



PATIENT

Gaius Greyhound Supporters

SPECIES

Canine

BREED

Greyhound

SEX

Neutered male

AGE

11 years

WEIGHT

32.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bell

HOSPITAL NAME

Cedarview AH

REFERRING VET

Dr. Bell

INVOICE

96404

DATE

2/28/22

PRESENTING CLINICAL SIGNS

Has a history of abdominal pain for several years. No known cause or origin. In known history there has been no abdominal surgery but there is a noticeable scar midline cranial to the penis. Has been on and off high doses of gabapentin and NSAID. Picky eater. On exam, very reactive to palpation of spine and abdominal palpation. On scan, noted reactivity in the R cranial quadrant (more so than other areas). Trying to identify a cause for the pain. Senior Panel (CBC, Chem, Lytes and fT4) all WNL for breed. cPLI normal.

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** were normal in size and contour with trace pyelectasia. The left and right kidney measured 7.0 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 1.2 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** in this patient was folded upon itself cranially and caudally with minor, heterogenous parenchymal changes. The spleen revealed uniform enlargement. Palpation of the spleen is warranted to assess if discomfort is associated with hypersplenism.

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

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The **stomach** revealed echogenic mucosal changes and an empty lumen. The small intestine and colon are unremarkable.

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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.

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Free Abdomen

Trace amounts of free fluid were noted. The trace free fluid may be secondary to splenic folding and slight congestion.

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ULTRASONOGRAPHIC FINDINGS

Splenic folding, no evidence of neoplasia.

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Echogenic mucosal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

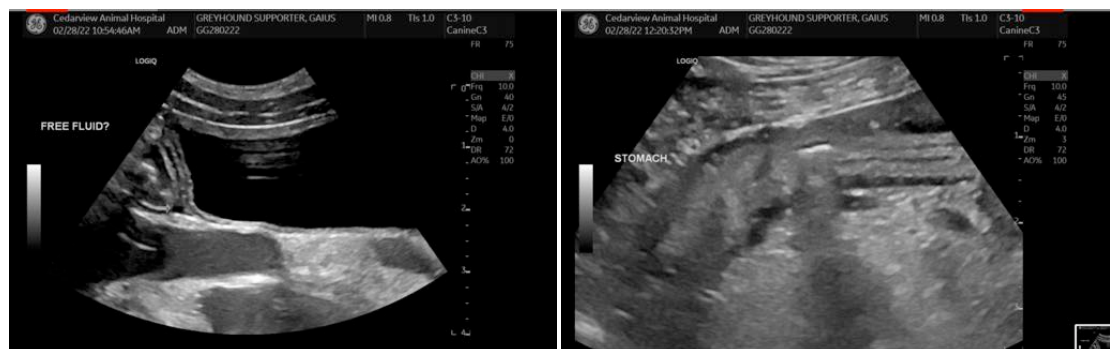
Proactive splenectomy +/- gastric biopsy may be appropriate in this patient. Given the chronic abdominal pain, assuming that referred back pain is not an issue the breed predisposition to hypersplenism and splenic torsion should be a consideration given the vague clinical signs. No splenic torsion is noted at this time; however, this could represent a precursor to torsion. Chronic immune stimulation should be considered such as underlying infectious disease. Tick borne disease panel is warranted if not already performed.

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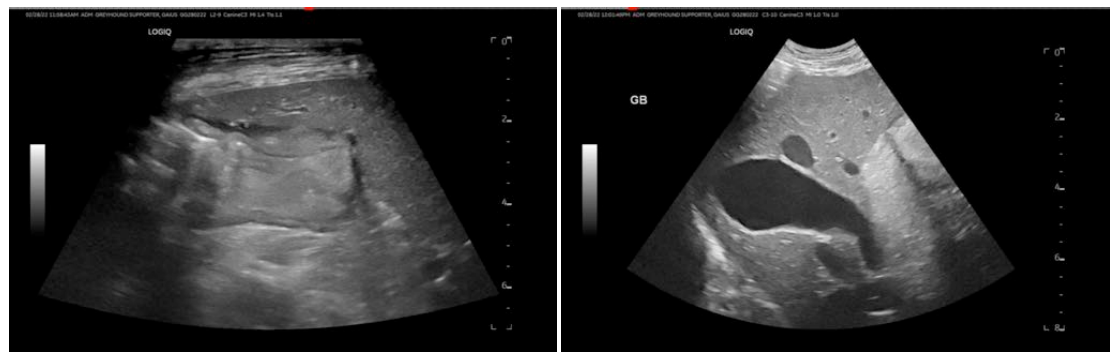
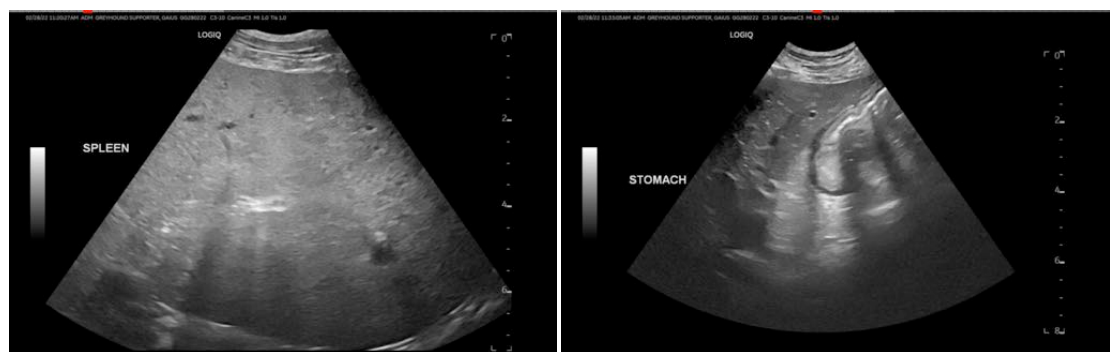
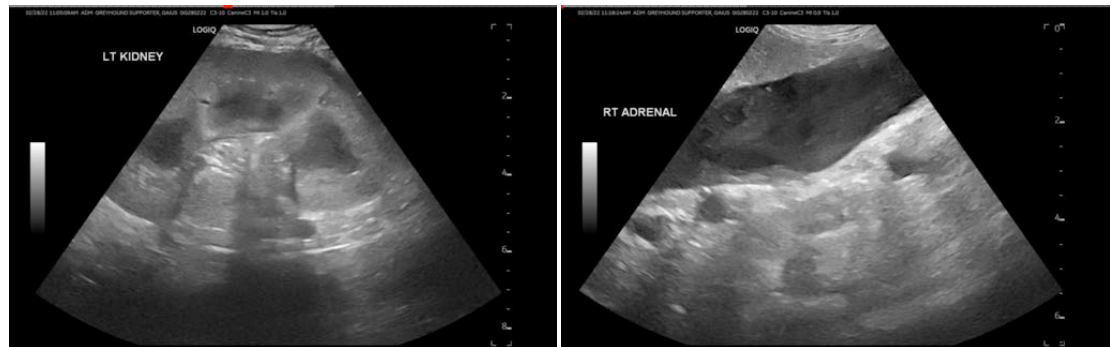
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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info@SonoPath.com

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