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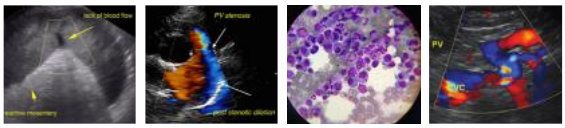


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Tom Ford Konevich

SPECIES

Canine

BREED

DMH

SEX

Neutered Male

AGE

10 Months

WEIGHT

9.8 Lbs.

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Edgewood AC

REFERRING VET

Dr. Kimball

INVOICE NUMBER

13996

DATE

2/19/22

PRESENTING CLINICAL SIGNS

History: Chronic intermittent loose stool and uncoordination. Recently found Toxoplasmosis and started clindamycin. 12 hours after starting he broke with 105 F fever. He has been gaining weight normally and has a good appetite Current Medications Clindamycin 75mg PO q12h, Onsior 6mg PO q24h

Abnormal PE/Chem/CBC/UA Results: WBC 44.1 on 11/21. Went down to low 20's over the next couple of months. After fever started the WBC is 55. Most of the WBCs are mature neutrophils

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 4.6 cm. The right kidney measured 4.74 cm.

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 right adrenal gland measured 0.44 cm. The left adrenal gland measured 0.48 cm.

Spleen

The **spleen** measured the upper limits of normal size (1.0 cm) with uniform parenchyma, likely reactive state.

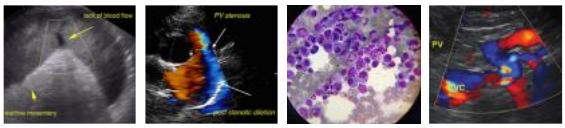
Liver

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

Some retention of ingesta was noted in the **stomach**. Wall thickness up to 0.35 cm was noted. The small intestine and colon were unremarkable.

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.

Free Abdomen

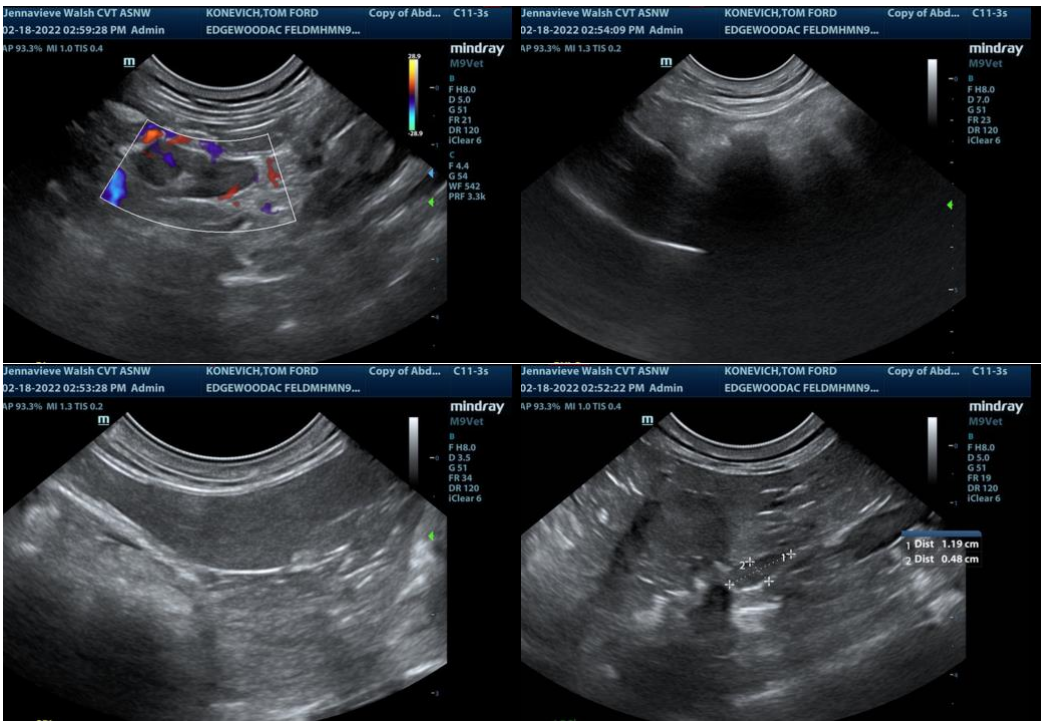
Mesenteric **lymph nodes** were slightly enlarged, a grouping of which measured 1.0 cm.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Minor mesenteric lymphadenopathy
- Stomach ingeseta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, viral infection is likely, given the high fever. Toxoplasmosis and bartonella (or other infectious agents) should be considered as potentials. No obvious evidence of FIP, however, could not be ruled out completely, especially given the minor mesenteric lymphadenopathy. However, this is largely a common finding in this age patient.



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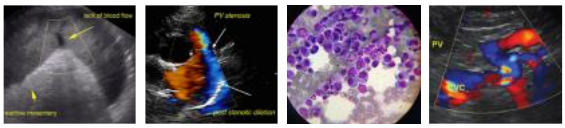

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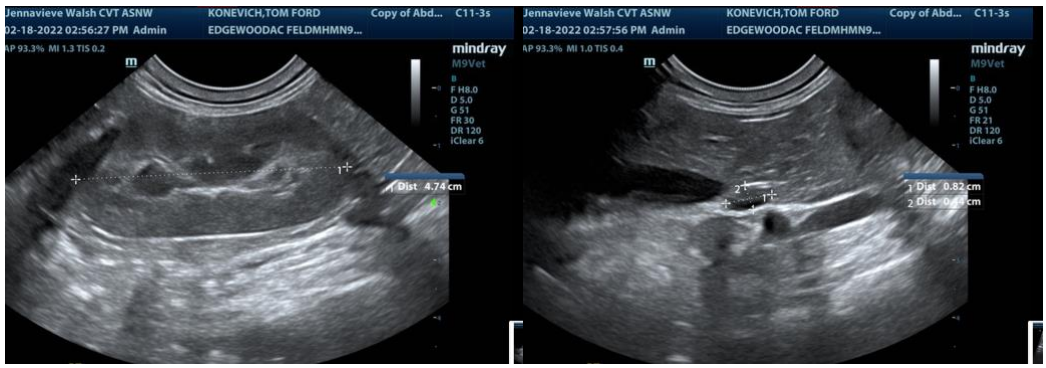

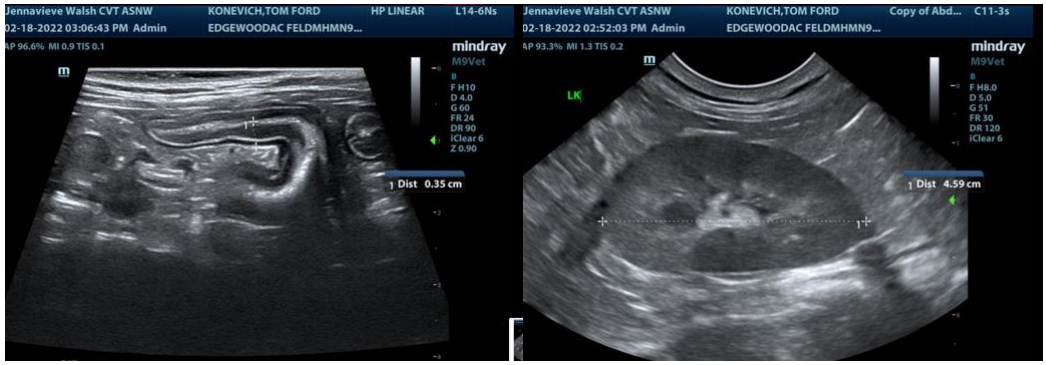

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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