



PATIENT

Shultz Walters

SPECIES

Canine

BREED

Corgi

SEX

Intact Male

AGE

10.5 Weeks

WEIGHT

21.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Schneck

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Schneck

INVOICE

37367

DATE

5/4/22

PRESENTING CLINICAL SIGNS

Sudden onset lethargy and fever on Tue. Progressive non-specific pain. Most noticeable with lifting head from lateral (neck back pain). Fever 103.8 F at arrival. Eating. DDX: Abnormal PE/Chem/CBC/UA Results: Visits at the Ark: Tue: T 103.2 F, heart murmur, rectal unremarkable, Parvo test negative. Radiographs - non-obstructive. Got SQ fluids, fortiflora, cerenia. Fecal Neg. Wed: return to the Ark. CBC: plt 39 K/uL (manual count), neutrophilia 22.2, monocytosis 1.7, hct 32%; Chem:phos 7.6, glob 2.3, T: 103.4 5/4/22 CBC/Manuel count: Hct 30.7%, normal wbc (18.8), neutrophilia (15.56), monocytosis (1.37), eosinopenia (0.04), basobilia (0.21) thrombocytopenia (17 K automated 13.5 K/uL manual review), EPOC: hypercalcemia (1.48), low creatinine (0.36), lactate 1.24 FOU PCR to IDEXX #3539 In house 4DX: Negative x 4 UA (free catch):USG 1.012, pH 7.0, proteinuria (500 mg/dL), glucosuria 50 mg/dL, 250 Ery/uL, pyuria 500 leu/uL (leukocyte esterase), 14 wbc/hpf, 7 rbc/hpf, no bacteria, < non-squamous cells/hpf, no casts or crystals. UC&S IDEXX FAST: No free abdominal fluid.

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The residual prostate was uniform at 0.96 cm.

The **kidneys** presented normal size and contour. Minor increased cortical echogenicity noted. The left kidney measured 6.21 cm. The right kidney measured 7.12 cm. Trace pyelectasia noted in both kidneys, which would fit with UTI/low-grade pyelonephritis.

Adrenal Glands

The **left adrenal gland** was subnormal in size, measuring 0.25 cm. The **right adrenal gland** was normal in size, measuring 0.52 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** 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

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.

ULTRASONOGRAPHIC FINDINGS

- Minor renal pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the fever is unclear, unless it is UTI related from a structural standpoint. Otherwise, systemic infectious disease should be considered. Urine culture and sensitivity warranted. No evidence of congenital disease. Treatment for UTI and systemic infectious agents warranted.





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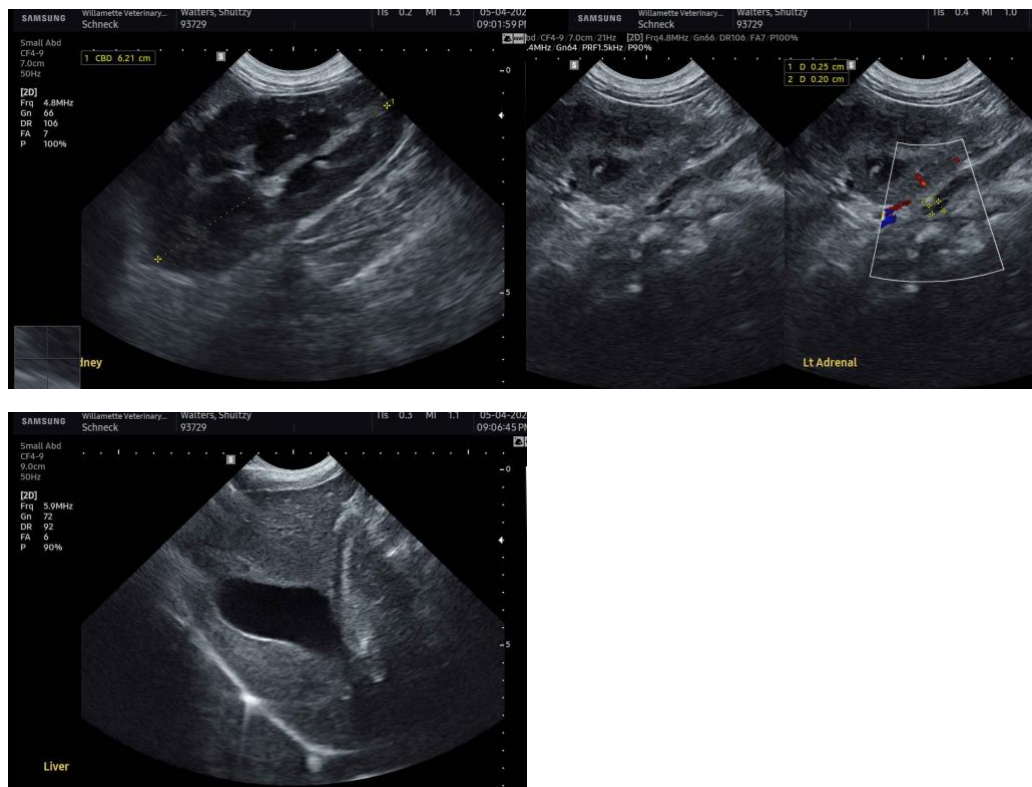
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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