



PATIENT

Coby Sholly

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

4 years

WEIGHT

37.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Slenbaker

INVOICE

98140

DATE

4/8/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for not eating this AM, gurgling belly, but had a normal bowel movement today. There is no known ingestion of anything. Previous Health Concerns: Episode of the same thing a month ago- gastroenteritis Current Medications: Cosequin, Cerenia, Provable Appetite/When did they eat last: Yesterday
Abnormal PE/Chem/CBC/UA Results: Abdominal: tense with palpation Integument: few small cutaneous masses 1) 2v Abd Rads – NSF 2) CBC/Chem/EPOC – mild elevated bilirubin, mild elevation lipase, mild hyperkalemia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 6.78 cm. The left kidney measured 6.47 cm.

Adrenal Glands

The left **adrenal gland** was uniform and measured 0.6 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** revealed increased portal markings and coarse architecture. The liver was slightly subnormal in size. Minor, increased gallbladder wall echogenicity is noted.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as



PATIENT

Coby Sholly

lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

SPECIES

Canine

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.

BREED

Labrador

ULTRASONOGRAPHIC FINDINGS

IBD gastrointestinal type presentation with cholangiohepatitis liver pattern.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

4 years

Leptospirosis titers are warranted. There is no overt evidence of neoplasia. Bilirubin elevation on its own would be odd. Assessment for lab error is recommended. GI protectant protocol is warranted. However, note that other causes of anorexia such as orthopedic, CNS or thoracic disease should be considered. There was no evidence of obstructive disease. If liver enzymes are elevated then I would be concerned for cholangiohepatitis. However, regardless there has been prior insults to the liver as a moderate amount of hepatic remodeling is present.

WEIGHT

37.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

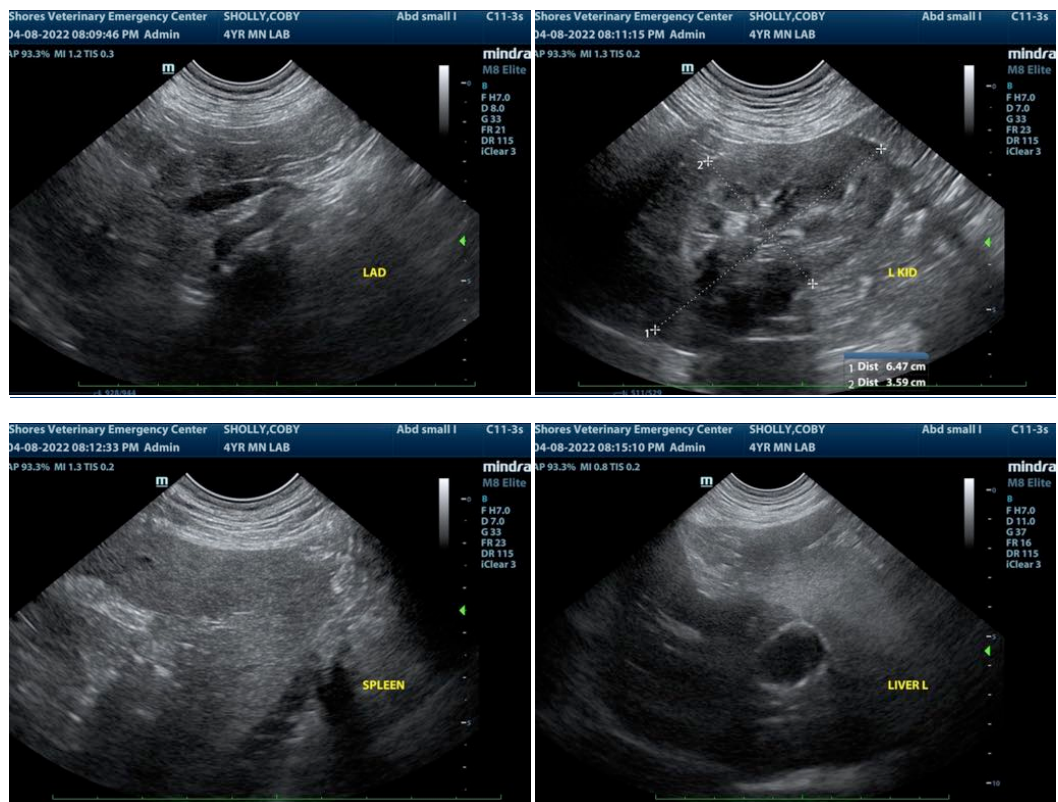
Dr. Slenbaker

INVOICE

98140

DATE

4/8/22





PATIENT

Coby Sholly

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

4 years

WEIGHT

37.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

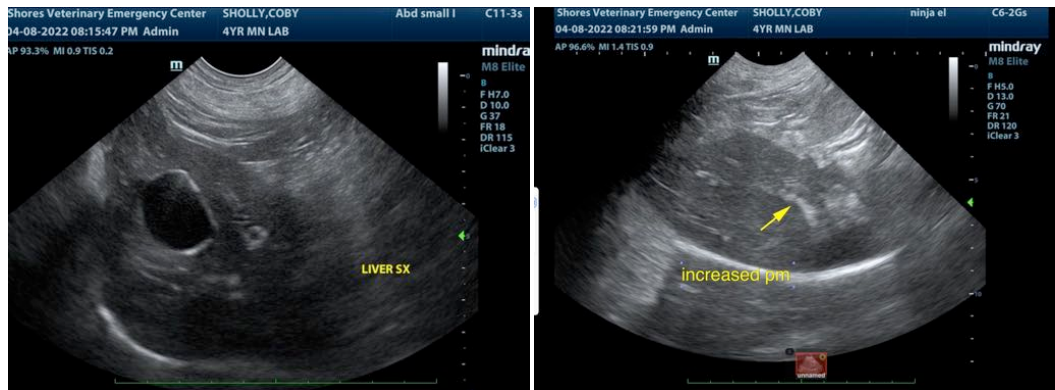
Dr. Slenbaker

INVOICE

98140

DATE

4/8/22



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