



PATIENT

Jegs Rush

SPECIES

Canine

BREED

Boxer Cross

SEX

Spayed Female

AGE

3 years

WEIGHT

23.9 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

98001

DATE

4/1/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for hacking and increased effort with exertion and not eating. Sounds like kennel cough when it coughs but hasn't been around any other dogs etc for a year.
Abnormal PE/Chem/CBC/UA Results: Rads: chest and abd rads were unremarkable
CBC/CHEM/EPOC/4DX unremarkable

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 was 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 right kidney measured 7.42 cm. The left kidney measured 7.0 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 2.21 x 0.42 cm at the cranial pole and 0.44 cm at the caudal pole. The left adrenal gland was uniformly enlarged measuring 0.85 cm at the caudal pole and 0.62 cm at the cranial pole and 2.18 cm in length.

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 was noted.

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 was duplicated, which is a normal variant and not pathological.

Gastrointestinal



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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

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Pancreas

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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

Idiopathic duplicated gallbladder, slightly swollen left adrenal gland.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Blood pressure measurements are recommended. There was no evidence of visceral pathology. Supportive care should prove effective. Chest radiographs are warranted if not already performed given the patient's history. If systolic blood pressure is elevated then urine catecholamine is warranted given the swollen left adrenal gland. However, this may be a simple normal variant.

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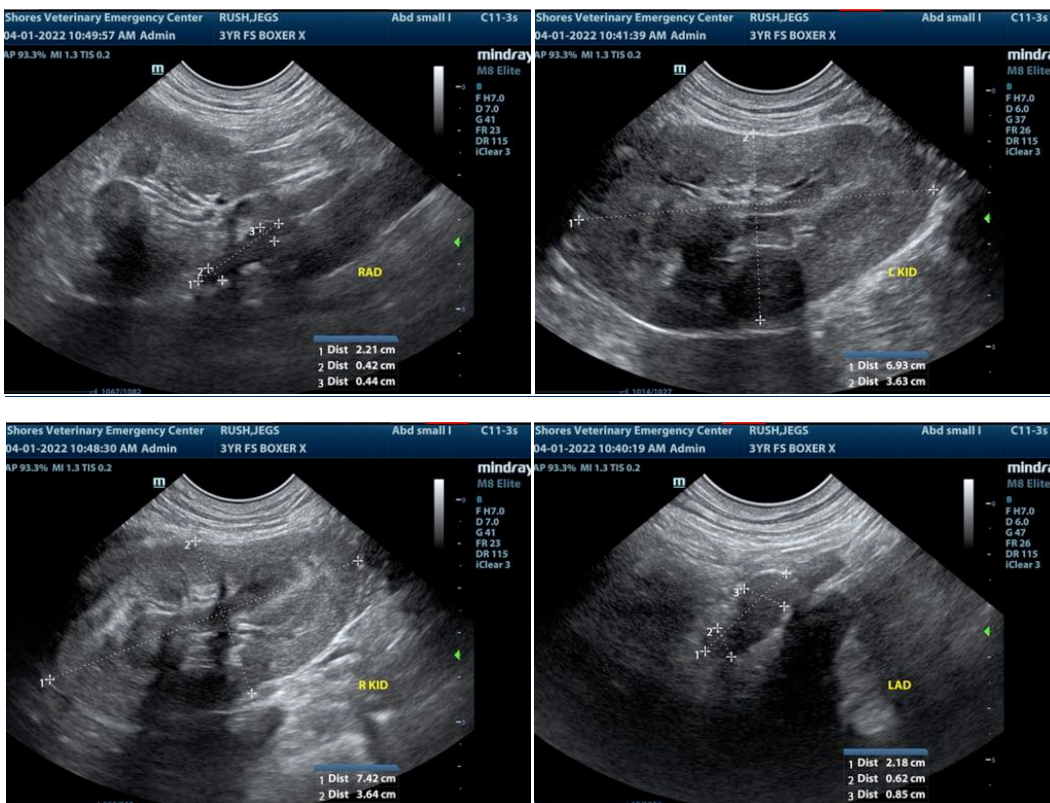
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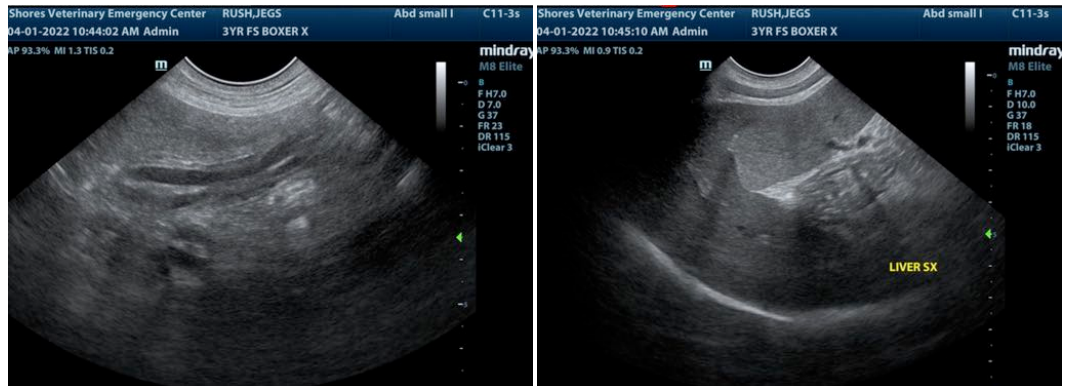
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Erin Wicks

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.

HOSPITAL NAME

Shores VEC

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

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