



PATIENT

Koko Sowell

SPECIES

Canine

BREED

Mini Poodle

SEX

Spayed Female

AGE

12 Years 10 Months

WEIGHT

8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Harold Mike Beard

INVOICE

35960

DATE

2/28/22

PRESENTING CLINICAL SIGNS

Chronic intermittent vomiting (food) last 2 weeks, vomited 3 times today. Mild weight loss. Abnormal PE/Chem/CBC/UA Results: CBC and Chemistry pending.

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 **kidneys** presented moderate degenerative changes with multifocal echogenic cysts measuring up to 2.5 cm at the caudal pole of the left kidney. Corticomedullary calculi also noted. The right kidney presented minor microcystic changes. The kidneys measured approximately 4.0 cm each.

Adrenal Glands

The **right adrenal gland** was enlarged, measuring 2.0 cm x 1.3 cm at maximum width. The **left adrenal gland** was visualized obliquely and was enlarged, measuring up to 1.4 cm.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

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** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. The gallbladder measured approximately 6.0 cm x 4.0 cm in long axis.

Gastrointestinal

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis and emerging mucocele
- Enlarged adrenal glands



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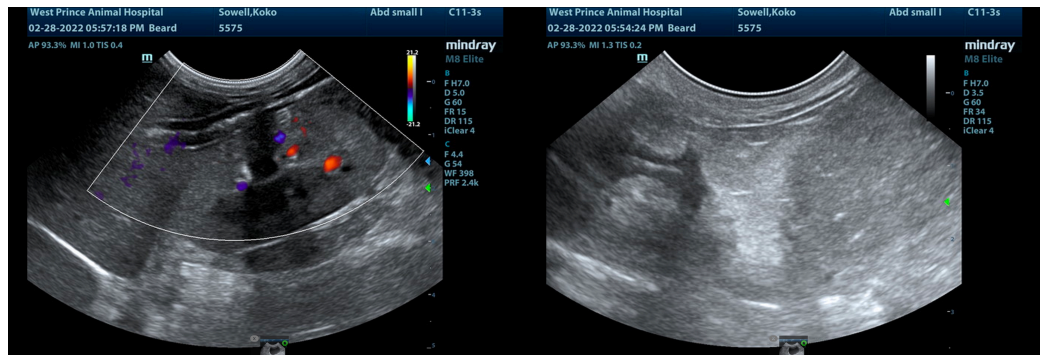
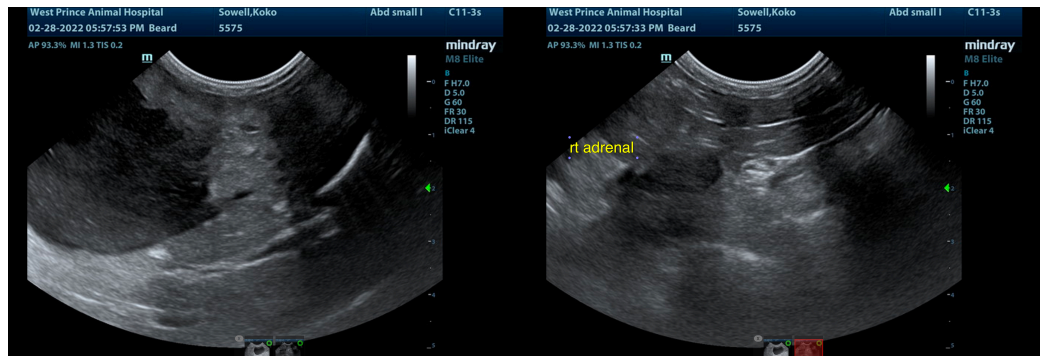
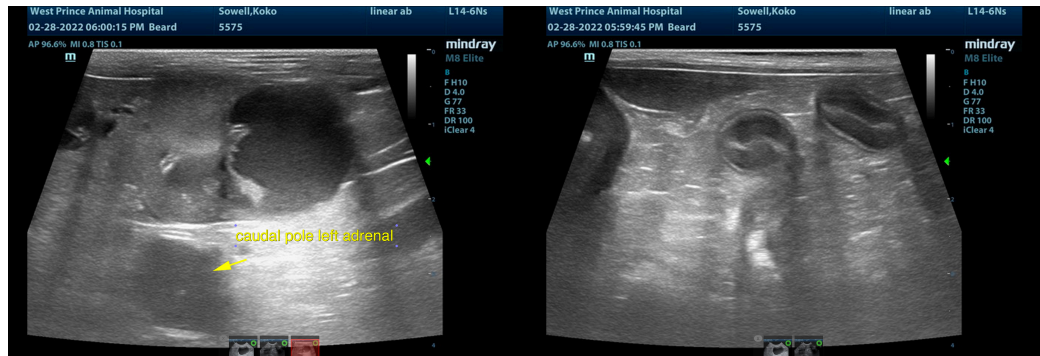
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the left adrenal gland indicated under sedation if necessary. Workup for Cushing's disease recommended. Ultrasound guided drainage of the larger renal cyst with culture and sensitivity warranted. Ursodiol therapy +/- gallbladder motility study indicated, given the gallbladder presentation. Blood pressures warranted and treatment for gastroenteritis. No evidence of foreign body or neoplasia. However, the left adrenal gland does appear somewhat irregular.





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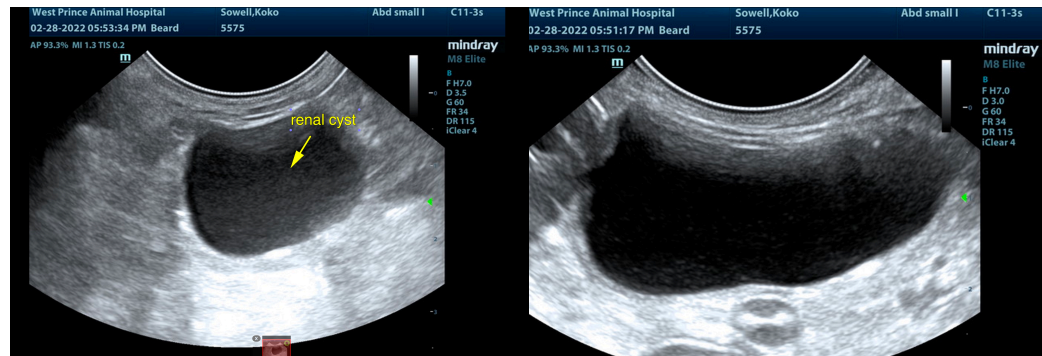
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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