

**PATIENT PRESENTING CLINICAL SIGNS**

Chloe Curry History: vomiting/hematoemesis; black tarry diarrhea for 5 days . Rad shows mid abdominal opacity. On cerenia, sucralfate, flagyl. R/O HGE, dehydration. Concerned about pancreatitis.  
Abnormal PE/Chem/CBC/UA Results: CPL abnormal; chem wnl. increased RBCs. Fecal -neg

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

Beagle

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 3 cm. 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**

Spayed Female

The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Minor bilateral mineralization was noted. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present.

**AGE**

11 years

**WEIGHT**

30 lbs

The left kidney measured 5.25 cm in length. The right kidney measured 5.02 cm in length.

**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 2.09 cm in length by 0.67 cm caudal pole width by 0.76 cm cranial pole width. The right adrenal gland measured 3.0 cm in length by 0.59 cm caudal pole width by 2.2 cm cranial pole width.

**INTERPRETED BY**

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**Spleen**

The spleen presented with a focal hypoechoic nodule measuring 5 mm in the mid caudal body with a separate nodule measuring 7 mm in the mid cranial body of the spleen.

**Liver**

The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor 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.

**Gastrointestinal**

The upper gastrointestinal tract in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with

Diane McFadden, RVT

**HOSPITAL NAME**

All Creatures Great  
and Small Denville

**REFERRING VET**

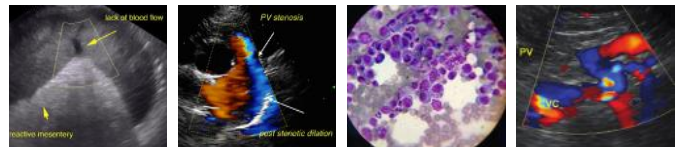
Dr. Ashmore

**INVOICE**

10544ag

**DATE**

5/9/22



**PATIENT**

Chloe Curry

hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction.

**SPECIES**

Canine

**Pancreas**

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

**BREED**

Beagle

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

- Splenic nodules
- Nonspecific gastroenteritis pattern

**AGE**

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

30 lbs

A splenic FNA would be appropriate assuming normal clotting status for screening cytology and further definition. Considerations for the GI presentation include dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. A geriatric hydrolyzed diet may be in this patient's best interest. A broad spectrum antiparasitic protocol and treatment for enterotoxins is recommended.

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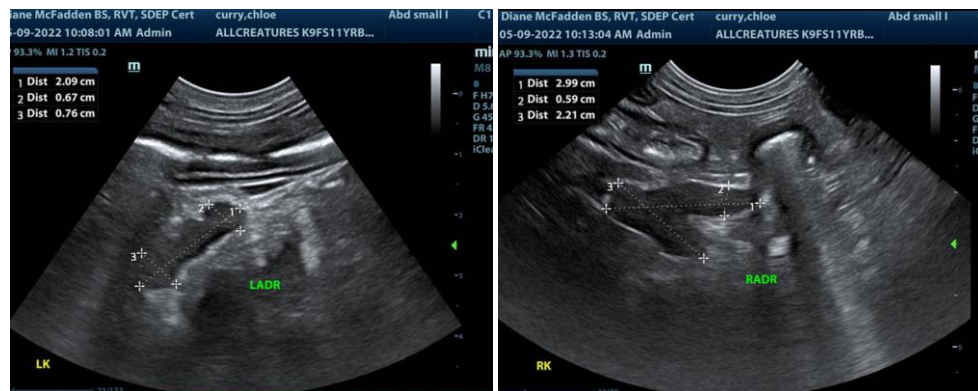
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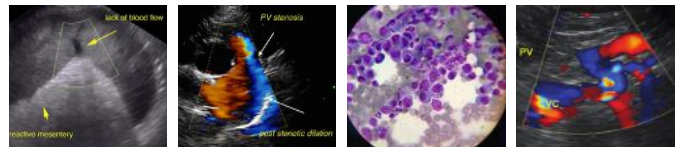


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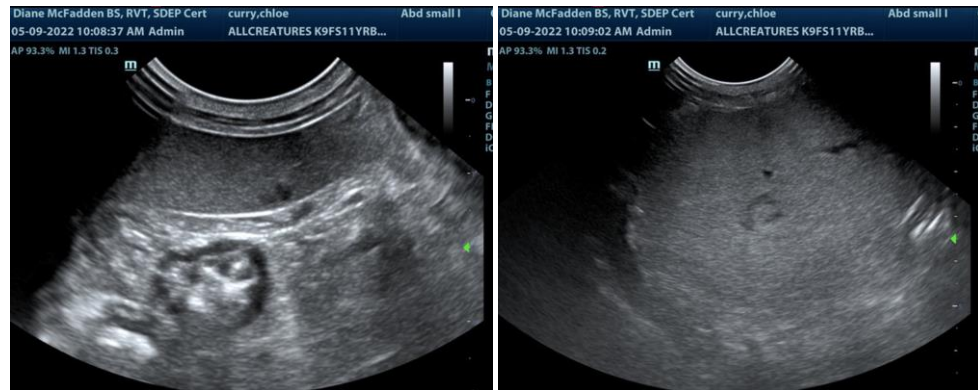
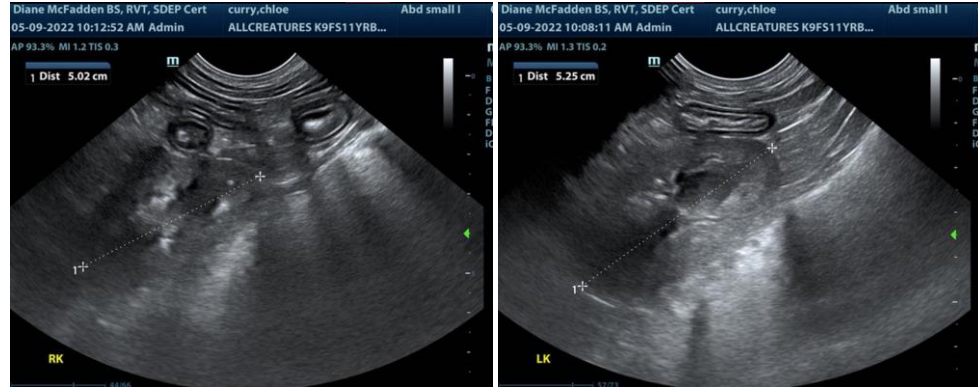
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**AGE**

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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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