



PATIENT

Casey Woodward

SPECIES

Canine

BREED

German Wirehair
Pointer

SEX

FS

AGE

14 years

WEIGHT

75

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**
Nicole Gotfredson

HOSPITAL NAME

Buffalo Veterinary
Clinic

REFERRING VET

Dr. Garry Gotfredson

INVOICE

10804ag

DATE

06/14/2022

PRESENTING CLINICAL SIGNS

History: Previous splenectomy due to nodule, did not send in. Lethargy and vomiting the last 2 -3 days.

Abnormal PE/Chem/CBC/UA Results: Neutrophils 13.2, with band cells suspected. ALT=804, ALKP 1173, SG=1.010, pancreatic test pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 1 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.

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

The left kidney measured 6.0 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

No evident pathology in the area of the left or right adrenal glands.

Spleen

The region of the splenic fossa was unremarkable.

Liver

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.

Gastrointestinal

Examination of the gastrointestinal tract revealed a stomach and an 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.

Pancreas

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat.



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Some minor 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

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ULTRASONOGRAPHIC FINDINGS

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- Unremarkable splenic fossa
- Nonspecific inflammatory hepatopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A hepatic FNA is warranted to assess for further definition as well as Leptospirosis titer/PCR to rule out that potential. A bile acid profile would be indicated as well.

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Screening for Addison's disease is warranted given that the region of the adrenals were imaged yet not overtly visible.

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Structurally the GI tract is unremarkable. All in all the abdomen appears to be structurally unremarkable and expected for this age and breed with the exception of some excessive hepatic remodeling.

The region of the splenic fossa was unremarkable.

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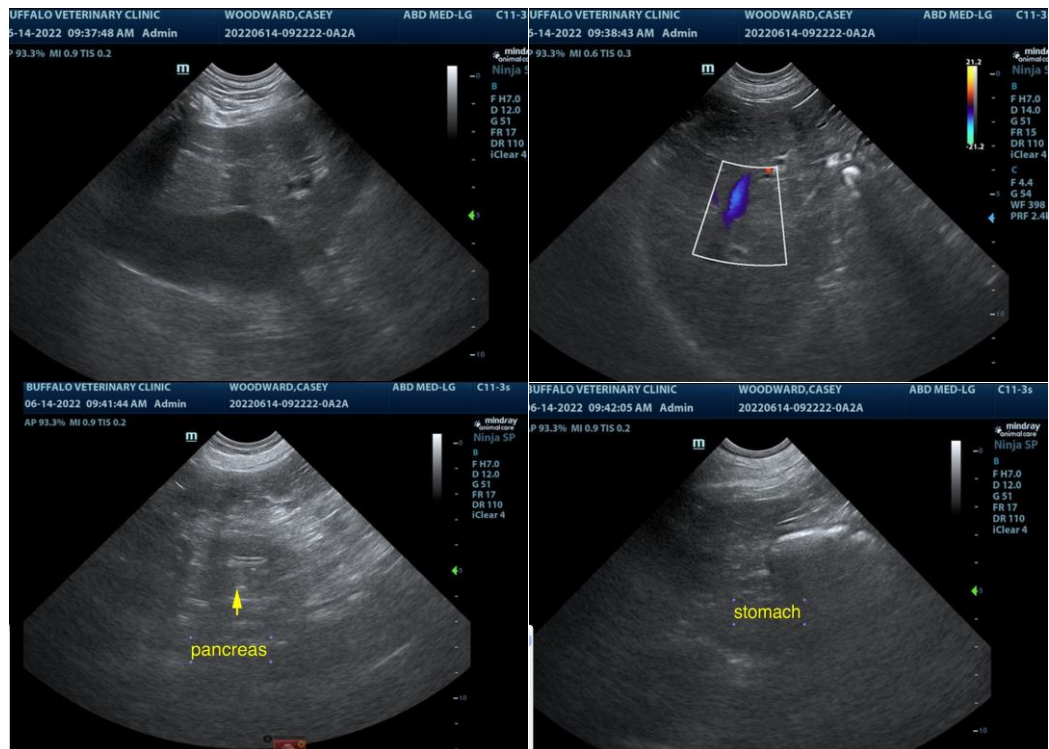
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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
Eric.Lindquist@SonoPath.com

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