



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Stella Sterrett
HISTORY History: 2 weeks of hyporexia and eating mainly only if hand fed. Apparently not able to defecate for 4 weeks and today urgent diarrhea.
ABNORMAL PE/CHEM/CBC/UA RESULTS Abnormal PE/Chem/CBC/UA Results: PE: Pale, pink, tacky gums- dehydrated 5%. Tender abdomen. Tachycardia (290bpm). Lethargic. BCS 4.5/5 EKG: Ventricular Tachycardia- referring for cardiology
LABS Labs pending

SPECIES

Canine

BREED

Standard Poodle

SEX

Canine

AGE

11 years

WEIGHT

72 lbs

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 was noted. Ureteral papillae were normal.

The **kidneys** presented a relatively uniform cortical hyperechogenicity when compared to the renal medulla, spleen and liver. No overt masses were noted. Corticomedullary definition was nebulous and the ratio favored the cortex slightly. The ureters were not visible and assumed to be normal. These changes are most consistent with chronic interstitial nephritis yet infiltrative disease could not be entirely ruled out without biopsy though neoplasia is not suspected. The right kidney measured 5.93 cm. The left kidney measured 7.12 cm. Blood flow appeared to be adequate on power Doppler assessment.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

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 3.02 x 0.86 cm at the caudal pole and 0.77 cm at the cranial pole. The right adrenal gland measured 2.01 x 0.6 cm at the caudal pole and 0.8 cm at the cranial pole.

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 was noted.

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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,



PATIENT

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.

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Gastrointestinal

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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.

AGE

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Heart

Rapid view of the heart revealed concentric hypertrophy and tachycardia.

WEIGHT

72 lbs

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

Mild to moderate interstitial nephrosis renal pattern.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Otherwise, unremarkable abdomen.

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Anderson

There was no evidence of primary abdominal disease responsible for the arrhythmia noted in the history. Cardiology consultation based on the EKG is indicated. The arrhythmogenic activity is likely the cause of the underlying clinical signs, yet abdominally no related disease is present.

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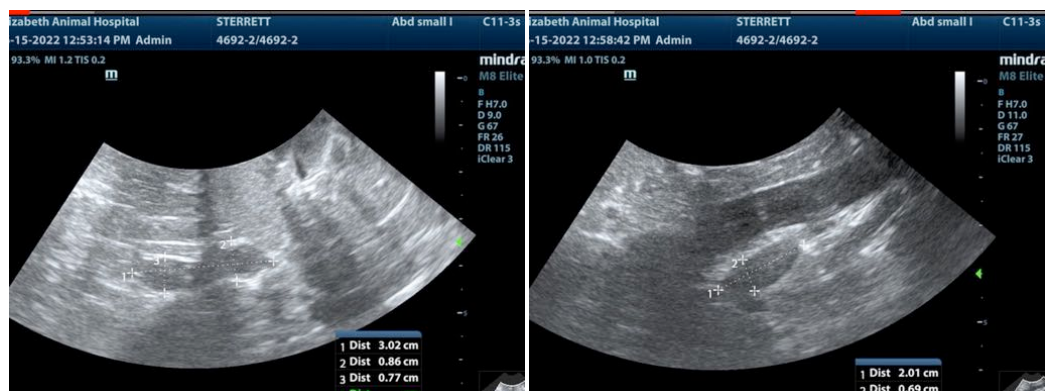
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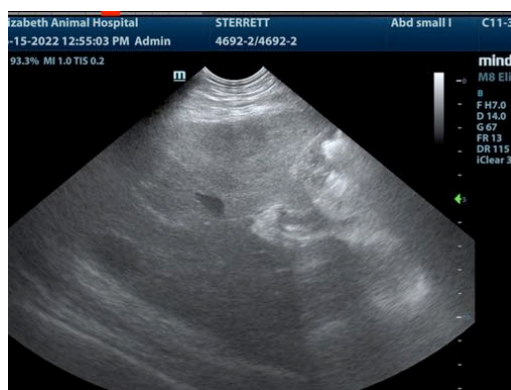
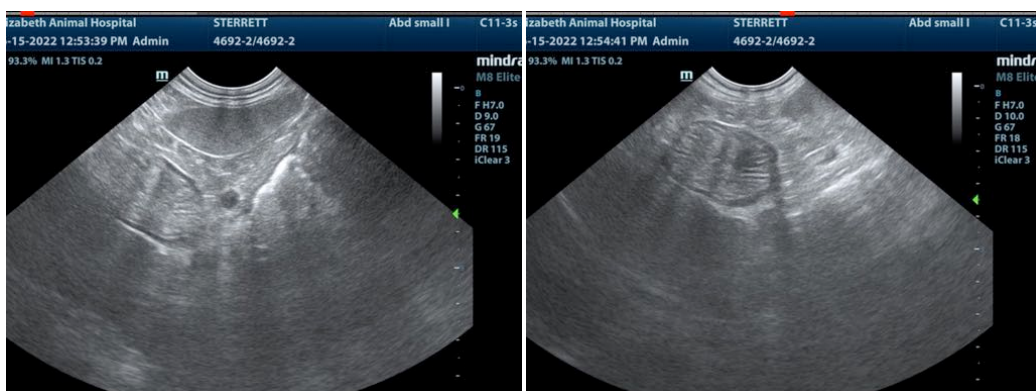
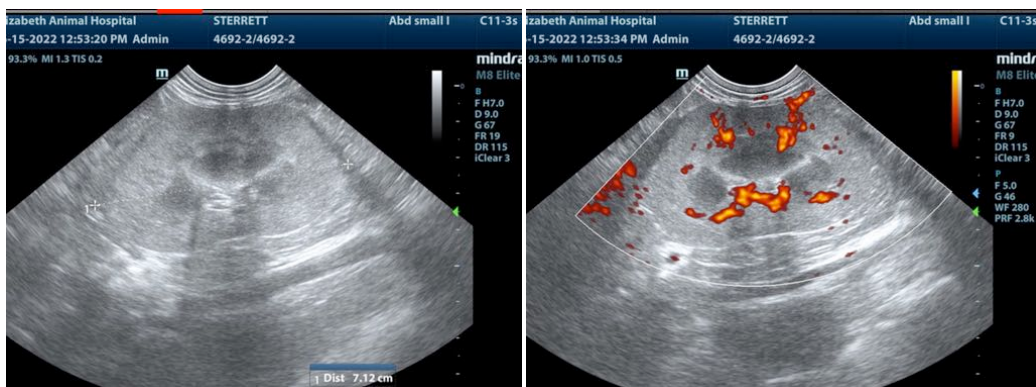
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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