



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Brittany Bair
Presented at our hospital for recheck AUS. Pet improved since hospitalized, feeding her babyfood with syringe, taking it well. Drinking well. Straining to have BM. Seems painful in abdomen when picked up. Otherwise more alert, walking, and overall doing better. Previous Health Concerns: Pancreatitis

SPECIES Canine
Current Medications: Prednisone, Metronidazole, Sucralfate, Pepcid Appetite/When did they eat last: had 1 syringe of babyfood around 9am.

BREED Pomeranian
Abnormal PE/Chem/CBC/UA Results: Prev. AUS showed that pet has severe inflammation in GIT that could be IBD vs food hypersensitivity, can't r/o emerging intestinal neoplasia. 4/28/22: epocalcium 1.08 low, creatinine 0.37 low, HCT 31 low CBC- WBC 29.37 high, neu 28.42 high, lym 0.57 low, neu% 96.8 high, lym% 2 low, mono% 1.1 low, eos% 0.1 low, rbc 4.67 low, hgb 10.8 low, hct 30.1 low, plt 623 high 4/29/22: ALB 1.9 4/28/22: ALB 1.5 5/4/22: ALB 1.7

SEX ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX Spayed Female
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 was noted. Ureteral papillae were normal.

WEIGHT 1.73 kg
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 3.2 cm. The right kidney measured 3.13 cm with slight pinpoint mineralization.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

REFERRING VET

Dr. Moser

Liver

INVOICE

30146

DATE

5/4/22

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



PATIENT *Gastrointestinal*

Brittany Bair The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-act. Soft stool was noted in the colon. The mesenteric lymph node was enlarged, hypoechoic and measured 2.0 x 1.0 cm. Reactive mesentery was noted associated with the GI tract.

SPECIES

Canine

BREED

Pomeranian

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.

SEX

Spayed Female

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Lymphangectasia GI pattern. Inflammatory bowel/GI pattern with mucosal fogging. Mesenteric lymphadenopathy.

WEIGHT

1.73 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

FNA of the mesenteric lymph nodes is warranted with treatment for PLE until cytology can be evaluated. Note that the Prednisone is likely suppressing a more significant proliferative presentation and partially suppressing a potential underlying intestinal lymphoma. PARR or PCR of cytology of the mesenteric lymph nodes are indicated.

IMAGING PERFORMED BY

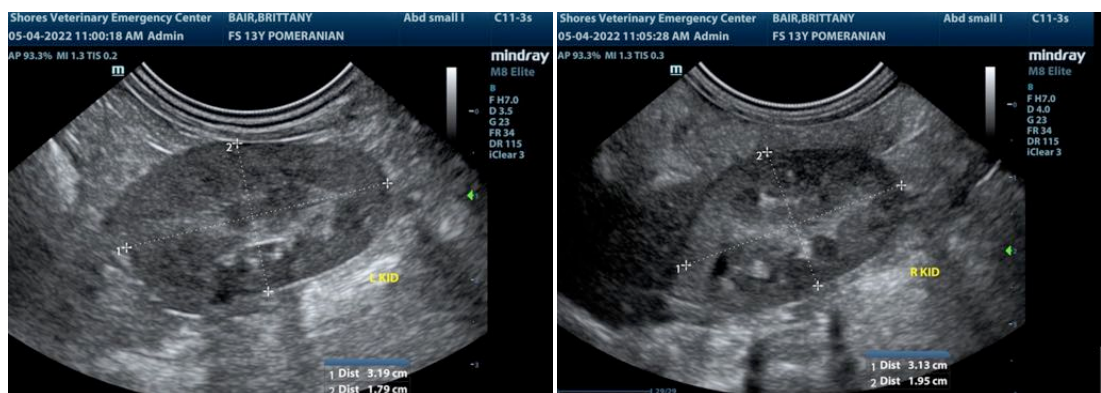
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Brittany Bair

SPECIES

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Spayed Female

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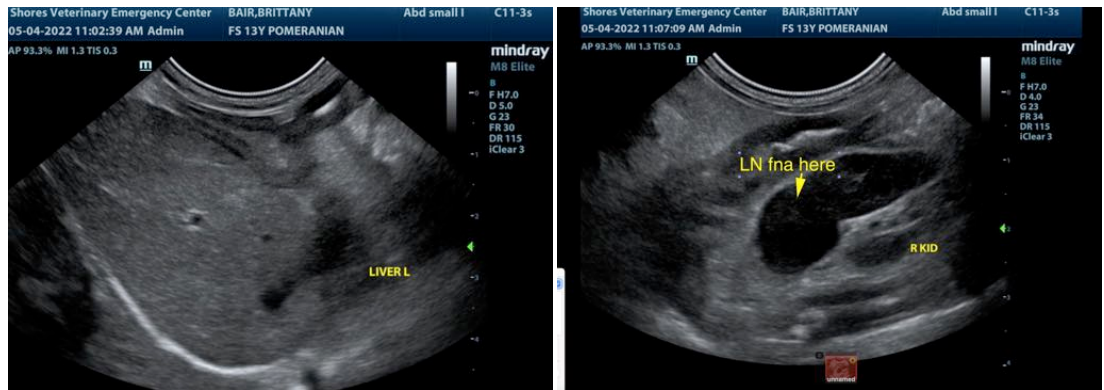
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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