



PATIENT	PRESENTING CLINICAL SIGNS
Morag Coats	Morag has presented with hematochezia, hematemesis, anorexia multiple times in the past year (September 1st, Dec 14th, April 18). Morag has been fed Hill's ID low fat since September. Owners monitor her closely and do not feed any other foods/treats. Owners are confident she isn't getting into garbage or receiving food elsewhere. Treated with IV fluids, cerenia, metronidazole, omeprazole
SPECIES	Abnormal PE/Chem/CBC/UA Results: April 18th: PE QAR, MM pink, tacky, CRT 2 sec, tense on abdominal palpation, T 38.1 C aural, HR 120, RR panting. Frank blood on examination glove after rectal. Bloodwork: CBC: WNL Chemistries: Mildly elevated urea (10.2mmol/L), Electrolytes: Mild hyponatremia, hypochloremia Snap CPL: Normal Baseline cortisol: Normal (209nmol/L)
Canine	
BREED	
Labrador Retriever	
Cross	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Spayed Female	Urinary System
AGE	The urinary bladder revealed minor micropolypoid changes. Anechoic urine was present. No evidence of calculi or masses. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. Iliac trifurcation was unremarkable.
10 years	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.
WEIGHT	
28 kg	Adrenal Glands
INTERPRETED BY	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 0.6 cm. The right adrenal gland measured 0.4 cm.
Eric Lindquist, DMV DABVP, Cert. IVUSS	Spleen
IMAGING PERFORMED BY	The spleen revealed a 5.0 mm hypoechoic nodule in the mid caudal splenic body. Cranial folding of the spleen was noted.
Dr. Ward	Liver
HOSPITAL NAME	The liver was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented minor coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.
Kenora VC	Gastrointestinal
REFERRING VET	The stomach was fluid filled. No evidence of significant intestinal lesions.
Dr. Ward	Pancreas
INVOICE	
14865	
DATE	
4/22/22	



PATIENT

Morag Coats

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Splenic nodule
- Fluid filled stomach

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Labrador Retriever
Cross

Colonoscopy would be ideal in this patient given the patients clinical history, however, an empirical trial of hydrolyzed diet and 7-10 days of enrofloxacin/metronidazole warranted to treat antibiotic responsive colitis. Antiparasitic protocol indicated, if not already performed. Otherwise, endoscopy +/- colonoscopy would be indicated.

AGE

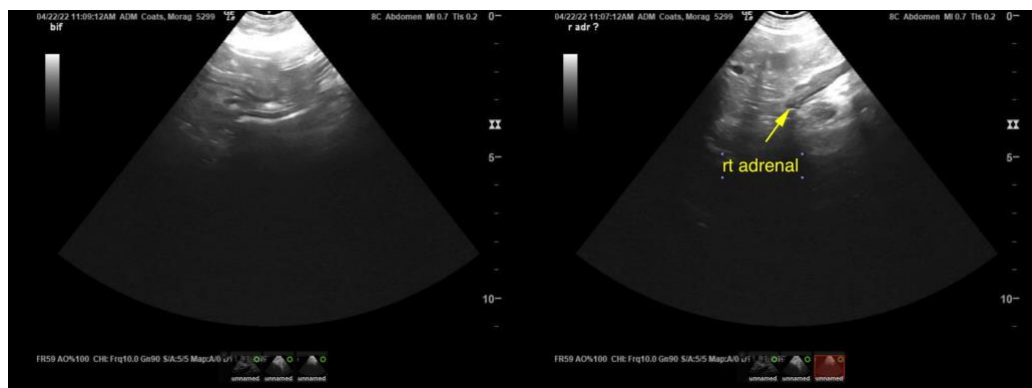
10 years

WEIGHT

28 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

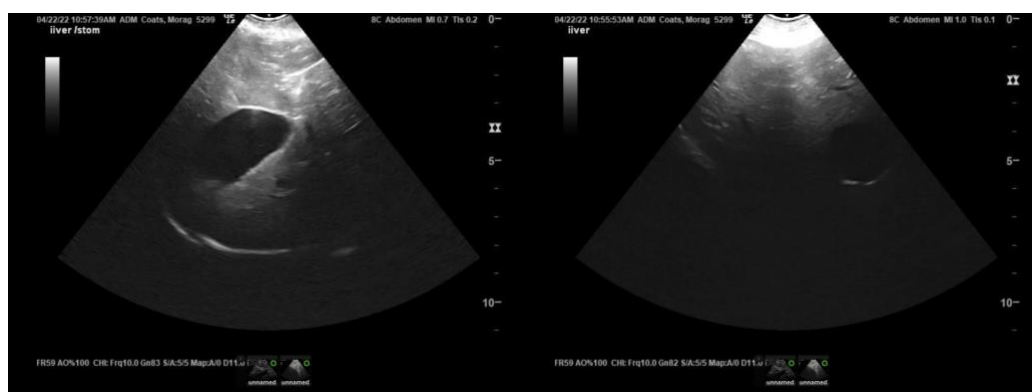


IMAGING PERFORMED BY

Dr. Ward

HOSPITAL NAME

Kenora VC



REFERRING VET

Dr. Ward

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PATIENT

Morag Coats

SPECIES

Canine

BREED

Labrador Retriever
Cross

SEX

Spayed Female

AGE

10 years

WEIGHT

28 kg

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Dr. Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

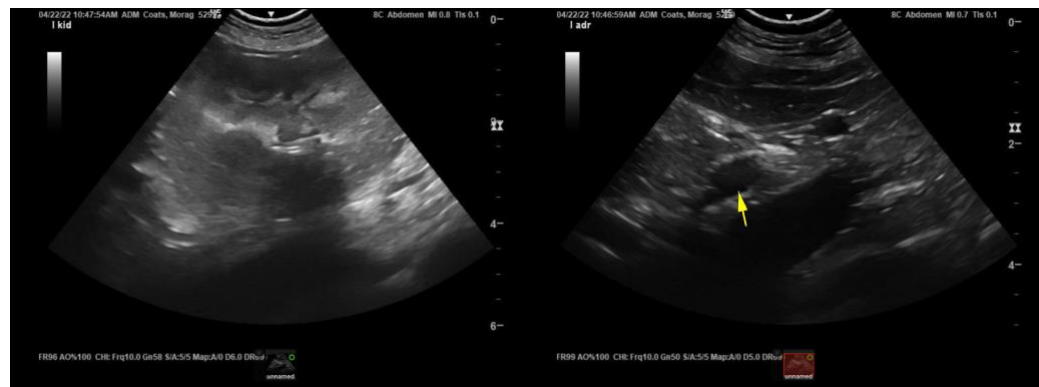
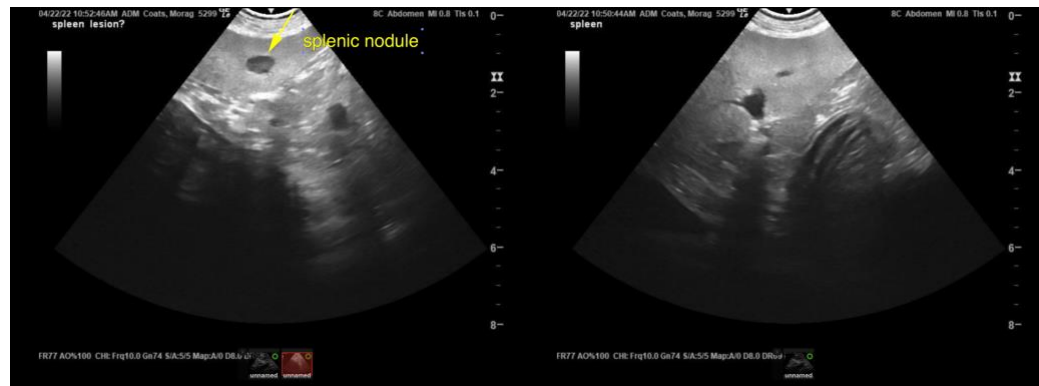
Dr. Ward

INVOICE

14865

DATE

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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.

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