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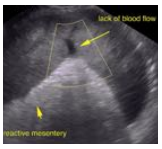
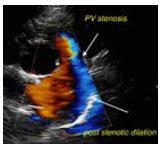
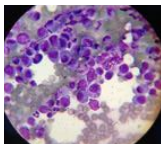
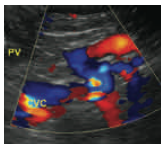

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1-800-838-4268 info@sonopath.com

PATIENT

Henry Pennington

SPECIES

Canine

BREED

Border Collie

SEX

Neutered male

AGE

12 years

WEIGHT

47.1 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Harmon

INVOICE

99435

DATE

4/21/22

PRESENTING CLINICAL SIGNS

Brief History: O moved to Oregon from Texas, during trip p developed vomiting and diarrhea and hyporexia, Seen 4/17 at ER clinic while o traveling for vomiting and hematochezia, cerenia administered and started on metronidazole and pro-pectalin, no diagnostics performed. Vomiting resolved, and diarrhea was improving, but went from hematochezia to melena, o noted pale gums 4/22 12am and p presented to WVH 4/22 AM. Per o p appetite improved with therapy and was normal until Monday, p still eating but requires encouragement. No other diagnostics performed at this time (no labwork) o declined all labs until u/s report complete. p started on Sucralfate and omeprazole after u/s performed. No sedation required for u/s imaging.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed slight thickened with a tract amount of sand accumulation.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 6.0 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 0.8 cm at the cranial pole and 0.5 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 was mildly over distended with dependent sand, non-obstructive.

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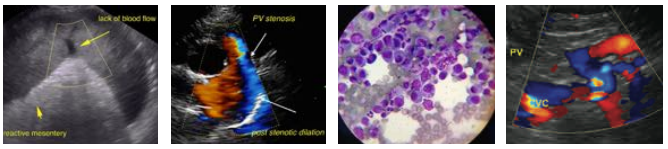

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Gastrointestinal

The **stomach** was filled with ingesta. 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.

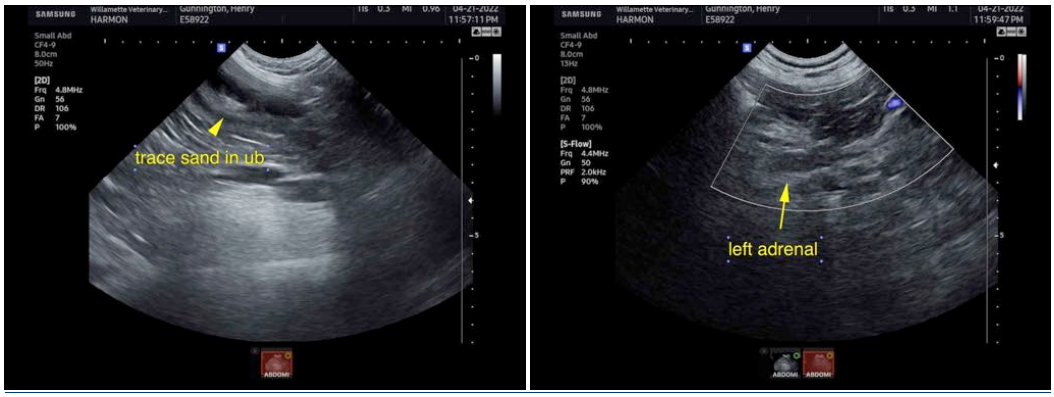
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen, largely age related changes.

Minor gallbladder sand and bladder sand.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for GI upset is recommended. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Ursodiol therapy is warranted from a preventative standpoint to help dissolve the biliary sand. Full urinary work-up is warranted to assess for any evidence of UTI. There was no evidence of foreign body or neoplasia.



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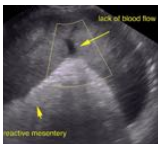

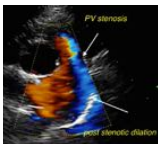

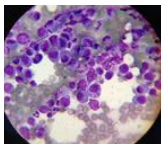
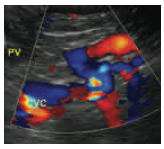

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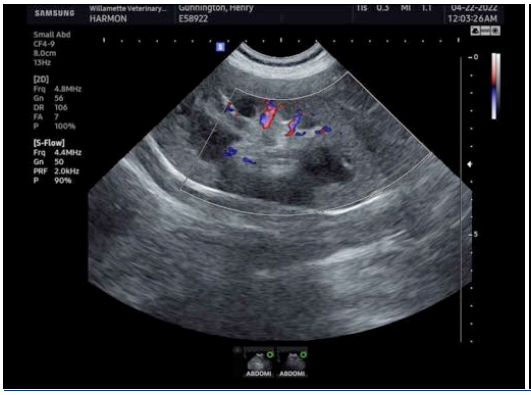


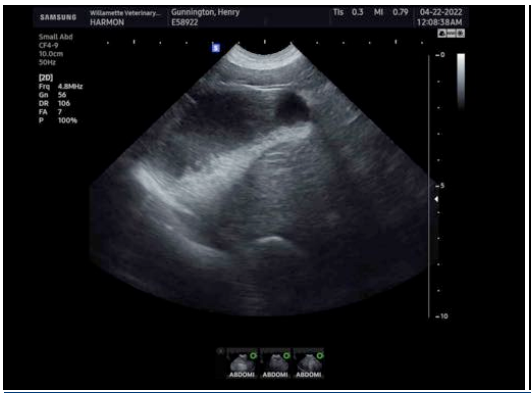


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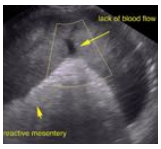

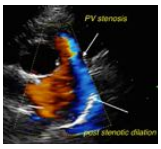

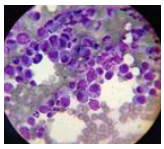
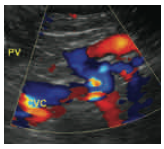

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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