



PATIENT PRESENTING CLINICAL SIGNS

Patient: Padme Reed
Species: Canine
Breed: Boxer
Sex: Spayed Female
Age: 5 years
Weight: 24 kg

Presented at our hospital for vomiting, decreased appetite, nausea, drooling. Transfer from rdvm. Seen on 2/17 at rdvm (blood work and fecal WNL). 1 week ago did chew up/play with part of a mattress pad with polyfil stuffing. Compost pile outside. Previous Health Concerns: none Current Medications cerenia tablets last week Appetite/When did they eat last: not eating well for 2 weeks; eats a few pieces at a time
 Abdominal: gassy bowel; tender in cranial abdomen epoc: hct 58% lactate 4.62 cpl: abnormal

BREED 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 7.1 cm. The right kidney measured 7.09 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.

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 was noted.

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moses

INVOICE

96231

DATE

2/22/22



PATIENT

Gastrointestinal

Padme Reed

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

SPECIES

Canine

BREED

Boxer

Pancreas

The **pancreas** revealed minor, hypochoic, heterogenous parenchymal changes at the pancreatic base. This is suggestive for low-grade inflammation.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with minor pancreatitis pattern.

AGE

5 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. There is no evidence of foreign body or neoplasia. Supportive care should prove effective.

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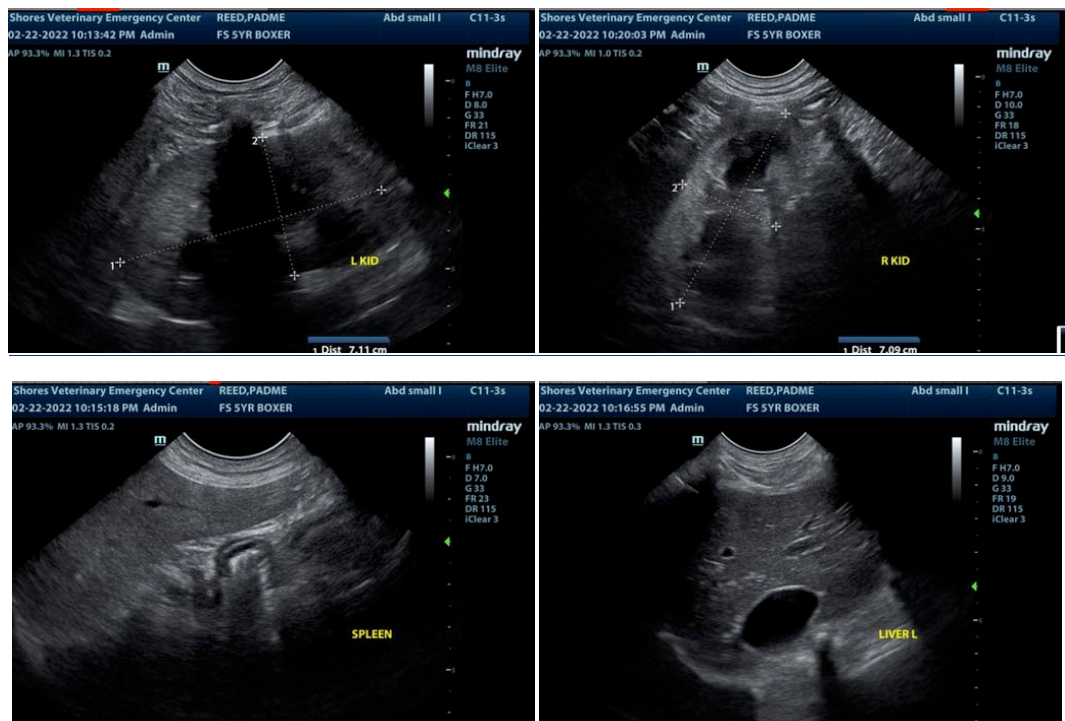
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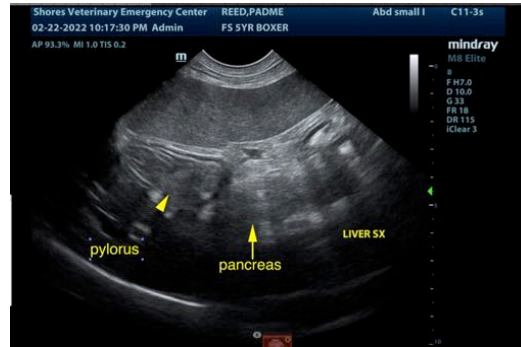
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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