- Gastric stasis with 2.0 cm shadowing structure
- Age related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia is unclear. If no significant proteinuria is present, then albumin loss is likely GI related. CBC path review, bone marrow aspirate recommended for further definition. However, the abdomen was largely unremarkable other than the minor gastric structure. 12-hour NPO and recheck of the pyloric outflow sonographically would be appropriate.

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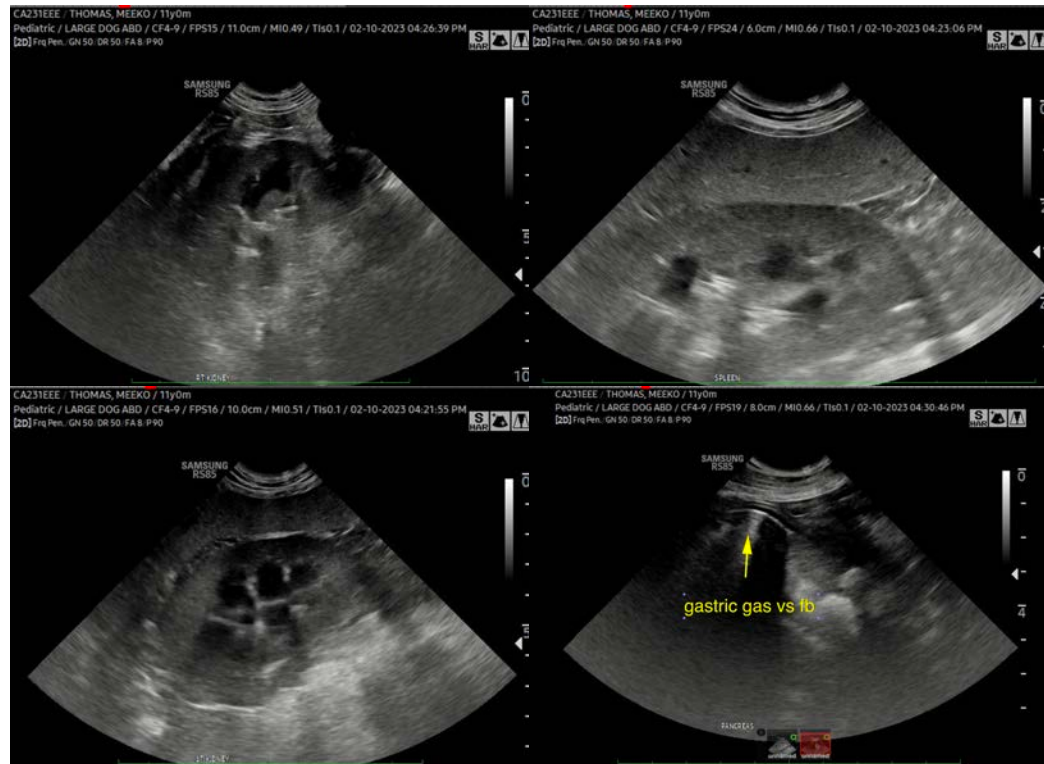
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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