



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Ebony Cline

SPECIES
Canine

BREED
Labrador

SEX
Spayed Female

AGE
11 years

WEIGHT
80.4 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Couser

HOSPITAL NAME
Willamette VH

REFERRING VET
Dr. Couser

INVOICE
95782

DATE
2/1/22

Transfer from rDVM for further workup of fever, anorexia, & anemia with leukocytosis. Went to rDVM in October 2021 for lameness/limping, started carprofen 100 mg PO BID. 10/1/21 - CBC: HCT 37%, WBC 22.5k, Neut 19.463k, no left shift, PLT wnl, Chem & TT4 wnl. Per rDVM notes, P was on carprofen from 10/1/21 until 1/31/22. 1/31/22 - went to rDVM for vomiting & dark stools. Chem - TBIL 0.3, rest wnl. Glu 66, K 5.4, Na 146. CBC - HCT 35%, retic 267k, WBC 39.3k, Neut 33759, Mono 3223, slight polychromasia, slight anisocytosis, neut appear slightly toxic, dohle bodies seen, no RBC parasites seen. 2/2/22: CBC - HCT 23.1%, Retic 110k, WBC 32.34k, Neut 26.55k, Mono 3.39k, PLT 342k, rest wnl. Abnormal PE/Chem/CBC/UA Results: 2/2/22 at Wilvet: not icteric. Many soft tissue SQ masses (texture consistent with lipomas, some firmer than others, one on sternum has small ulcer where rubs on floor when laying down). Rest of exam unremarkable. Chem17 - TBIL 1.1, AMYL >2500, LIPA 5404, rest wnl. EPOC - HCT 27%, rest wnl. LAC 2.88, K 4.7 . PCV 28%, TS 7.4 g/dl

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 iliac trifurcation was unremarkable.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney measured 4.0 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.

Spleen

The **spleen** revealed subtle, micronodular changes with slight, irregular capsule.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Patchy, hyperechoic parenchymal remodeling was noted. The gallbladder and common bile duct were unremarkable.



PATIENT *Gastrointestinal*

Ebony Cline The **stomach** was severely thickened with loss of mural detail. Pericapsular inflammatory pattern was noted. The small intestine and colon were unremarkable.

SPECIES

Canine *Pancreas*

Heterogenous changes were noted in the body of the **pancreas**, yet primary disease does not appear to be an issue.

BREED

Labrador

ULTRASONOGRAPHIC FINDINGS

SEX

Severe gastric thickening. Severe gastritis, possibly ulcerative versus emerging gastric carcinoma.

Spayed Female

Moderate hepatic remodeling.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

80.4 lbs

Endoscopy with mucosal biopsies or full thickness mural biopsies are warranted. GI blood loss is a strong potential in this case. If sampling is not an option aggressive GI protectant protocol is warranted at 24 hour n.p.o. I recommend stopping NSAID treatment. Recheck sonogram is recommended in 3-7 days. Bilirubin values should be reassessed and matched with bilirubinuria. Hemolysis may be an issue. Structurally the liver appears to have some remodeling, yet given the lack of other liver enzyme elevations in the history, the bilirubin on its own may be artifactual or owing to hemolytic disease.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

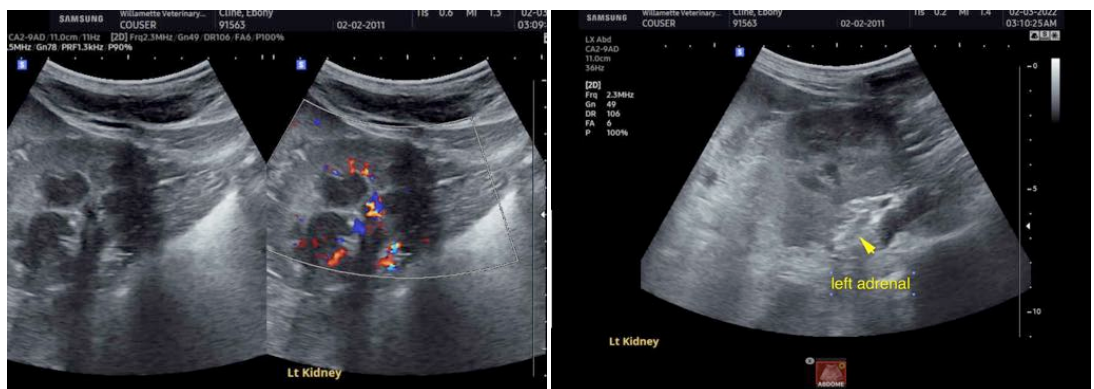
Dr. Couser

INVOICE

95782

DATE

2/1/22





PATIENT

Ebony Cline

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

11 years

WEIGHT

80.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Couser

INVOICE

95782

DATE

2/1/22



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
info@SonoPath.com