



PATIENT PRESENTING CLINICAL SIGNS

Ella Ellis very skinny, neurological signs-circles to the left, appears blind, eats ok but not great, generally poor condition
Abnormal PE/Chem/CBC/UA Results: WBC 28,000, lymphocytosis, neutrophilia, bile acids elevated 81.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Bichon X

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.

SEX

Intact Female

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 3.35 cm. The right kidney measured 3.24 cm.

AGE

6 Months

Adrenal Glands

WEIGHT

2 kg

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 1.17 cm x 0.35 cm at the caudal pole and 0.36 cm at the cranial pole. The right adrenal gland measured 1.44 cm x 0.44 cm at the caudal pole and 0.72 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Kelly Reschny

Liver

HOSPITAL NAME

Gagemount AH

The **liver** was subnormal in size. However, intrahepatic macrovascular patterns appeared normal. The right liver appeared poorly developed. The portal vein was visible to its branching, measuring 5.0 mm, 1:1 ratio with the vena cava.

REFERRING VET

Dr. Keir

Gastrointestinal

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.

INVOICE

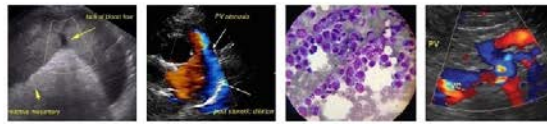
38016

Pancreas

DATE

5/26/22

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.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Ella Ellis

- Microhepatica, no evidence of macroscopic shunting – Portal hypoplasia/microvascular dysplasia likely, given the patient history and sonographic presentation.

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine

Core liver biopsy would be necessary for further definition. The cause of elevated white count is unclear. CBC path review +/- bone marrow aspirate would be indicated.

BREED

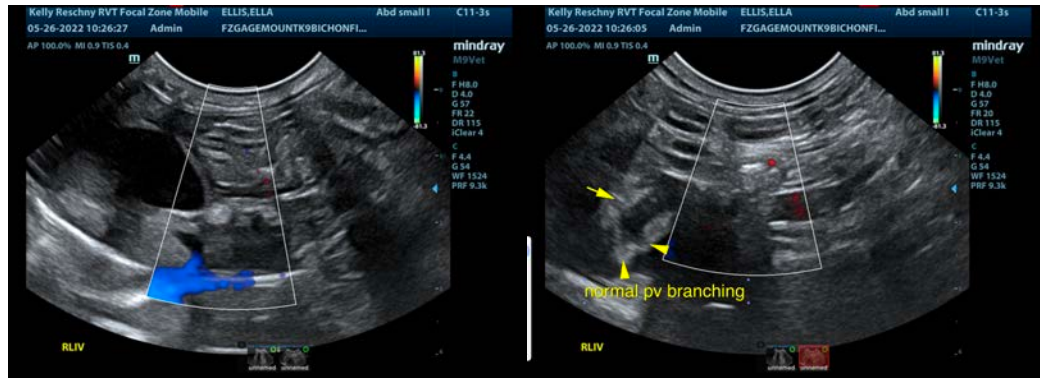
Bichon X

SEX

Intact Female

AGE

6 Months



WEIGHT

2 kg

INTERPRETED BY

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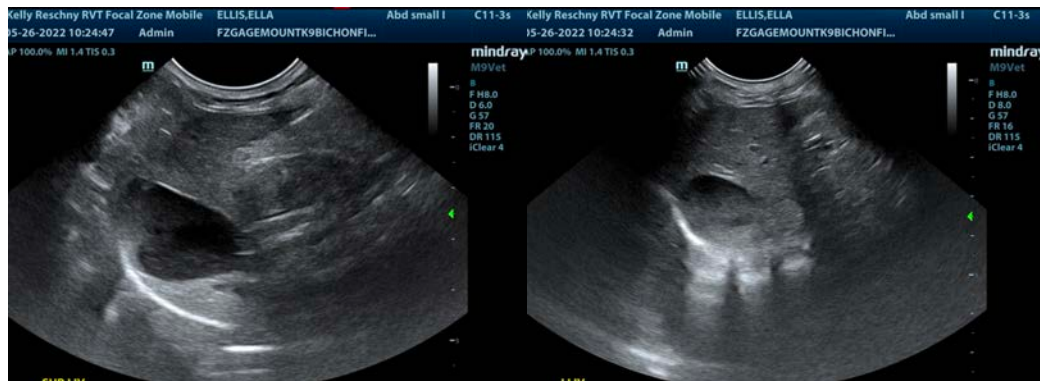


IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Gagemount AH



REFERRING VET

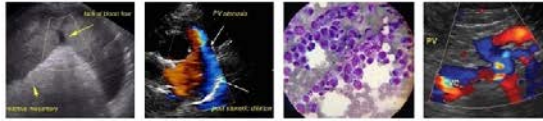
Dr. Keir

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PATIENT

Ella Ellis

SPECIES

Canine

BREED

Bichon X

SEX

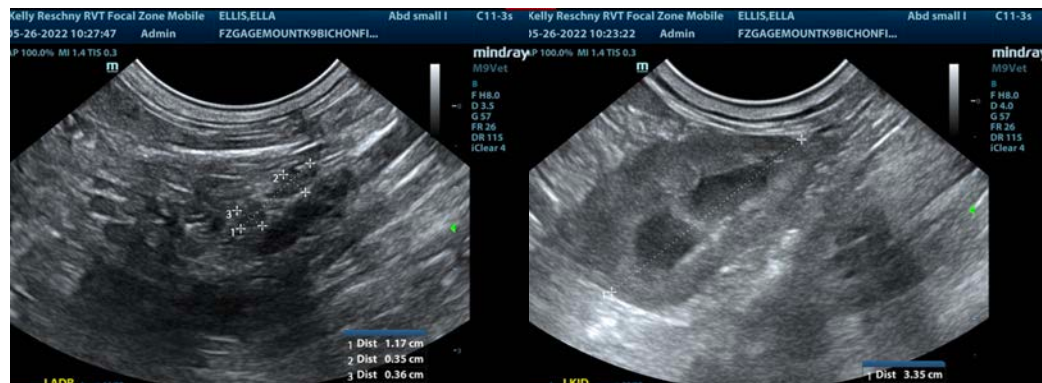
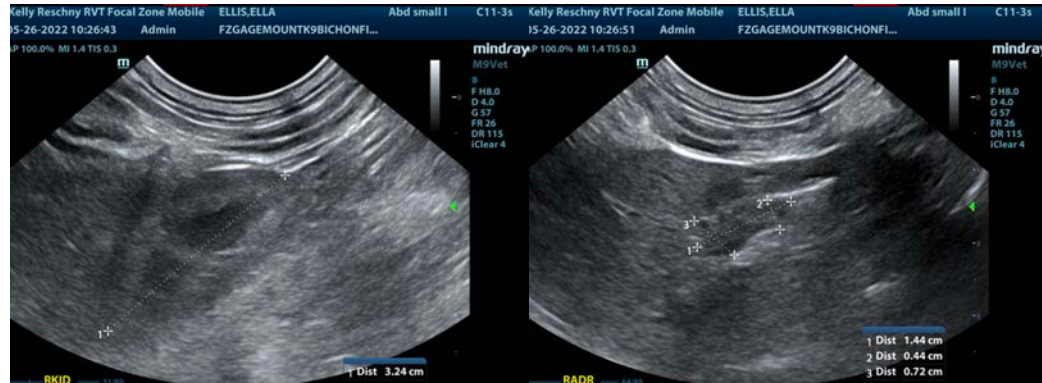
Intact Female

AGE

6 Months

WEIGHT

2 kg



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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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

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