



**PATIENT**

Zoey Crane

**SPECIES**

Canine

**BREED**

Norfolk Terrier

**SEX**

Spayed female

**AGE**

7 years

**WEIGHT**

19 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Ashley Whitesell

**HOSPITAL NAME**

Dickson AC

**REFERRING VET**

Dr. Levine

**INVOICE**

42900

**DATE**

2/21/23

**PRESENTING CLINICAL SIGNS**

History: Every few weeks gets an upset stomach, is on RC gastrointestinal diet. diarrhea off and on for years with occasional blood; not large volumes of stool at one time. eats pretty normal. has periodic vomiting.

Abnormal PE/Chem/CBC/UA Results: Cobalamin 503, folate >24, TLI 48 (high); giardia negative, clostridium neg, crypto neg; PSL 260; HCT 63% HGB 22.2 (high) All else WNL

**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 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 3.6 cm. The right kidney measured 3.8 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.75 cm at the cranial pole and 0.4 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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.



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**Gastrointestinal**

Zoey Crane

The **gastrointestinal tract** was slightly thickened without loss of detail and an empty lumen. This is consistent with a non-specific inflammatory bowel type presentation with a reactive lymph node. There was no evidence of a neoplastic criteria. Variable areas of small intestinal thickening were noted with mucosal fogging and reactive mesentery. This is consistent with lymphangectasia and inflammatory bowel. No neoplastic criteria was met. The epigastric lymph nodes were slightly enlarged at 0.5 cm and were rounded. The mesenteric lymph nodes were slightly enlarged and measured up to 1.0 cm.

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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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Inflammatory bowel, lymphangectasia pattern with minor reactive lymphadenopathy.

**AGE**

7 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No neoplastic criteria was noted at this time. However, an emerging round cell neoplasia such as lymphoma cannot be completely ruled out. Albumin levels should be monitored carefully in this patient. Purina HA or Royal Canin HP diet, probiotics and treatment for enterotoxins with Enrofloxacin and Metronidazole can be considered as well. If clinical signs persists and weight loss occurs then a recheck sonogram is warranted to ensure that an emerging neoplastic event is not occurring such as lymphoma. However, there was no neoplastic criteria noted at this time.

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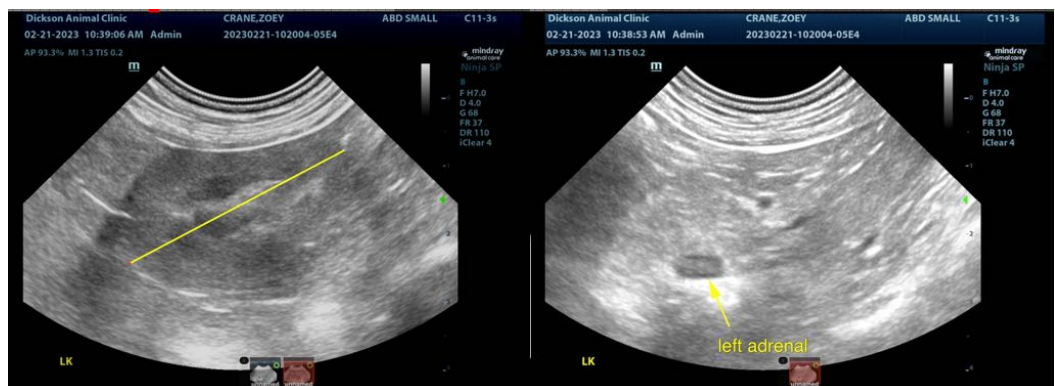
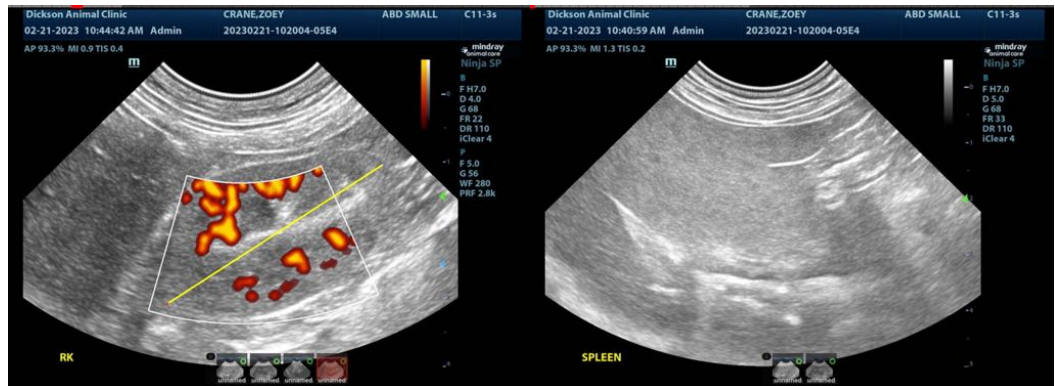
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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