



**PATIENT**

Ivy Woodward

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

FS

**AGE**

5yr

**WEIGHT**

26

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Sheldon

**HOSPITAL NAME**

Advanced Pet Care of  
Oakland

**REFERRING VET**

Dr. Sheldon

**INVOICE**

12944ag

**DATE**

02/13/2023

**PRESENTING CLINICAL SIGNS**

3 weeks of watery diarrhea, 10 # weight loss, decreased appetite, one episode of vomiting. Pet is on endosorb, cerenia, proviable

Abnormal PE/Chem/CBC/UA Results: No peripheral lymphadenopathy noted. Bloodwork revealed hypoproteinemia Alb 2.0, Glob 2.0. Fecal antigen negative. UA 1+ protein in urine. mesenteric LN aspirates pending. UPC pending.

**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 left kidney measured 4.8 cm in length. The right kidney measured 4.6 cm in length.

**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 left adrenal gland measured 0.47 cm caudal pole width by 0.39 cm cranial pole width. The right adrenal gland measured 0.58 cm caudal pole width by 0.6 cm cranial pole width.

**Spleen**

The spleen presented subtle micronodular changes. Early round cell neoplasia as a potential cannot be excluded.

**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**

Examination of the gastrointestinal tract revealed hyperperistalsis and areas of mucosal fogging. Fluid filled colon was noted. Given the patient history protein losing enteropathy is likely.

**Pancreas**



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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.

**SPECIES**

Canine

**Free Abdomen**

Reactive mesenteric lymph nodes were present however some nodes appear more rounded than others and distinctly hypoechoic to surrounding fat.

**BREED**

Australian Shepherd

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis/PLE pattern
- Reactive mesenteric lymph nodes
- Subtle micronodular splenic changes

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

5yr

An ultrasound guided FNA of the spleen and more rounded mesenteric lymph nodes with cytology and C/S is recommended. Treatment for PLE and malassimilation should be investigated as well. A guarded prognosis is indicated.

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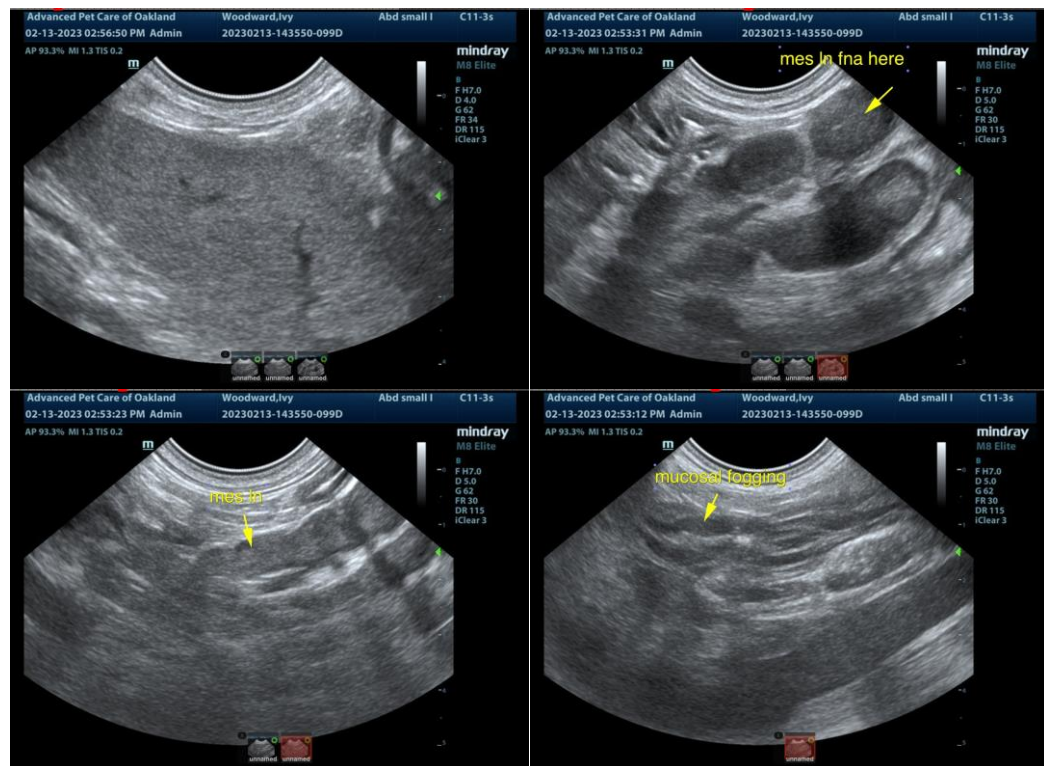
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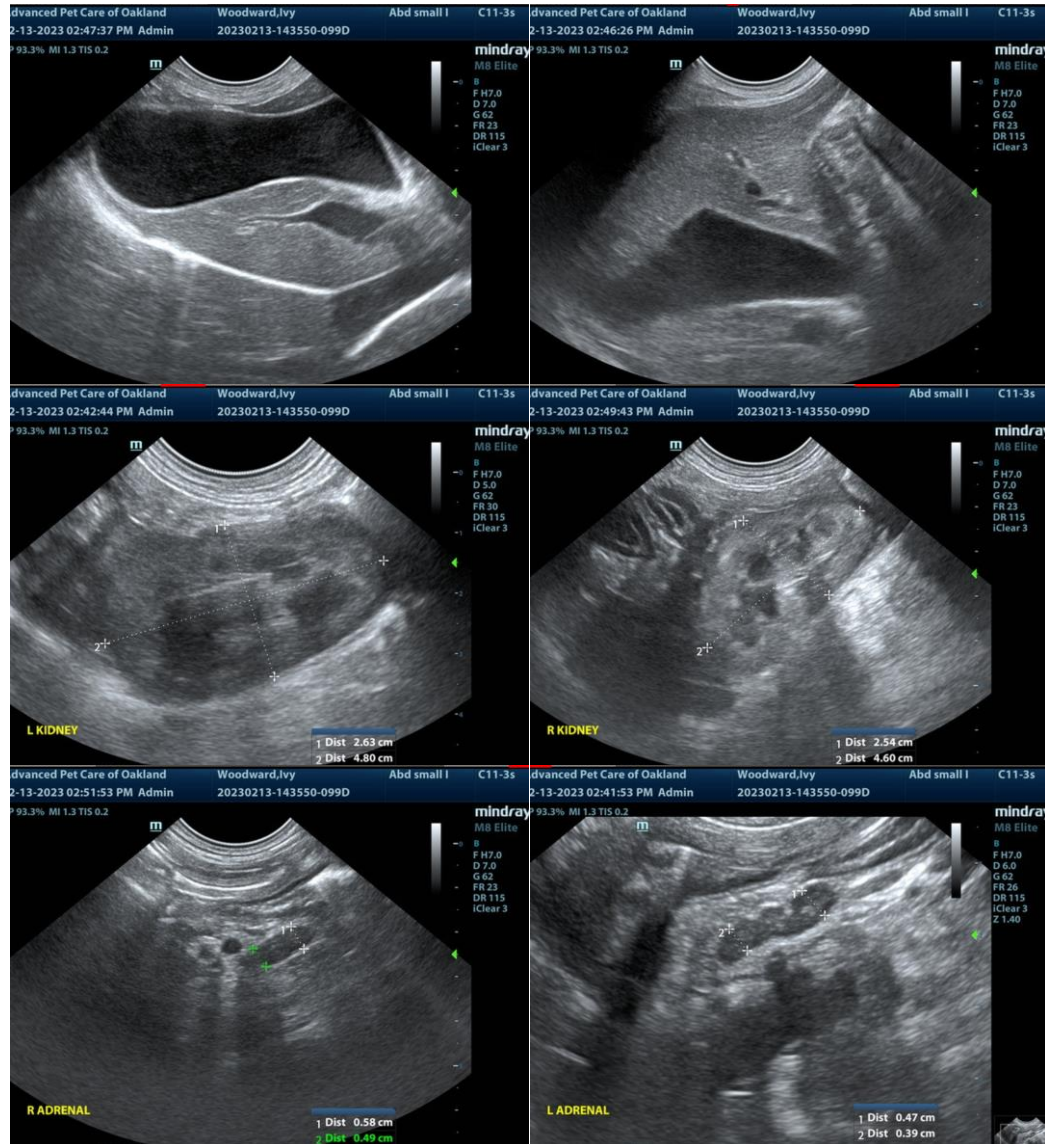
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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