



PATIENT

Rosie Adam

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

13 years

WEIGHT

40 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Allyn

INVOICE

30820

DATE

5/31/22

PRESENTING CLINICAL SIGNS

History: Rosie has not defecated in at least 3 days. They gave her pumpkin and coconut oil to try and see if it helps. Rosie has still been eating just not as much and she stopped eating today. Her breathing is increased, and she seems mopey.

Abnormal PE/Chem/CBC/UA Results: PE: Full cranial abdomen on palpation. Possible mid-abdominal mass. Watery diarrhea after rectal examination. Generalized muscle atrophy typical for age. Stage II dental disease. UA: SG 1.024, pH 7.0, Clear sediment Senior Panel Pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.4 cm. The right kidney measured 5.58 cm.

Adrenal Glands

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 2.05 x 0.45 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

Spleen

The **spleen** revealed hyperechoic lipogranulomatous type nodule that measured 2.07 x 0.96 cm. The spleen was otherwise normal and folded upon itself cranially and caudally.

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.

Gastrointestinal

The stomach and small intestine were empty and unremarkable. The colon was over distended with hard stool. A large amount of artifact was present associated with the colon.



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Pancreas

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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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Free Abdomen

The iliac trifurcation was unremarkable. A slight amount of free fluid was noted in the abdomen. Regional reactive mesentery was noted associated with the gastrointestinal tract.

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ULTRASONOGRAPHIC FINDINGS

Over distended and obstipated colon, exact cause is unclear.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Colonic over distension is likely the cause of underlying slight free fluid and reactive mesentery. There were no overt masses noted. However, stricturing colorectal mass cannot be completely ruled out. CT of the pelvis and colon would be ideal. High enema followed by a repeat sonogram could also be considered after the colon has been evacuated to improve visibility. The prognosis is guarded depending upon further diagnostics. Barium enema can also be considered. There are no overt masses; however, the over distended colon and folded spleen may create a mass type effect on palpation and radiographs.

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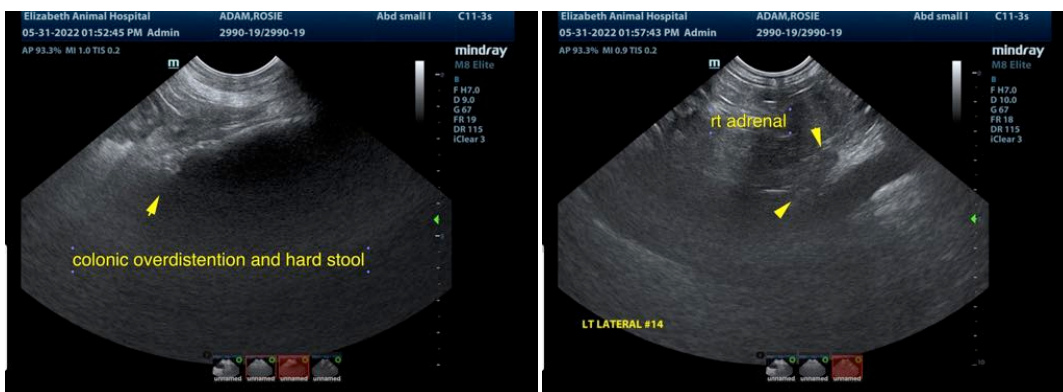
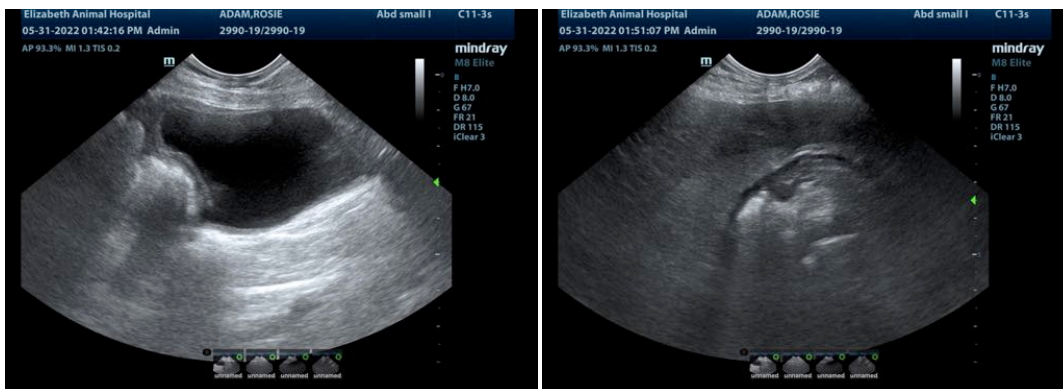
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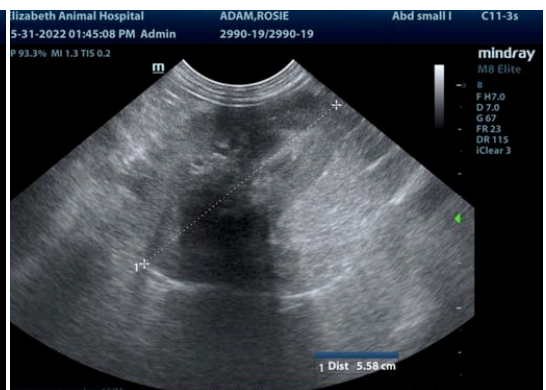
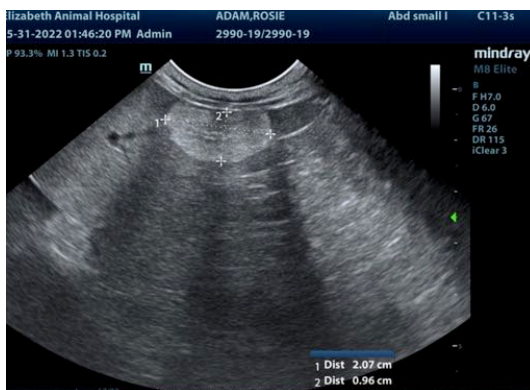
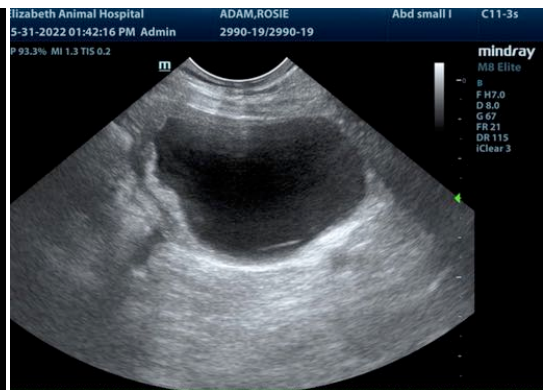
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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