



PATIENT

Gracie Kondner

SPECIES

Canine

BREED

Terrier Mix

SEX

Female

AGE

5 Years

WEIGHT

6.01 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Laura de Cordon

INVOICE

22115

DATE

4/22/23

PRESENTING CLINICAL SIGNS

History: V+ (4x today) -stretching her head back when laying down -cannot get comfortable - completely normal yesterday - trouble -O said no toys are missing -wax begonia possibly eaten - O said the plant looks - does not normally eat plants -eating this morning - from Texas, spayed before owner got her at least 2 years ago, green tattoo, HW tested neg and on HWP

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 3.16 (6-17), Neu 2.19 (3.62-12.3), Mono 0.02 (0.14-1.97), Eos 0.02 (0.04-1.62), HGB 21.2 (11-19), HCT 52.9 (33-56), MCHC 40.1 (30-38), PLT 133 (117-490) Leukopenia, mild neutropenia, mild monocytopenia, Mild eosinopenia - likely secondary to chronic bacterial infection CHEM: BUN 10.5 (9-29), Creat 0.5 (0.4-1.4), ALT 56 (0-120), Mag 1.2 (1.5-2.4), Potassium 3.6 (3.8-5.3) Mildly hypomagnesemic, Hypokalemic - likely secondary to vomiting CHEM: BUN 10.5 (9-29), Creat 0.5 (0.4-1.4), ALT 56 (0-120), Mag 1.2 (1.5-2.4), Potassium 3.6 (3.8-5.3) Mildly hypomagnesemic, Hypokalemic - likely secondary to vomiting

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 area of the **uterus** revealed a 2.4 cm x 2.0 cm round structure, impinging upon the urinary bladder. Regional inflammation was noted around the uterine structure.

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 4.41 cm. The right kidney measured 3.38 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 2.08 cm x 0.6 cm at the caudal pole and 0.56 cm at the cranial pole.

Spleen

The **spleen** was mildly enlarged with slight heterogenous parenchymal changes, most consistent with splenitis with mild potential for emerging round cell neoplasia.

Liver

The **liver** itself was unremarkable. The gallbladder was double layered and edematous, consistent with cholangitis.

Gastrointestinal



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The **stomach** was mildly thickened in the pyloric outflow with fluid filled lumen. The small intestine and colon were unremarkable.

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.

BREED

Terrier Mix

Free Abdomen

Slight areas of **free fluid** were noted.

SEX

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- Focal uterine structure with regional inflammation/peritonitis- possible resorbed fetus and metritis.

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5 Years

- Concurrent splenitis is likely

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- Double layered and edematous gallbladder wall, consistent with cholangitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend stabilization with IV fluid support, followed by ovariohysterectomy and gastric biopsy. FNA of the spleen would also be indicated to ensure this is a reactive state or splenitis. Uterine neoplasia is less likely yet possible.

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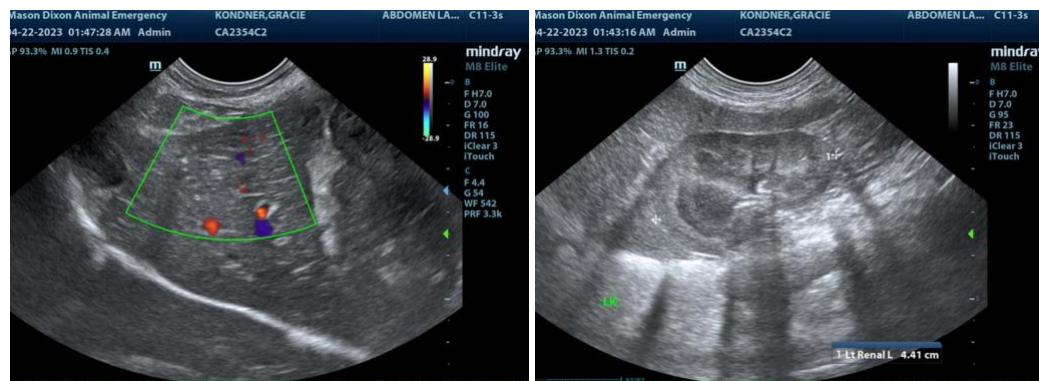
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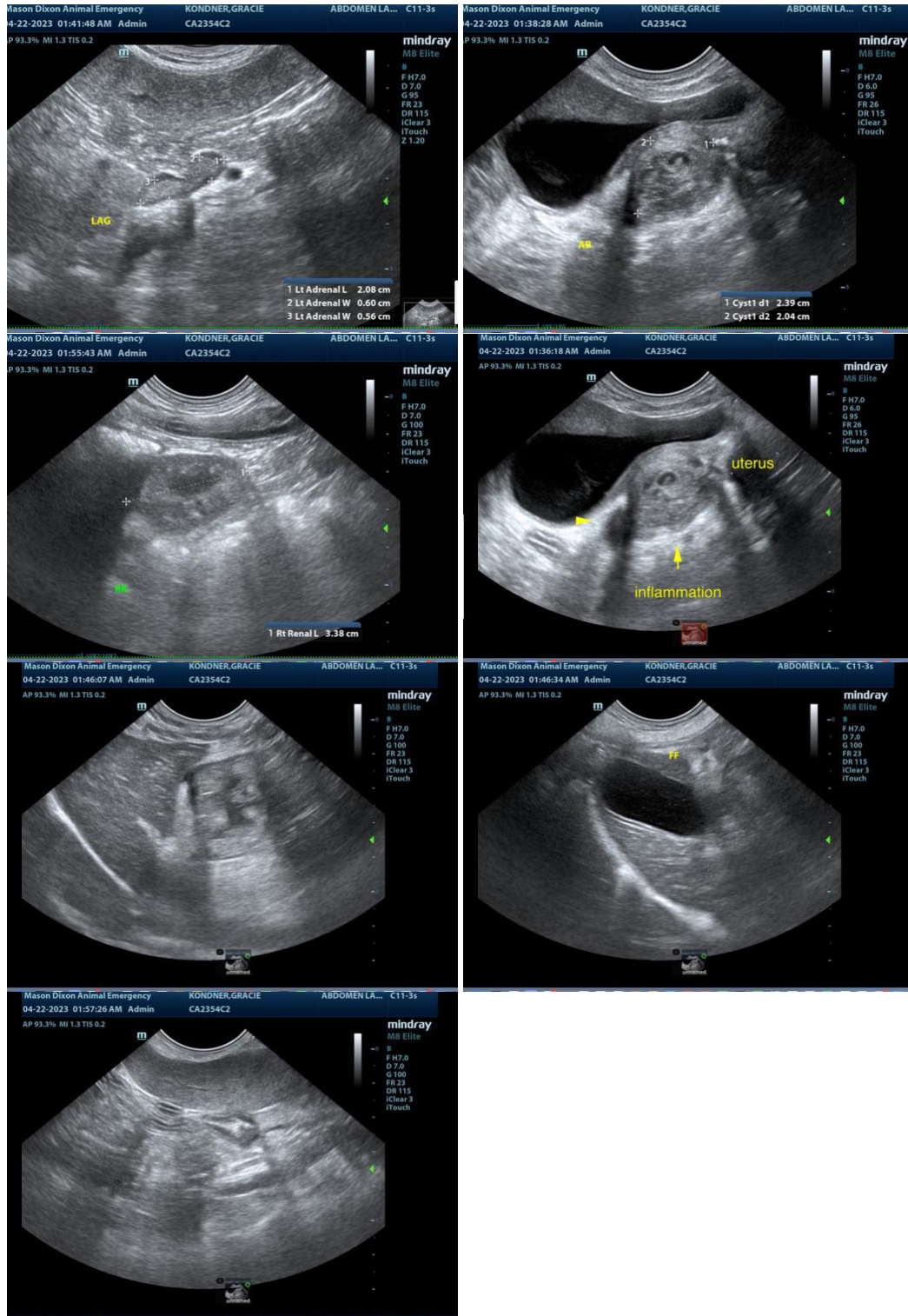
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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