



PATIENT

Rowdy Randolph

SPECIES

Canine

BREED

Miniature Australian Shepherd

SEX

Neutered Male

AGE

14

WEIGHT

18 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren Vet Medical Teaching Hospital

REFERRING VET

Dr. Fadel

INVOICE

45861

DATE

3/13/23

PRESENTING CLINICAL SIGNS

Presented 2 days ago for hematochezia. Dx with HGE. Clinically improving with supportive care (on antibiotics, pain meds, and acid reducers). On PE yesterday auscultated grade 3/6 heart murmur. No clinical signs of heart disease and not noted previously on prior exams. On AFAST FS 0/4, but gallbladder sludge noted.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Hyperechoic medullary rim sign noted. The left kidney measured 5.3 cm. The right kidney measured 6.2 cm.

Adrenal Glands

The **left adrenal gland** was slightly enlarged, uniform, measuring 1.93 cm x 0.94 cm at the caudal pole and 0.94 cm at the cranial pole.

The **right adrenal gland** presented normal size and contour, measuring 2.4 cm x 0.87 cm at the cranial pole and 0.64 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** presented coarse architecture and increased portal markings. Normal size. Occasional hyperechoic nodular change, consistent with remodeling. Mild excessive gallbladder debris noted.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat.



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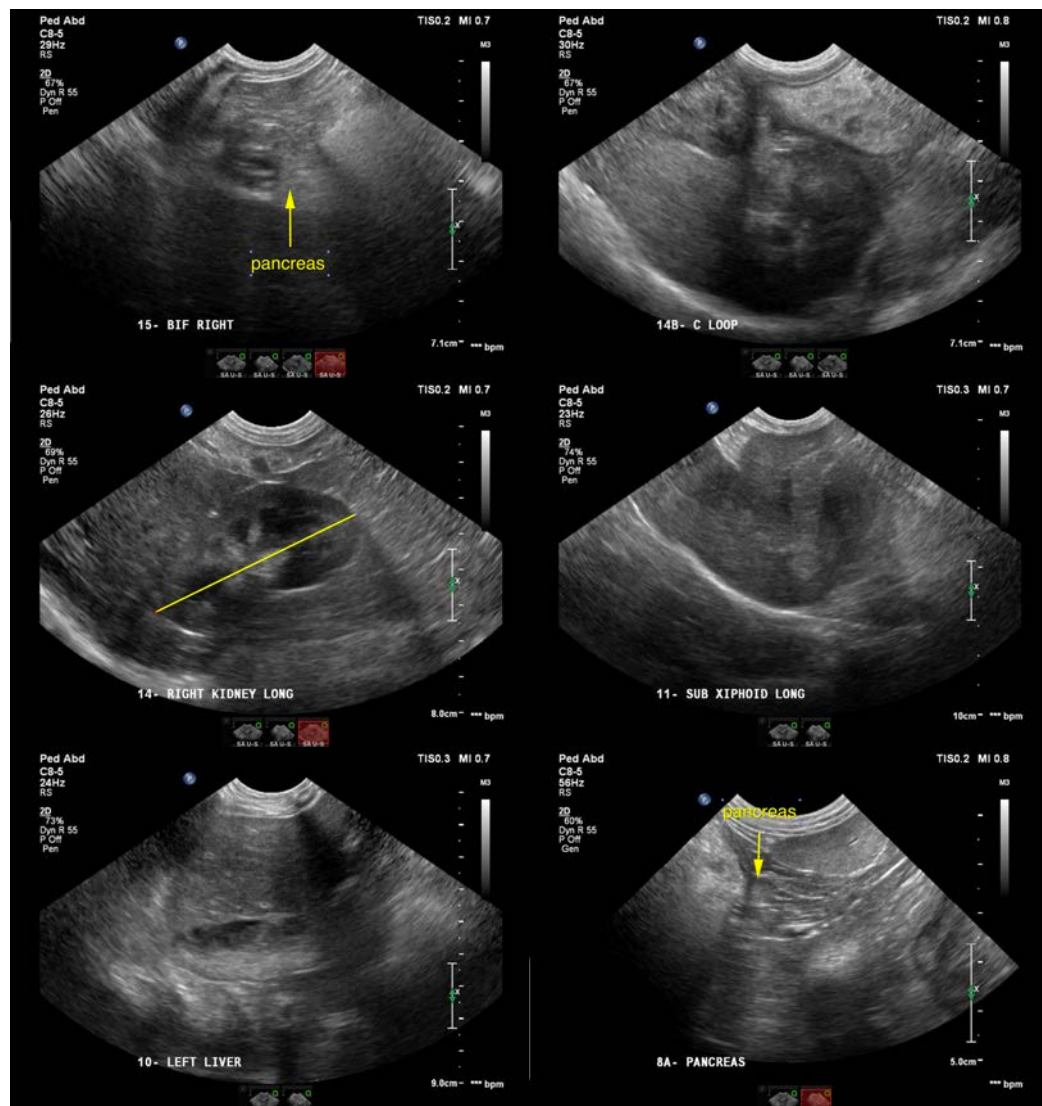
Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation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

ULTRASONOGRAPHIC FINDINGS

- Largely age related abdominal changes with slight irregular left adrenal gland – hyperplasia likely.
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Fecal test, diet change, treatment for colitis such as Enrofloxacin/Metronidazole combination could be considered to cover for enterotoxins if not already performed. Largely expected changes for this age patient.





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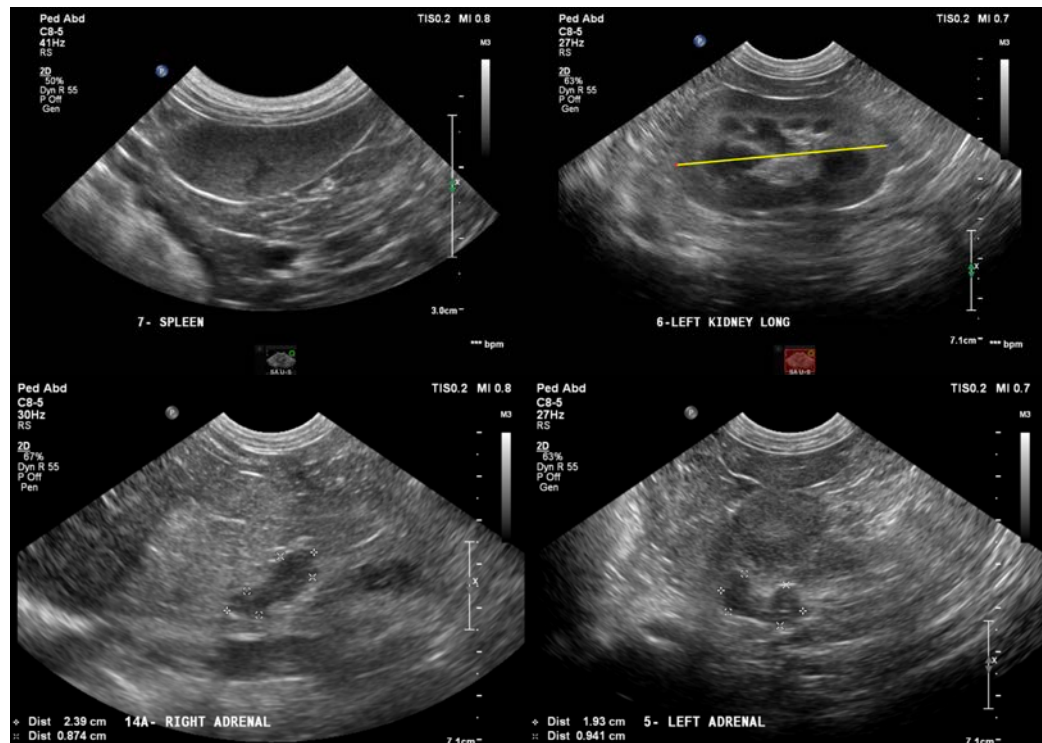
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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