



PATIENT

Gucci Ramsey

SPECIES

Canine

BREED

Boxer

SEX

Spayed Female

AGE

12 Months

WEIGHT

17.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

13786

DATE

2/5/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for AUS. Started with very bloody stool 5 months ago and then diarrhea, and now bloody diarrhea. Not typical behavior for a young dog, very lethargic. Treated multiple times at rdvm with medications (Metro and Loperamide) and food changes with no improvement. Was spayed about 5mo ago. Appetite is decreased off and on. Previous Health Concerns: no, hernia sx as a puppy.

Abnormal PE/Chem/CBC/UA Results: Rdvm bloodwork Chem/CBC 12/27/21 all wnl. Fecal negative.

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 6.73 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 0.68 cm. The right adrenal gland measured 3.14 cm x 0.43 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland measured 2.19 cm x 0.68 cm at the cranial pole and 0.65 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. Cranial and caudal folding of the spleen 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.

Gastrointestinal



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The **stomach** itself was unremarkable. The colon and cecum were fluid filled and mildly thickened. The small intestine was empty.

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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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ULTRASONOGRAPHIC FINDINGS

Boxer

- Enteritis/colitis pattern

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

Supportive care should prove effective. Antiparasitic protocol, 24-hour NPO and treatment for enterotoxins all indicated, such as Baytril responsive colitis, given the breed.

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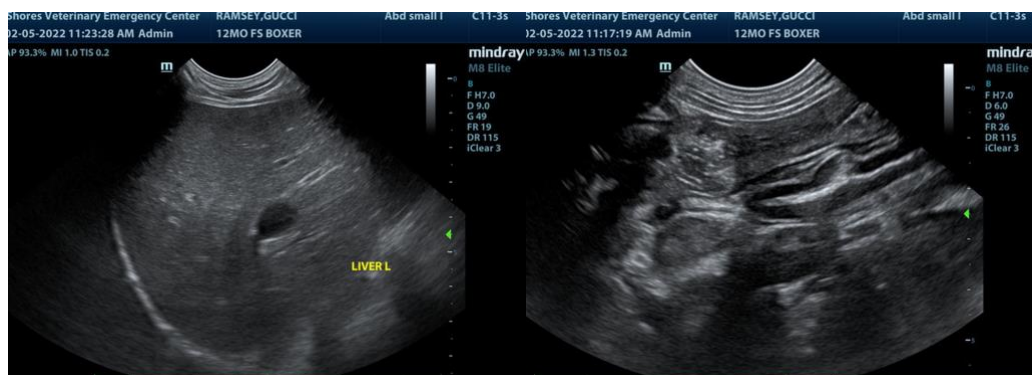
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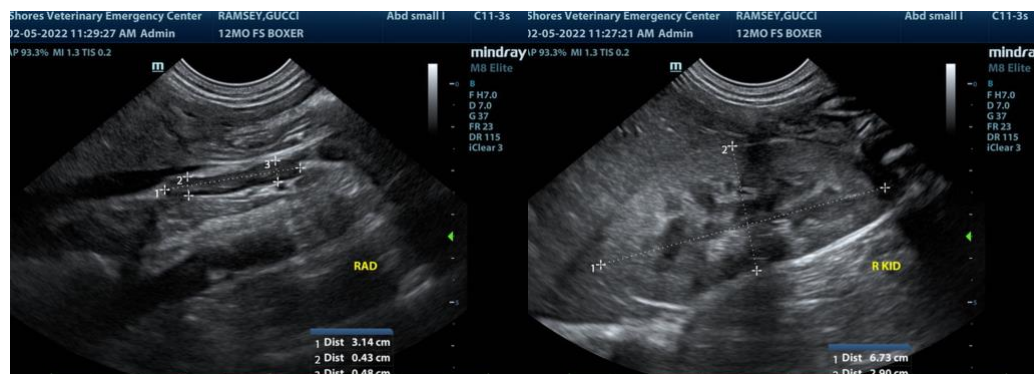
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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