



PATIENT

Penny Cicero

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed Female

AGE

2 Years 8 Months

WEIGHT

50.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

Dr. Jessie Evoniuk

INVOICE

47108

DATE

5/4/23

PRESENTING CLINICAL SIGNS

Presented last 4/27/23 with the chief complaints: Had been whimpering a bit Not wanting to jump up on bed Seemed very timid Eating a little less, O tried another food yesterday and P gobbled that up and would eat treats O has noticed shaking on hind legs, limping on and off on a hind leg but O unsure which Has times where she seems fine Drinking normally V/D- none Pretty lethargic, has been going on for a few weeks, has been getting worse Didn't eat the Acana red meat but ate the Blue well prescribed meds- metronidazole, cerenia and carprofen cbc, chem-nsf 5/4/23: still very lethargic, having hard times at the stairs, inappetent, and hiding most of the time

Abnormal PE/Chem/CBC/UA Results: 4/27 PE- palpates tensed and has thickening in cranial part; sensitive in deeper palpation of L cranial abdomen; scabbing and mild epidermal pustules in the ventral abdomen 5/4: severely painful R cranial abdomen

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 **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 6.1 cm. The right kidney measured 7.3 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

The **spleen** presented a subtle micronodular pattern with minor enlargement, most consistent with reactive spleen or splenitis. The spleen was folded upon itself 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** presented a moderate amount of ingesta and gas accumulation. Mild transit of chyme appeared to be occurring. The small intestine and colon were unremarkable.



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Pancreas

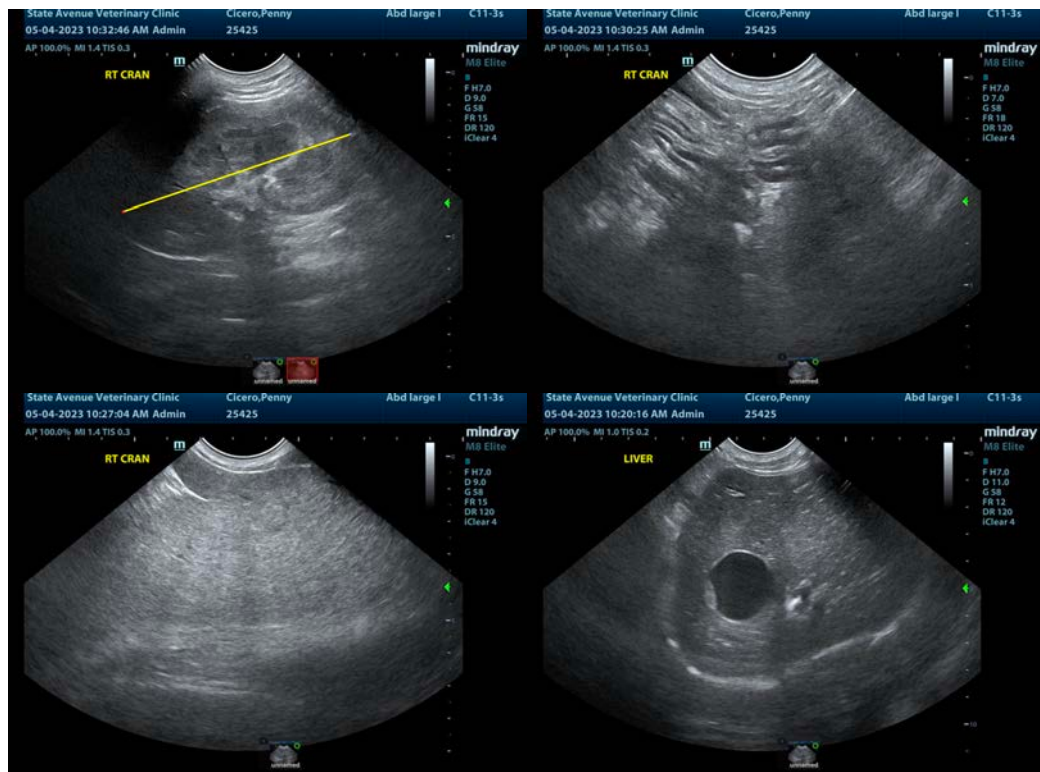
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Splenitis pattern or reactive spleen
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's warranted yet would not explain the fever. However, underlying infectious agents should be considered. Baseline cortisol or ACTH stimulation warranted. IV fluid support, splenic FNA, tick borne disease panel all indicated. Viscerally, the abdomen is unremarkable.





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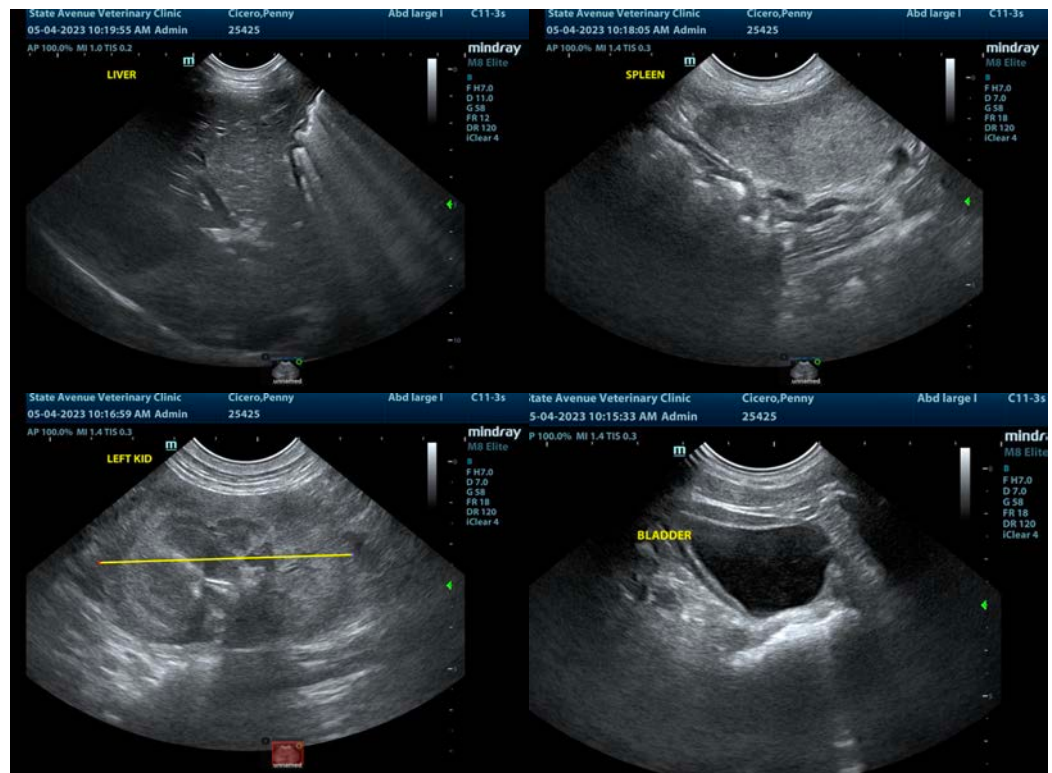
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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