



PATIENT

Daisy Wilkinson

PRESENTING CLINICAL SIGNS

Hx of IBD. Current meds: Metronidazole, Pepcid, Proviabile

SPECIES

Canine

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.

BREED

Mountain Cur

SEX

Spayed Female

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 left kidney measured 4.22 cm. The right kidney measured 4.81 cm.

AGE

1 Year 11 Months

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 2.1 cm x 0.40 cm at the cranial pole and 0.54 cm at the caudal pole. The right adrenal gland measured 1.95 cm x 0.79 cm at the cranial pole and 0.36 cm at the caudal pole.

WEIGHT

26.5 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

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.

REFERRING VET

Dr. Verhalen

Gastrointestinal

The **stomach** revealed a patent pylorus. Some reactive mesentery was noted around the gastric wall. Minor gastric wall thickening noted. The small intestine and colon were unremarkable. Reactive mesenteric lymph nodes noted up to 2.0 cm x 0.5 cm.

INVOICE

36239

Pancreas

The **pancreas** revealed bright mesentery and minor heterogeneous parenchymal changes. Low-grade inflammation suspected.

DATE

3/16/22



PATIENT

Daisy Wilkinson

ULTRASONOGRAPHIC FINDINGS

- Gastritis/minor pancreatitis pattern, unremarkable abdomen otherwise
- Reactive mesenteric lymph nodes

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign bodies.

BREED

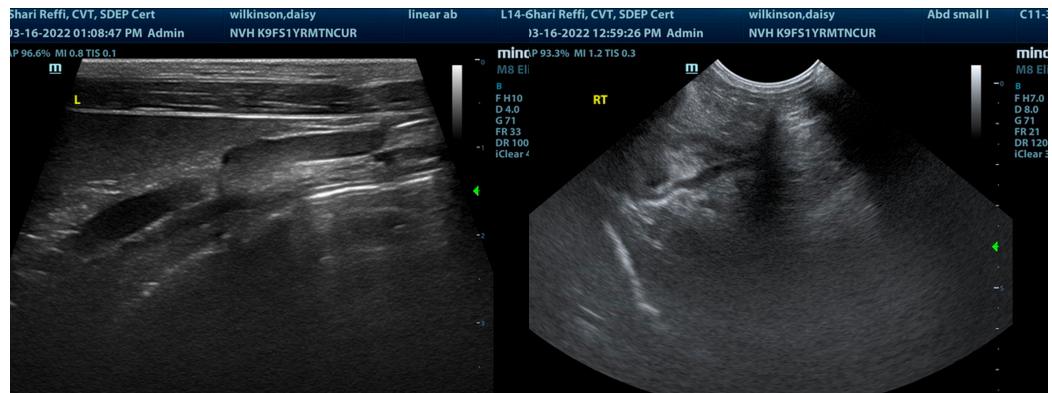
Mountain Cur

SEX

Spayed Female

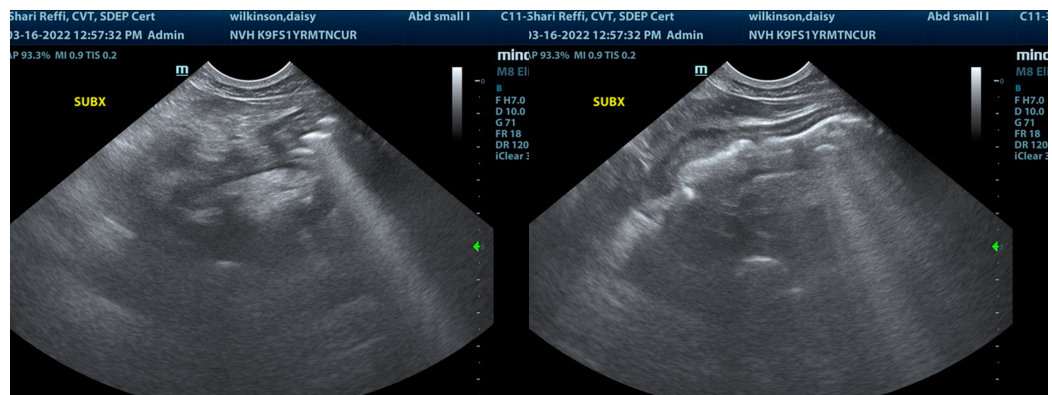
AGE

1 Year 11 Months



WEIGHT

26.5 Pounds



INTERPRETED BY

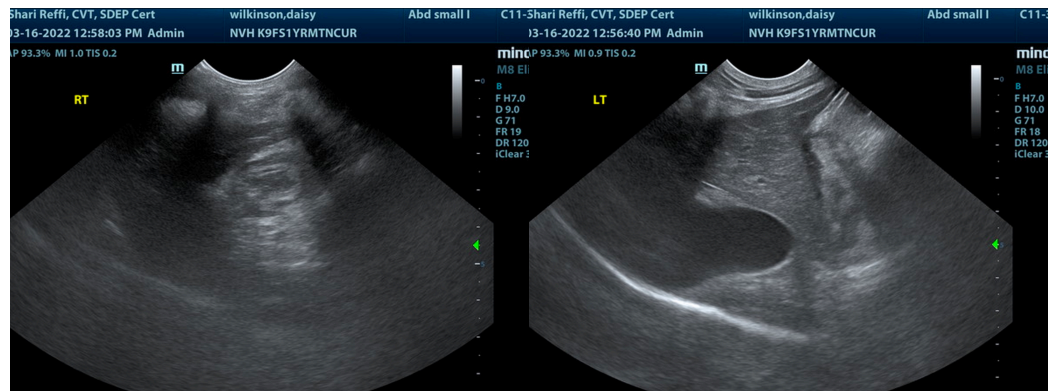
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital



REFERRING VET

Dr. Verhalen

INVOICE

36239

DATE

3/16/22



PATIENT

Daisy Wilkinson

SPECIES

Canine

BREED

Mountain Cur

SEX

Spayed Female

AGE

1 Year 11 Months

WEIGHT

26.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton Vet Hospital

REFERRING VET

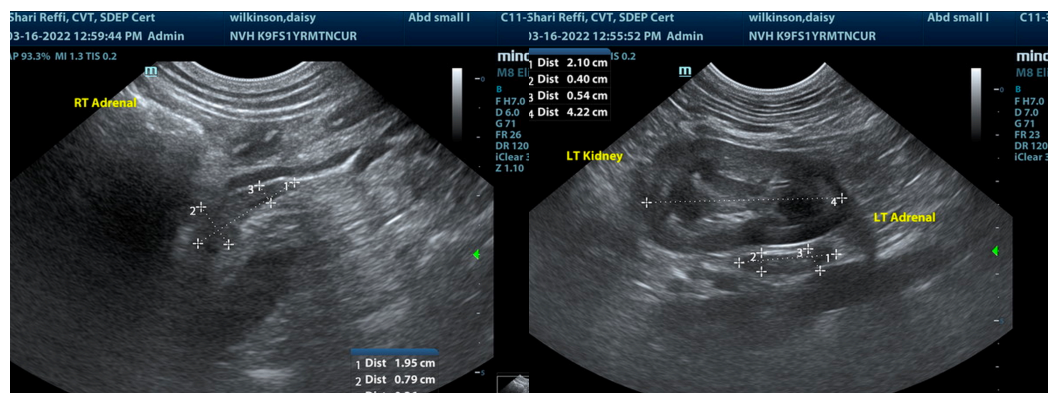
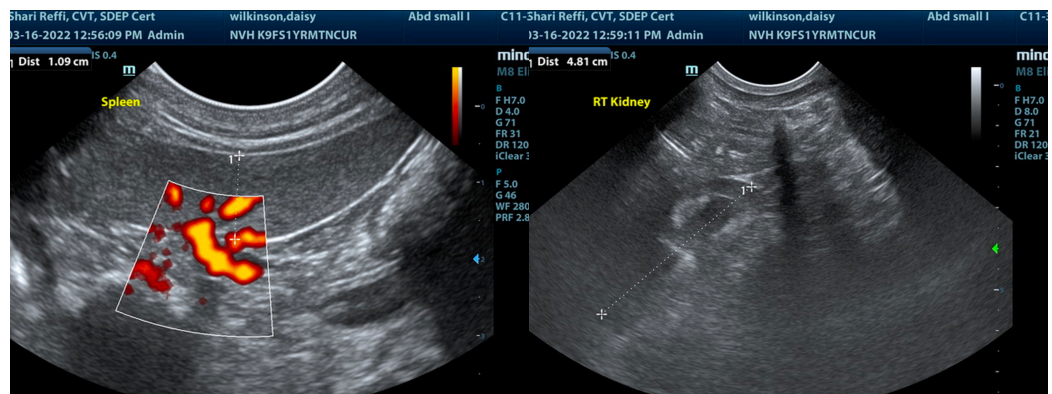
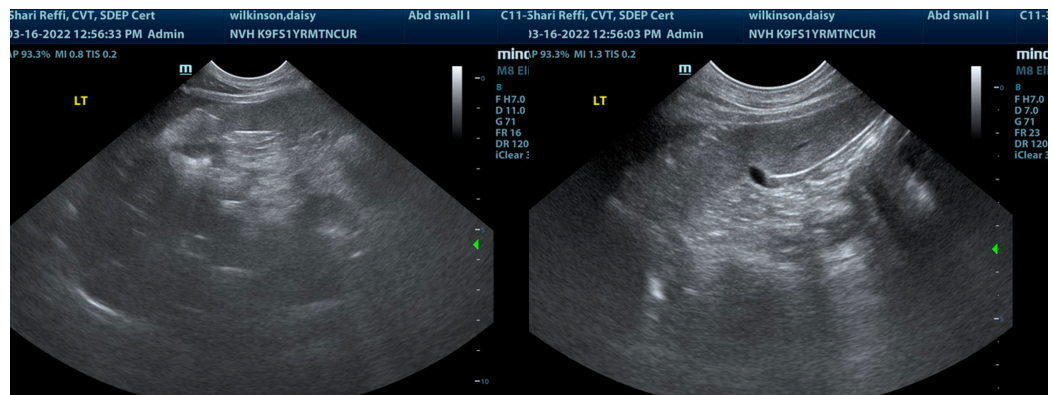
Dr. Verhalen

INVOICE

36239

DATE

3/16/22



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