



PATIENT

Maybelline Packard

SPECIES

Canine

BREED

Staffordshire Bull Terrier

SEX

Spayed Female

AGE

9 Years

WEIGHT

63.4

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jasmine Palacios, SDEP
Attendee

HOSPITAL NAME

Rivers Edge Pet MC

REFERRING VET

Dr. David Gray

INVOICE

14385

DATE

3/20/22

PRESENTING CLINICAL SIGNS

History: P presented on 3/17 for lethargy, inappetence, and vomiting. P having diarrhea. P hospitalized on IVF, started abx and insulin CRI. Insulin CRI discontinued on 3/18 and restarted 3/19 night. Found p in DKA, has UTI with emerging sepsis, and renal vs pre-renal azotemia.

Abnormal PE/Chem/CBC/UA Results: See attached labwork: BW - severe hyperglycemia, azotemia, inflammation UA: UTI with rods, ketones, glucose See attached radiographs: no FB or masses seen Recheck labwork showed improvement in GLU, CREA, BUN, ALKP, AMYL levels, but values still HIGH LIPA values higher than when p first presented.

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. The urinary bladder was mildly overdistended at the time of the sonogram. 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 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. Both kidneys measured 6.0 cm each.

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 2.2 cm x 0.65 cm at the cranial pole and 0.52 cm at the caudal pole.

The region of the **right adrenal gland** was unremarkable, yet not overtly visible.

Spleen

The **spleen** was enlarged with swollen contour and subtle hypoechoic nodular changes. Enhanced surrounding mesentery was noted.

Liver

The **liver** was enlarged with attenuating sound beam. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was empty. Mild muscularis hypertrophy noted. No evidence of foreign body. No evidence of neoplastic criteria. The small intestine and colon were unremarkable in that curvilinear patterns were maintained, and lumen was empty. Reactive mesentery was noted associated with the intestinal tract.

Pancreas



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Heterogeneous mixed echogenic **pancreatic** changes were noted. Enhanced mesentery was noted around the pancreas.

Free Abdomen

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The iliac **lymph nodes** (up to 1.5 cm x 0.5 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

- Likely reactive liver/Benign hepatopathy
- Swollen, slightly irregular spleen, likely reactive
- Gastroenteritis/pancreatitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, GI protectants and treatment for pancreatitis should prove effective with insulin treatment and glucose regulation. Leptospirosis titers indicated to rule out potential involvement.

AGE

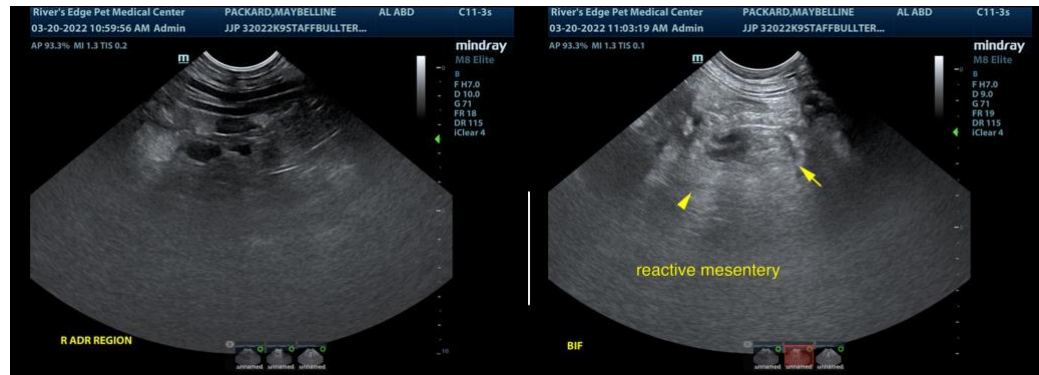
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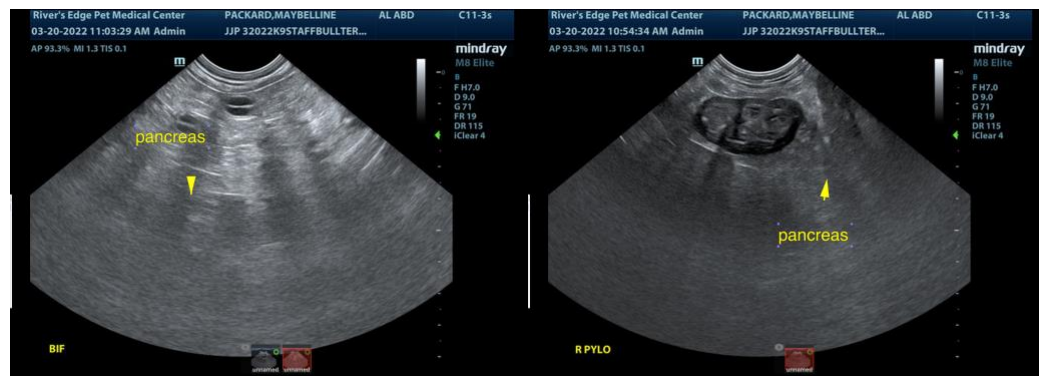


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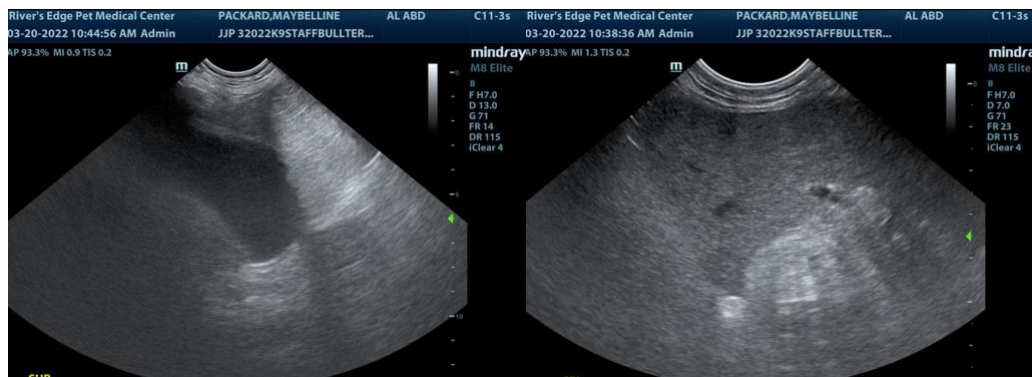
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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