**PATIENT**

Rowdy Ealy 52592A

**SPECIES**

Canine

**BREED**

Bearded Collie

**SEX**

Spayed female

**AGE**

3 years

**WEIGHT**

22.1 kg

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**IMAGING  
PERFORMED BY**

Tom McNeil

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**Madison Veterinary  
Specialists Dr. Patton**INVOICE**

42750

**DATE**

2/13/23

**PRESENTING CLINICAL SIGNS**

**History:** Rowdy presented to the MVS Emergency Service on Feb 12, 2023, at 745a for evaluation of black stool and pale gums. Rowdy was diagnosed with Lupoid Onychodystrophy in December. Yesterday stool was black. Over the past 1.5 weeks his gums have been pale with rapidly increasing lethargy, weakness, and ataxia. Abdominal distension has been noted over the past 6 weeks. PU/PD, polyphagia also noted however was anorexic this morning. Current medications: Prednisone 50mg BID since December, reduced to 40mg BID two weeks ago Vitamin E supplement Omega Oil Supplement

**Abnormal PE/Chem/CBC/UA Results:** Abdomen: tense, uncomfortable, tense, distended Rectal: black, soft stool Lactate 7.46 BG on glucometer: 189 PCV 19/5.2 CBC/Chm 15/lytes: HCT 15.6, RETIC 190.6, WBC 46.3K, NEU 35.K, LYM 8.21, MONO 2.16K, PLT 280,BUN 30, CREAT 0.6, TP 4.9, ALB 2.1, ALT 254, ALKP >2000, GGT 224, TBILI 1.1, CI 108 Post blood transfusion: PCV/TS was 30%, 5.4, hemolyzed +1 icteric +3 @ 7pm Mild melena when defecated prior to ultrasound.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The **urinary bladder** was over distended at the time of the sonogram. 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 right kidney measured 6.72 cm. The left kidney measured 6.2 cm.

**Adrenal Glands**

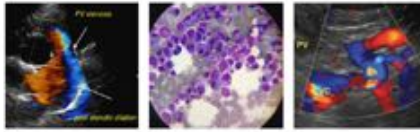
The left **adrenal gland** was flattened and measured 0.33 cm at the cranial pole and 0.36 cm at the caudal pole. The left adrenal gland was isoechoic to the surrounding fat. The region of the right adrenal gland was imaged and is likely subnormal in size.

**Spleen**

The **spleen** was hypoechoic and normal in size measuring 1.5 cm with subtly micronodular parenchyma, and undulating capsular contour. This is consistent with reactive spleen owing to immune stimulus or early infiltrative disease such as mast cell disease or lymphoma. 25-gauge FNA would be ideal if weight loss is an issue to differentiate early round cell neoplasia versus splenitis or reactive spleen all of which can present in this manner. Surrounding effusion was noted.

**Liver**

The **liver** was diffusely hyperechoic to the falciform fat. The liver revealed generalized enlargement. The gallbladder was collapsed and empty.

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***Gastrointestinal***

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. The gastric wall thickness measured 0.6 cm. 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.

***Pancreas***

The **pancreas** was coarse in architecture with mixed, hypoechoic parenchyma with irregular contour and enhanced surrounding mesentery.

***Free Abdomen***

Free fluid cannot be overtly justified unless a potentially suppressed neoplastic event is an issue given the Prednisone therapy. Underlying lymphoma or similar neoplasia may be playing a role that would explain the free fluid owing to lymphatic congestion.

**ULTRASONOGRAPHIC FINDINGS**

Hepatomegaly with metabolic hepatopathy.

Subnormal adrenal size.

Hypoechoic and mildly irregular spleen.

Structurally unremarkable GI tract, yet Microulcerative disease cannot be ruled out.

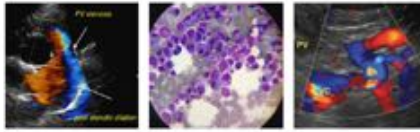
Free fluid.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the history of Prednisone this is likely suppressing the adrenal glands causing them to be flattened and isoechoic. Coagulation panel, abdominocentesis and cytospin of the free fluid and FNA of the spleen and liver is recommended in this patient. GI protectant protocol is warranted in the meantime. CBC path review is warranted to assess for hemolysis as cause of bilirubin elevation versus the aspirate results of the liver. The prognosis is very guarded.

**IMAGING PERFORMED BY**

SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com



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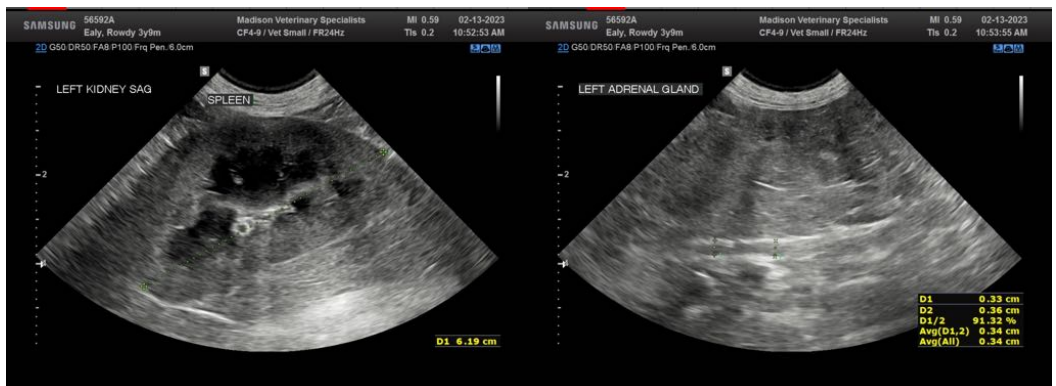
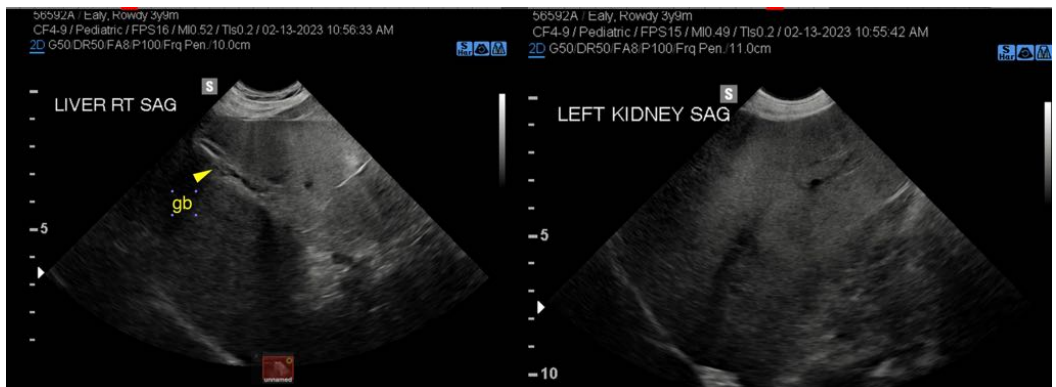
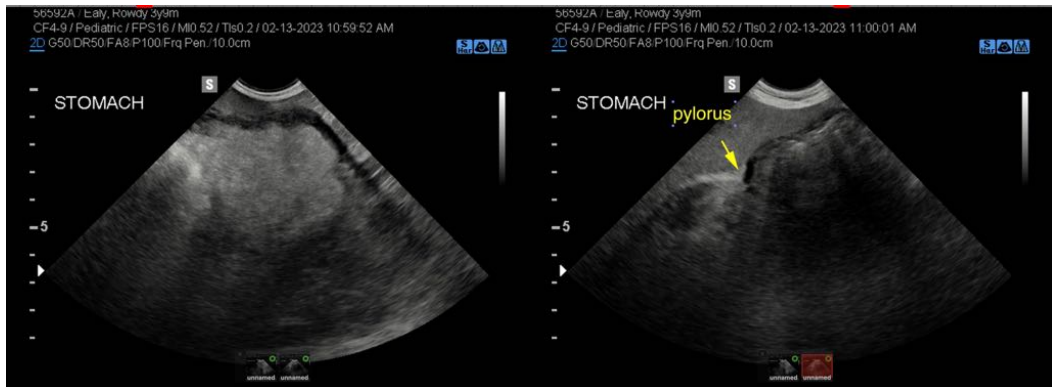
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D1	0.33 cm
D2	0.36 cm
D1/2	91.32 %
Avg(D1,2)	0.34 cm
Avg(All)	0.34 cm

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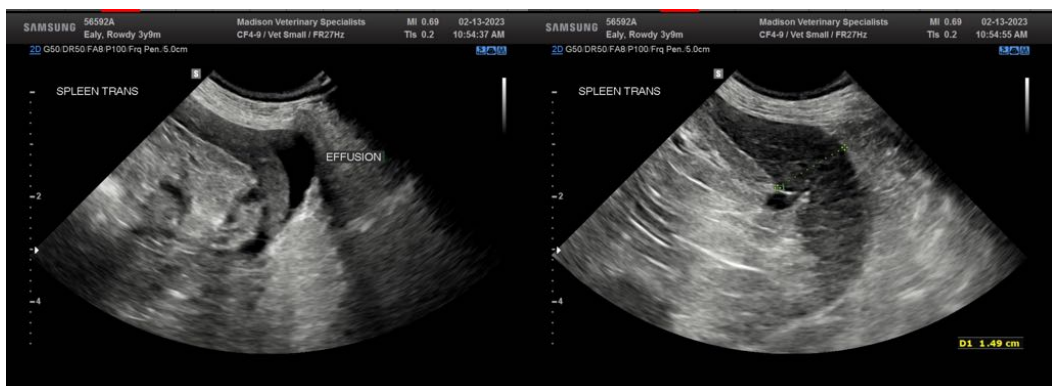
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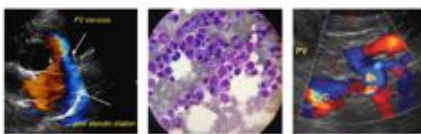
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D1 1.49 cm

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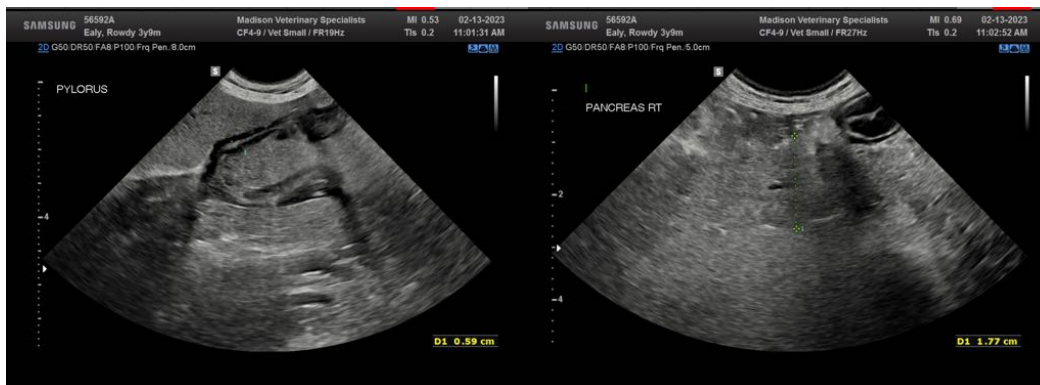
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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