



PATIENT

Raisin FJAH

SPECIES

Canine

BREED

German Shepherd

SEX

Female

AGE

12 Weeks

WEIGHT

10 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Father John's AH

REFERRING VET

Dr. Schott

INVOICE

35423

DATE

2/3/22

PRESENTING CLINICAL SIGNS

Hx of possible toxin exposure, littermates died. Emaciated, inappetance, coccidia +. Current meds: Ponazuril, Metronidazole, Cerenia, Fortiflora, Endosorb, just finished 3 day course of Panacur. Abnormal PE/Chem/CBC/UA Results: TP 4.0, Alb 2.1, Creat 0.3, Phos 7.8, Pot 6.9, NA/K Ratio 22, Prec. PSL 243, WBC 197, RBC 4.7, Hgb 9.7, HCT 33, PLT 842, Neut 15169, Mono 985

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** 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 right kidney measured 5.6 cm. The left kidney measured 5.57 cm. Blood flow to the kidneys appeared to be adequate.

Adrenal Glands

Both **adrenal glands** appeared flattened and isoechoic. The left adrenal gland measured 1.71 cm x 0.29 cm at the cranial pole and 0.25 cm at the caudal pole. The right adrenal gland was technically normal size at 1.8 cm x 1.06 cm at the cranial pole and 0.68 cm at the caudal pole.

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 were 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.

Portal vein/vena cava ratio was 1:1. No evidence of intrahepatic or extrahepatic shunting.

Gastrointestinal

The **stomach** was filled with ingesta. Transit of chyme into the small intestine appeared to be normal. Gastrointestinal peristalsis was rapid, consistent with gastroenteritis. Some mucosal fogging noted in the small intestine. Underlying parasitism is a possibility as well as toxin exposure.



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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.

BREED

German Shepherd

Free Abdomen

Mild physiologic free fluid noted.

SEX

Female

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis with full stomach
- Hyperperistaltic GI tract
- Flattened adrenal glands
- Physiologic ascites

AGE

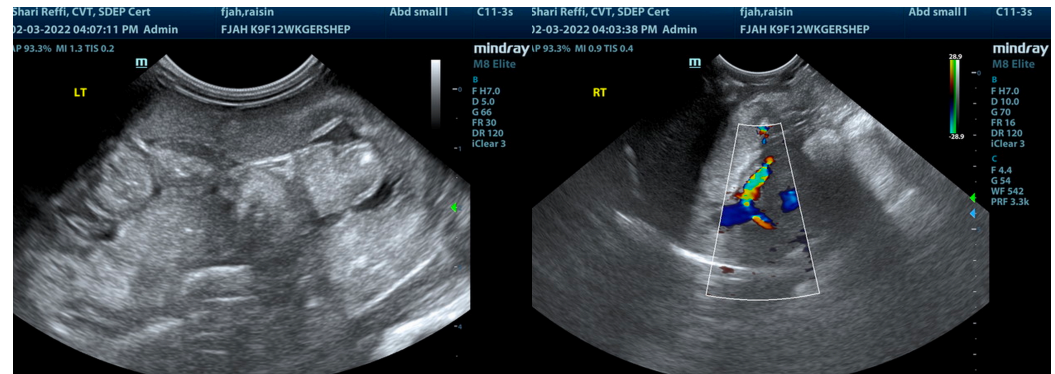
12 Weeks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for congenital Addison's warranted in this patient, given the flattened adrenal glands and the odd clinical signs. ACTH stim or baseline cortisol indicated. Underlying parasitism should also be treated.

WEIGHT

10 Pounds



INTERPRETED BY

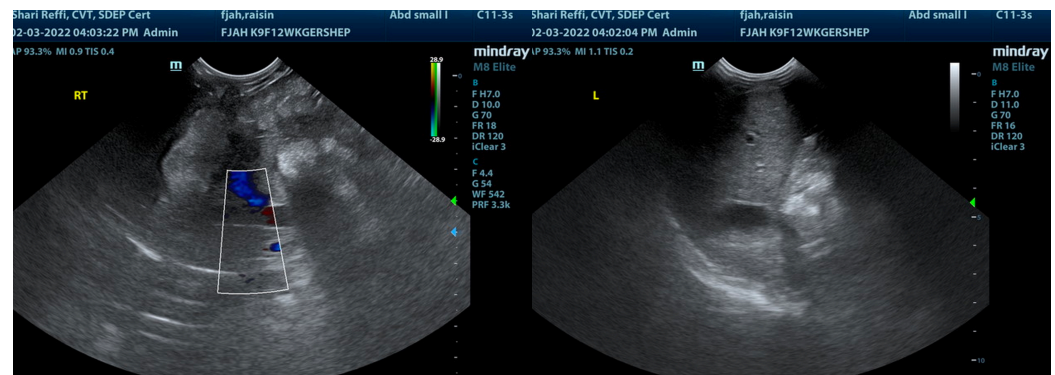
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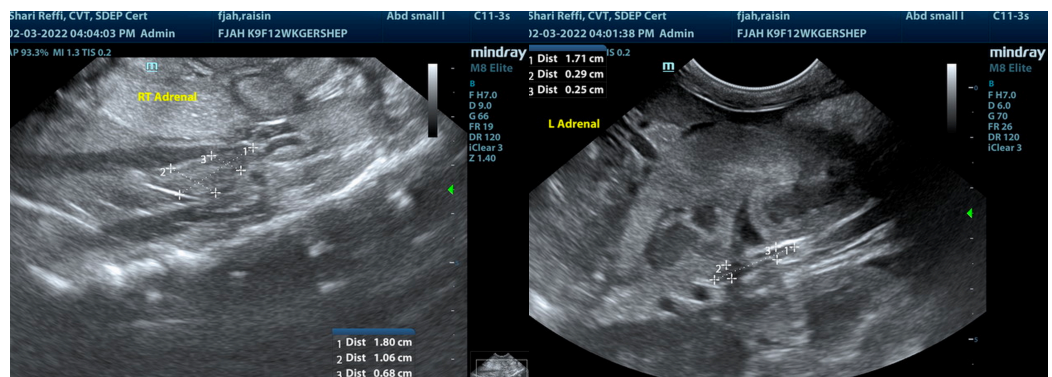
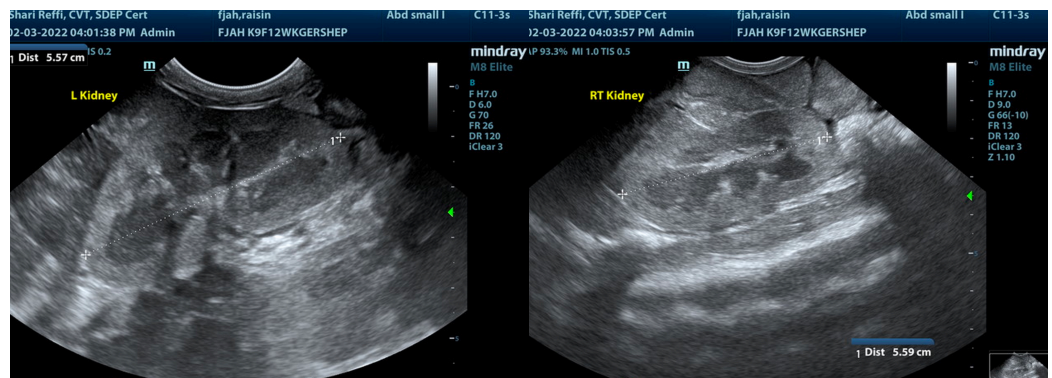
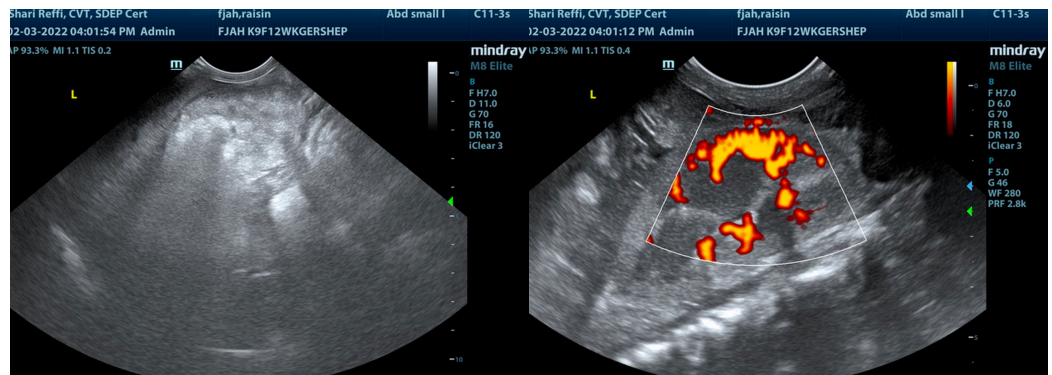
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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