



PATIENT

Carver Mulloy

SPECIES

Canine

BREED

Heeler Mix

SEX

Neutered male

AGE

8 years

WEIGHT

52.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Maggiulli

INVOICE

30670

DATE

5/23/22

PRESENTING CLINICAL SIGNS

P has extensive diarrhea history and lethargy over last 6 months, weight gain, changes in behavior, 2 separate bouts of hematochezia, bloodwork demonstrates extremely low thyroid (<0.5uG/dL), elevated TP at 9, PCV a 39%/TS 9g/dl, bloodwork on 5/13- Fecal OP & G- all negative
Abnormal PE/Chem/CBC/UA Results: CBC- BAS 0.29, CHEM 17- GLOB 4.6, CHOL 455, AMY 340, LIP 1958, EPOC- NSF ,HCT 43% CPL - Normal 5/18 cortisol: 3.83 ug/dl p has multiple skin lesions, normal rectal exam, painful on abdominal palpation, sedated with butorphanol for ultrasound

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. A minor amount of small calculi were noted and measured up to 0.3 cm and were non-obstructive at the time of the sonogram. 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 5.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

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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.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

8 years

Small, non-obstructive bladder calculi.

WEIGHT

52.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of lethargy is unclear. Orthopedic, CNS or thoracic disease should be considered. Dietary intolerance and occult parasitism are all possible. Full urinalysis work-up is warranted if not already performed +/- eventual cystotomy. The calculi are not shadowing strongly. Therefore, they may be dissolvable upon medical management. Full urinalysis work-up is warranted if not already performed +/- eventual cystotomy. However, the calculi were not shadowing strongly and therefore may be dissolvable upon medical management. If surgery is to be performed sonogram should be performed just prior to surgery to ensure that the calculi are persistently present.

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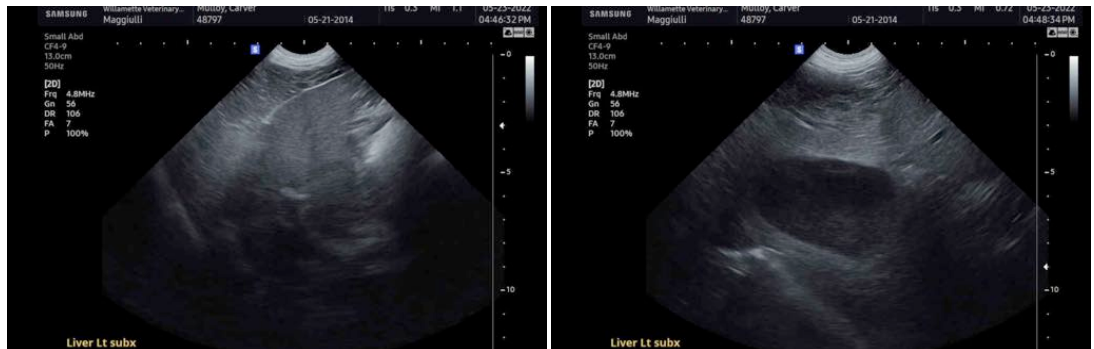
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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