



PATIENT

Lucy Eveland

SPECIES

Canine

BREED

Kelpie

SEX

Spayed Female

AGE

11 Years

WEIGHT

25.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

Noth Idaho AH

REFERRING VET

Dr. Jeffrey Poulsen

INVOICE

35910

DATE

3/3/22

PRESENTING CLINICAL SIGNS

Had diarrhea and inappetence and new murmur 2/28. Recommended ultrasound. On exam today, no murmur, so elected abdominal ultrasound given GI signs. Primary reason for ultrasound referral: Identify any underlying cause for diarrhea/inappetence.

Abnormal PE/Chem/CBC/UA Results: Abnormal laboratory findings: WNL Other diagnostics available (ie. Blood pressure, radiographs, etc): None Abnormal physical exam findings: Normal PE, no murmur, no abdominal pain

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 left kidney measured 6.0 cm. The right kidney measured 6.1 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 2.4 cm x 0.45 cm at the cranial pole and 0.47 cm at the caudal pole. The right adrenal gland measured 1.7 cm x 0.80 cm at the cranial pole and 0.35 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged, yet uniform, superimposing upon the left liver, which may create a mass effect on radiographs. However, this is a positional variant and not pathological.

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

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

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.



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ULTRASONOGRAPHIC FINDINGS

- Unremarkable abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No cause of diarrhea and inappetence noted from a visceral standpoint. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

BREED

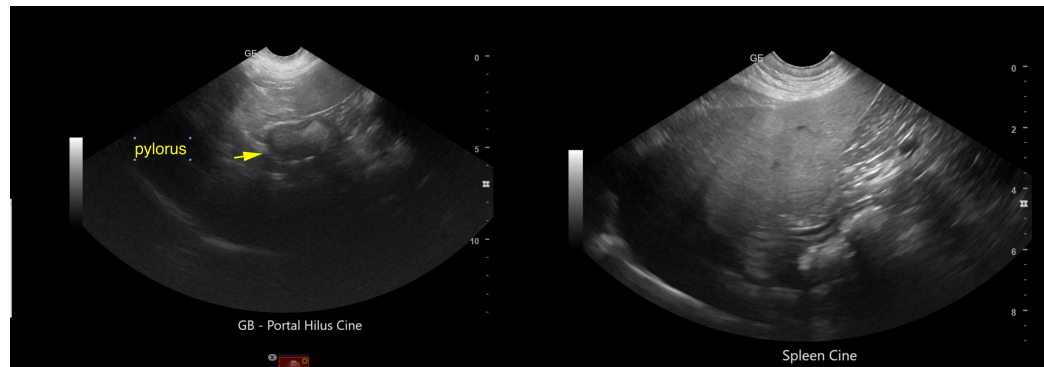
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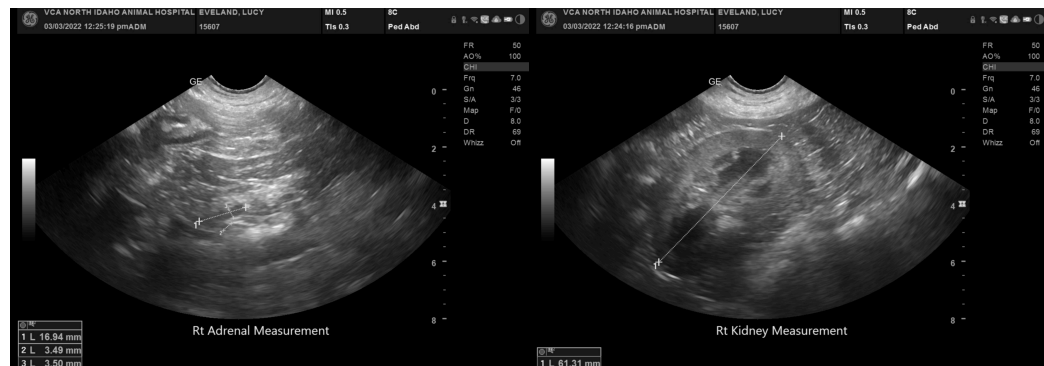
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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