

PATIENT PRESENTING CLINICAL SIGNS

Beanie Tooman

SPECIES

Canine

BREED

Australian Shep X

SEX

Spayed Female

AGE

8 Years

WEIGHT

44.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Hallden

INVOICE

37737

DATE

5/18/22

Acute onset lethargy and appetite decline x 3 days. Vomited toy stuffing and grass once 5/17 3 am, chronic consumer of grass, no change in intake. Normal stool character and production, will eat high value food items without hesitation. Started carprofen use with reported mobility benefit (low dose, 50 mg once a day) about 3 weeks ago. Arthritic signs x 4 limbs, chronic. No abdominal pain, no fever, no lymphadenopathy, lacking overt free fluid in abdomen per PE. Pale mm. Poor coat quality. Slightly harsh lung sounds, generalized. No history of trauma, tick exposure or travel.

Abnormal PE/Chem/CBC/UA Results: - mild anemia of 37%, with regenerative characteristics - low albumin (1.5 g/dL) with otherwise unremarkable Chem 12 (TP=4.3 g/dL). - Extreme neutrophilia (81K) with tWBC 98K, normal 7.6K lymphocytes, thrombocytosis 591K. Smear shows anisocytosis, rare Howell-Jolley bodies, bands present. In-house CBC values were validated. CBC pending at reference lab. Current Medications Stopped carprofen use 5/16 or 17; fish oil and glucosamine supplements

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 **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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.07 cm. The right kidney measured 6.6 cm. Slight cortical mineralization noted in both kidneys.

Adrenal Glands

Both **adrenal glands** measured at upper limits of normal. The right adrenal gland measured 3.0 cm x 1.92 cm at the cranial pole and 0.74 cm at the caudal pole. The left adrenal gland measured 2.1 cm x 0.78 cm at the caudal pole and 0.60 cm at the cranial pole.

Spleen

The **spleen** was normal size and relatively normal contour with multifocal hyperechoic areas of mineralization. This is a benign change; however, can be related to Cushing's disease or other endocrinopathies.

Liver

The **liver** was uniformly swollen and presented 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. Hyperechoic lipogranulomatous changes noted, not pathological. The gallbladder presented overdistention with largely immobile bile. The gallbladder was minimally rounded with some striating bile present, this is consistent with emerging gallbladder mucocele.



PATIENT *Gastrointestinal*

Beanie Tooman

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

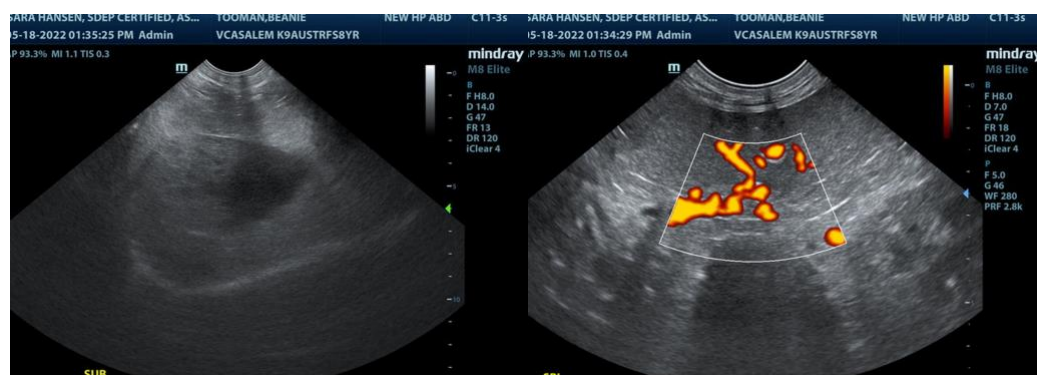
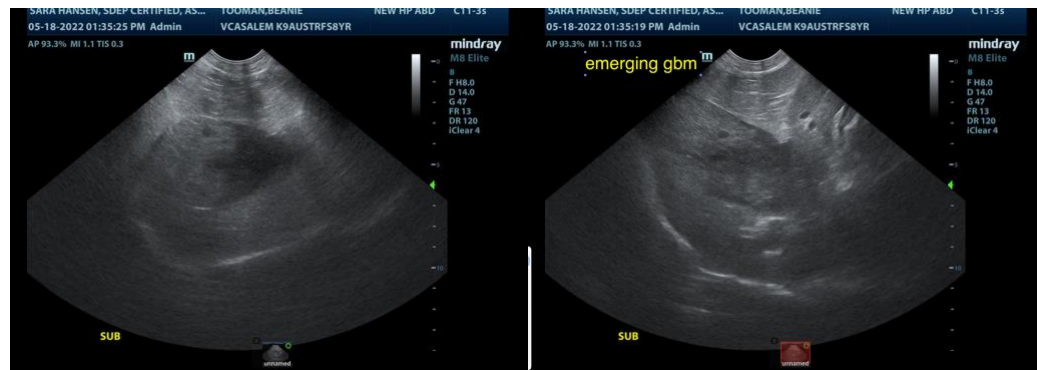
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mineralized spleen
- Mild to moderate degenerative renal changes with mineralization
- Emerging gallbladder mucocele

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy recommended over the next 6-8 weeks and recheck sonogram at that time. This may be contributing to low-grade clinical signs. If USG is <1.020 and the patient appears Cushingoid, workup for pituitary dependent Cushing's would be indicated. The cause of low albumin is unclear. If protein losing nephropathy is not an issue based on urinalysis results, then protein losing enteropathy is likely.





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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

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