



PATIENT

Charlie Desautels

SPECIES

Canine

BREED

Shetland Sheepdog

SEX

Neutered Male

AGE

6 Years

WEIGHT

18.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Taylor Parker

INVOICE

37848

DATE

5/21/22

PRESENTING CLINICAL SIGNS

Lethargy, possibly ate something at the park a couple days ago. Has defecated 2 socks in the past 24 hours. Having diarrhea. Anorexia for 2 days. Abnormal CPLI. On Fluoxetine.
Abnormal PE/Chem/CBC/UA Results: CPLI Abnormal ALP >2400 ALT 402 AMY 1256 Elevated WBC count 19.69+

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a minor amount of debris. Slight dependent small calculi, non-shadowing.

The **kidneys** presented fairly normal size and contour. Minor increased cortical echogenicity and pinpoint mineralizations noted. The kidneys measured 6.0 cm.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 1.0 cm at the cranial pole and 0.60 cm at the caudal pole.

The **left adrenal gland** was mildly heterogeneous and slightly irregular, measuring approximately 7.0 cm.

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 were noted.

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The gallbladder and common bile duct were unremarkable. This is consistent with chronic inflammatory hepatopathy.

Gastrointestinal

The **stomach** revealed a partially shadowing approximately 6.0 cm structure with a mild amount of stasis, consistent with fabric type foreign body. The small intestine was unremarkable.

Pancreas

Diffuse hyperechoic changes were present in the area of the **pancreas**. The pancreatic remodeling was evident with multifocal to diffuse hyperechoic changes. These changes are consistent with fibrosis, amyloid, saponification of fat and may contain areas of low-grade chronic active inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted.



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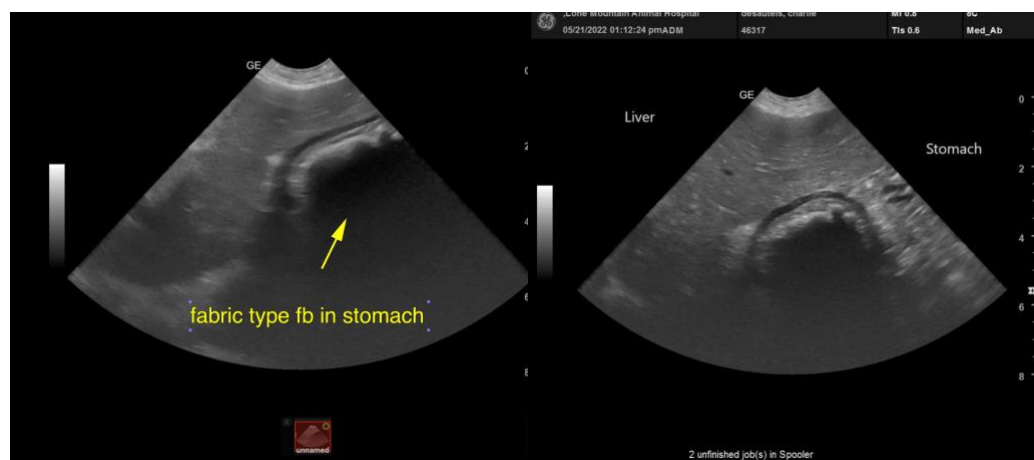
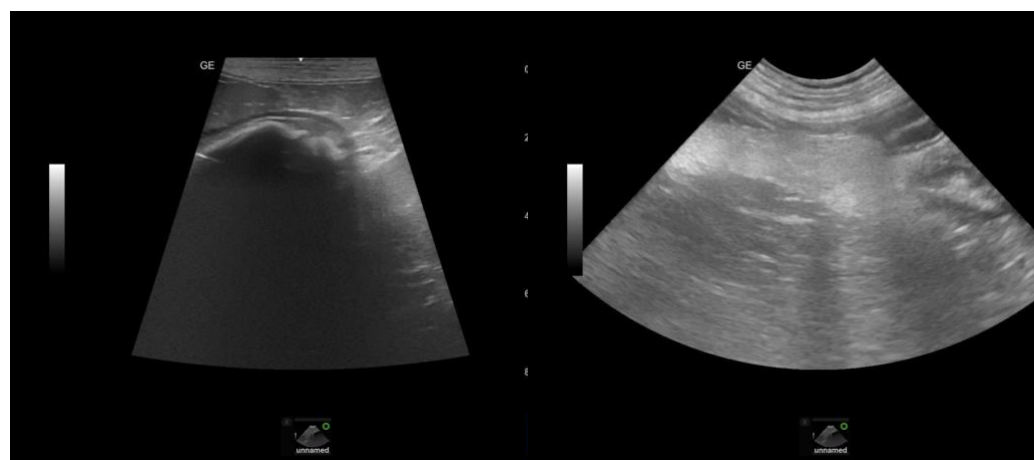
5/21/22

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body
- Benign hepatopathy and excessive gallbladder debris
- Pancreatic remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy, manual expression of the gallbladder and GI biopsies indicated to rule out underlying disease. Given that the liver enzymes are elevated, biopsy warranted. History of pancreatitis likely in this patient. No evidence or suspicion of neoplasia.





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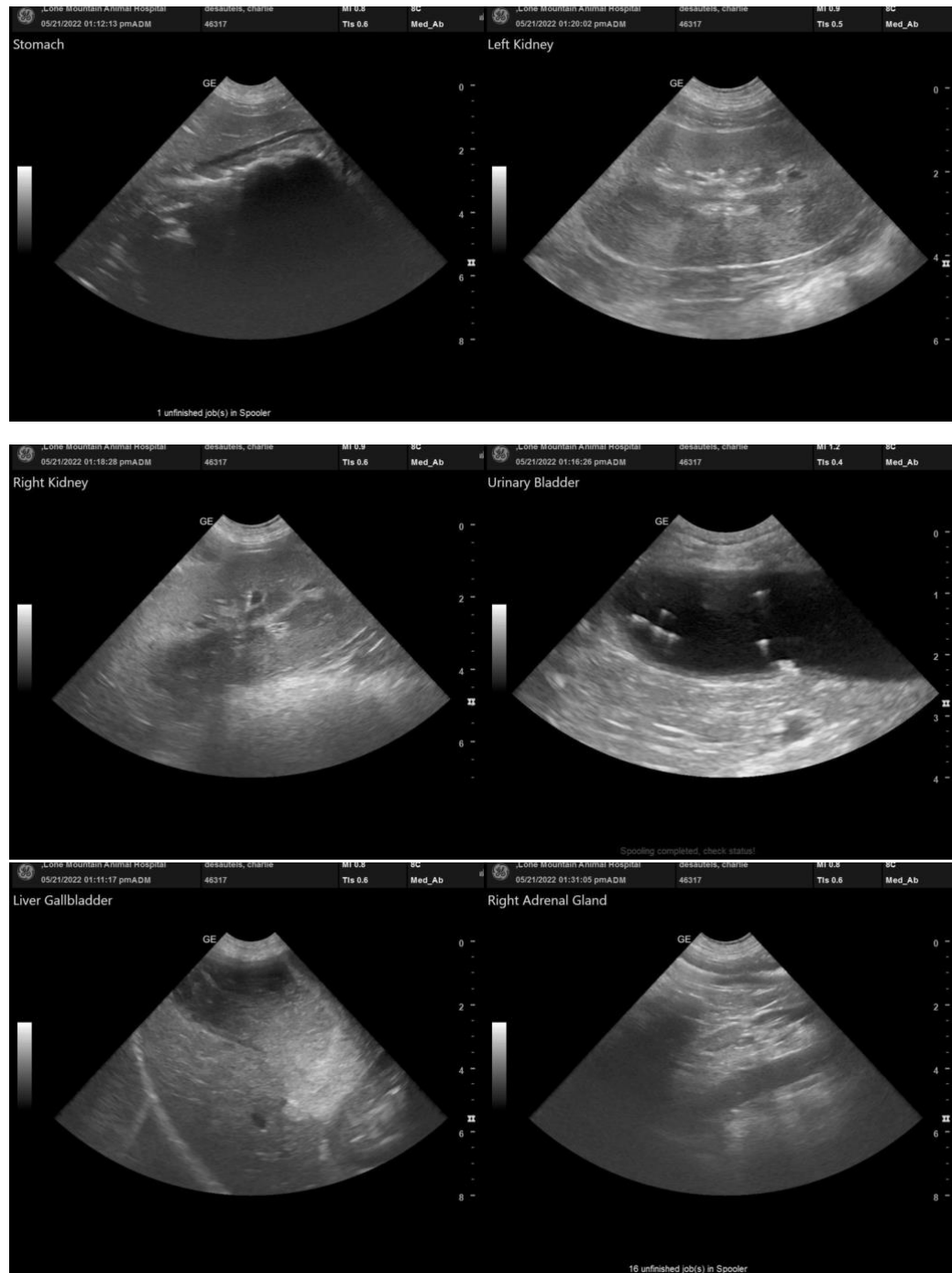
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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