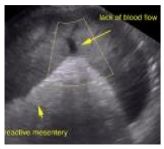

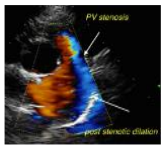

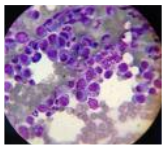
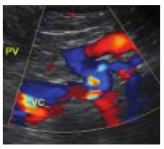

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1-800-838-4268 info@sonopath.com

PATIENT

Stella Harrison

SPECIES

Canine

BREED

Labrador Mix

SEX

Spayed Female

AGE

14 Years

WEIGHT

38.9

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Neuhaus

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Neuhaus

INVOICE

21667

DATE

3/18/23

PRESENTING CLINICAL SIGNS

History: Starting last Saturday O could tell P was adr so made an appointment with all creatures who suggested to treat as panc since p is more inclined to get panc. rdvm sent home with cerenia and entyce. P started to get better but 2 days ago started acting adr again and inappetent and started having bloody D+ 2 times starting today so O called rdvm who recommended hosp. No bw was run at rdvm. No special treats or change in diet to cause GI upset.

Abnormal PE/Chem/CBC/UA Results: PE: QAR, mm pink/sl tacky, crt =2s, skin tent slightly delayed, sinus arrhythmia, normal bv sounds bilaterally, mildly tense on cranial abd palpation, lnn wnl, loose dark brown stool on rectal otherwise wnl Labs: CBC: nsf, hct 45.8% Chem 17: all wnl EPOC: nsf (mild hyperglycemia and very mild low BE) cPL: 92.4 ng/ml (normal)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a minor change.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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. Mineralization was present in the kidneys. The left kidney measured 5.1 cm. The right kidney measured 5.6 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.7 cm at the cranial pole and 0.5 cm at the caudal pole.

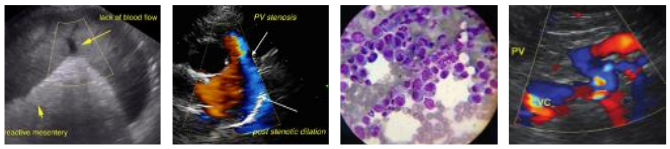
The **right adrenal gland** was not visualized.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no



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evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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

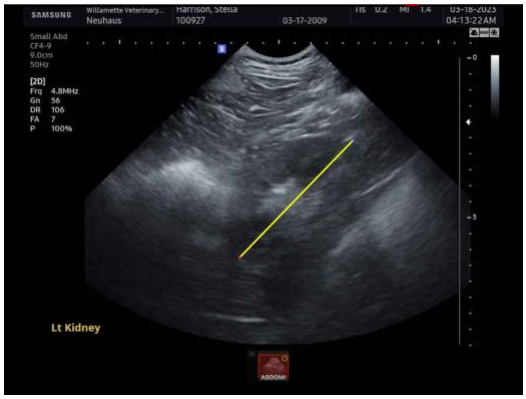
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen, largely expected changes for this age and breed
- Partially full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the clinical signs is not evident from a visceral standpoint. Given the GI signs, treatment for enterotoxins, parasites and dietary indiscretion should be considered, however, stress related diarrhea should be considered as well, possibly related to other disease, such as orthopedic/spinal pain, thoracic or CNS disease yet viscerally the abdomen is unremarkable.



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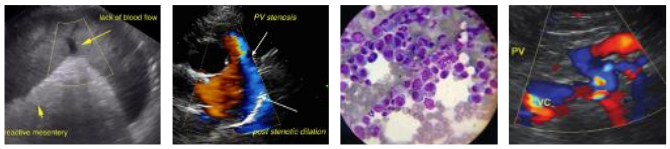

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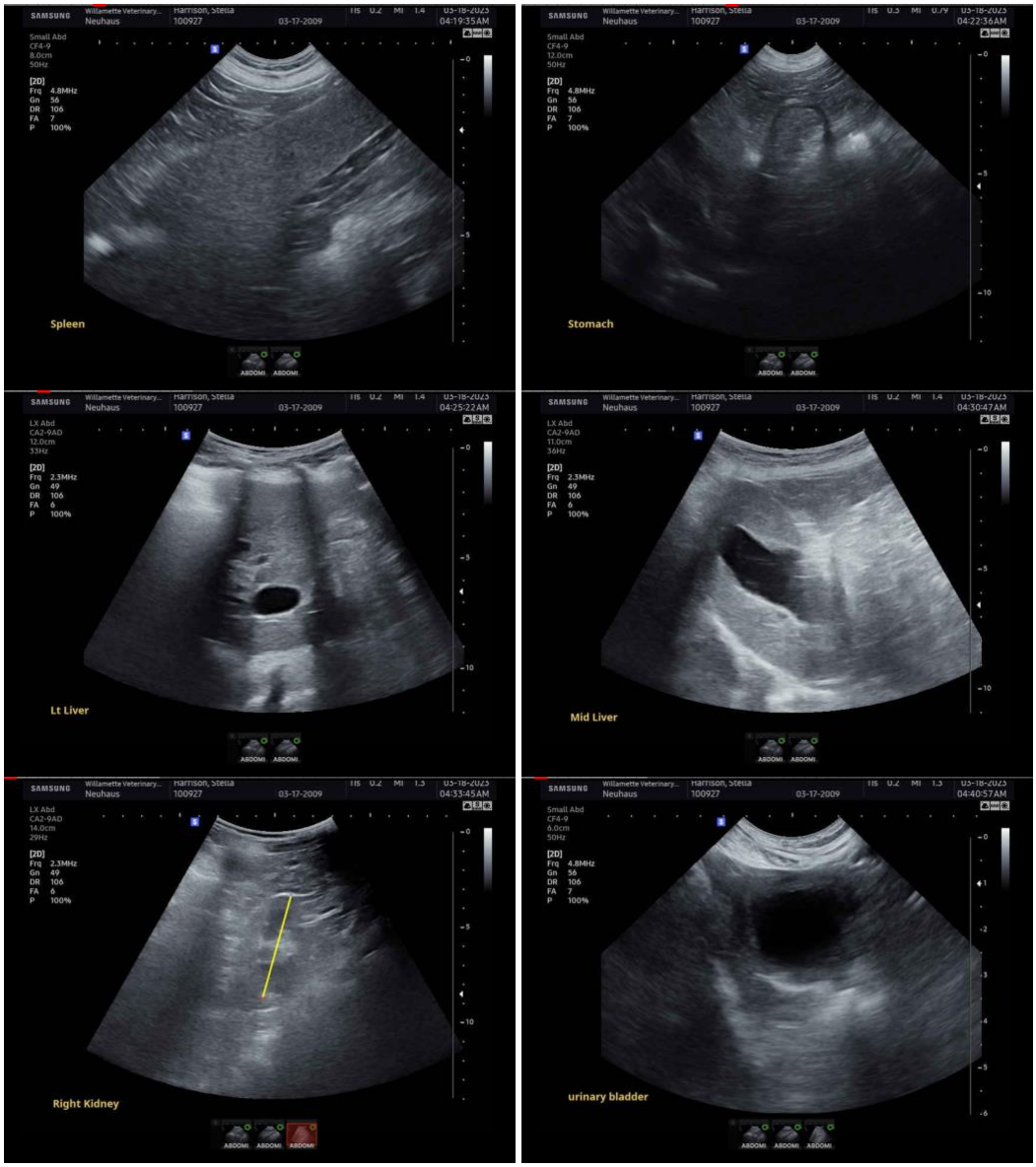

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com