



PATIENT

Charlotte Johnson

SPECIES

Canine

BREED

Cavalier

SEX

Spayed female

AGE

6 years

WEIGHT

22.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Gallisdorfer

INVOICE

43906

DATE

4/20/23

PRESENTING CLINICAL SIGNS

History: 4.5 month history of recurrent diarrhea and bilious vomiting - owner reports started around Christmas time after a course of carprofen - had been treated with metronidazole, pro-pectin tablets, famotidine, cerenia, RC GI High Fiber Diet - would respond on medication and then relapse within a few weeks; CBC/Chemistry/T4 (Dec) nsf; Fecal w/ antigen and giardia (March) - neg, GI panel (April)- cPL - normal, TLI 38.6 H(5-35), B12 and Folate - normal

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 4.5 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 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.3 cm at the caudal pole.

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 from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. Minor gallbladder polyp was noted. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired



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with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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The **stomach** was filled with shadowing material. If the patient was n.p.o. then foreign matter should be considered. The material measured approximately 5.0 cm and was hard shadowing. The material occupied the majority of the lumen. A minor amount of pyloric wall thickening was also noted.

BREED

Pancreatic and omental hyperechogenicity was noted in the upper duodenum and jejunum. Minor jejunal thickening was noted with local areas of free fluid.

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Pancreas

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Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxiphoid palpation reveals pain response. No overt masses were noted.

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ULTRASONOGRAPHIC FINDINGS

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Gastric foreign matter with reactive mesentery and enteritis pattern.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

I recommend exploratory surgery in this patient with gastrotomy, evacuation of the stomach and gastrointestinal biopsies as well as inspection of the pancreas and intestine.

IMAGING PERFORMED BY

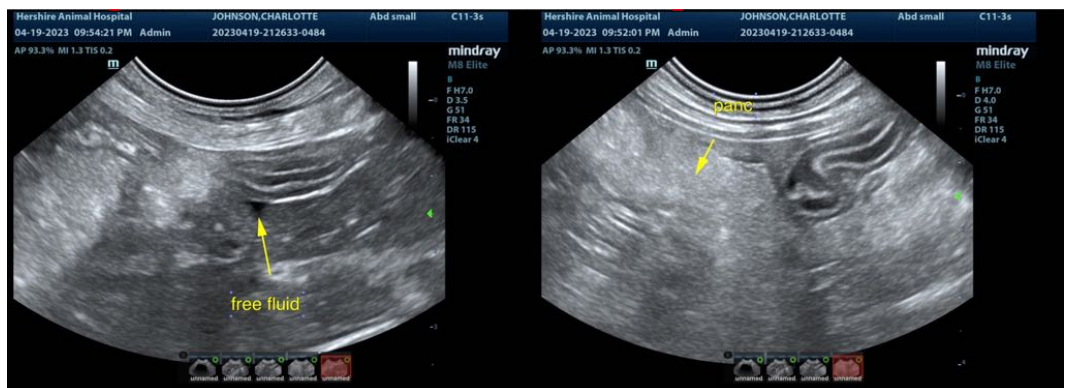
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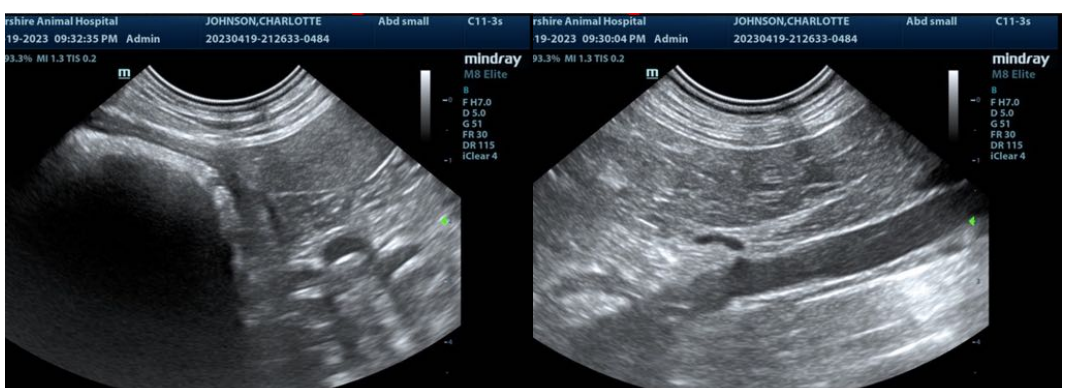
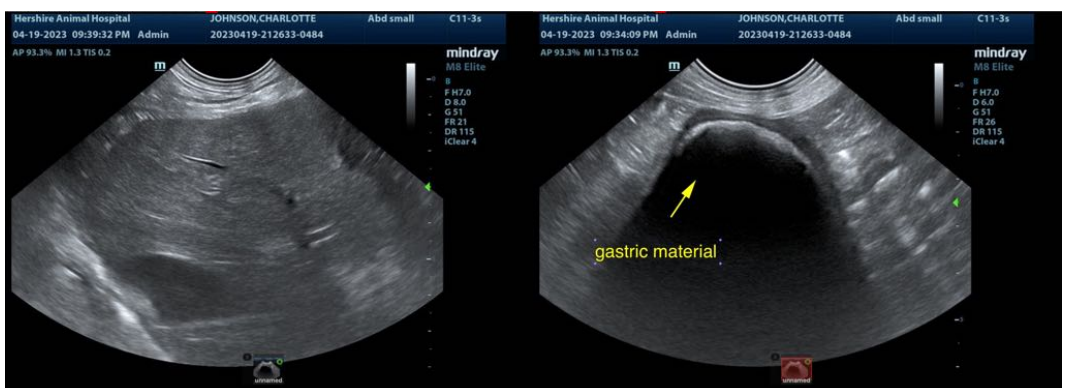
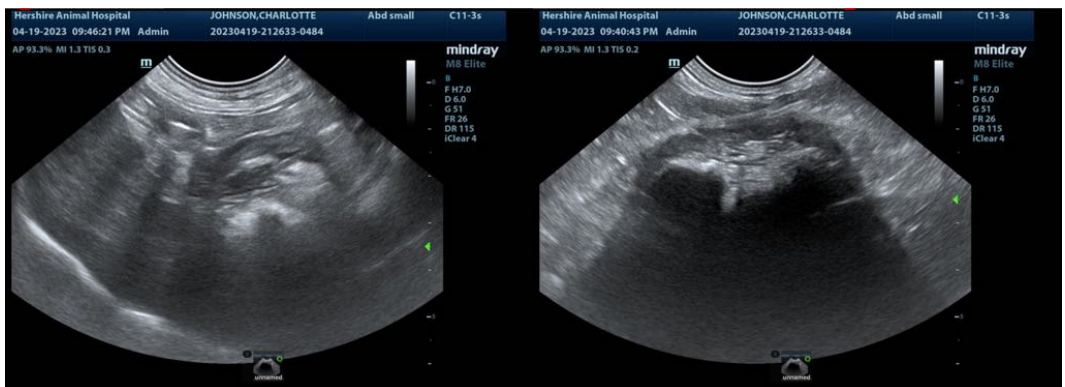
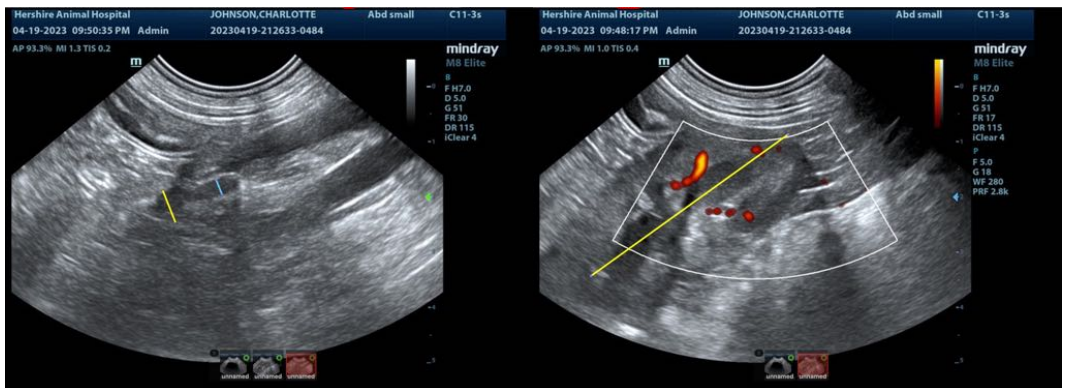
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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