



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Rosie Loucks
History: 3d hx of vomiting and anorexia. No known dietary indiscretion. Seems to be worsening in hosp despite symptomatic tx.

SPECIES
Canine
Abnormal PE/Chem/CBC/UA Results: Mild dehydration on PE and possible mild abd pain otherwise unremarkable. CBC - lymphopenia and mild nonregen anemia. Chem - wnl cPL - normal Abd XRs nsf. No UA.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED
Terrier X
Urinary System

SEX
Spayed Female
The **urinary bladder** revealed normal wall thickening yet minor mucosal irregularities were noted at the apex. Assessment of any evidence of UTI is indicated, if not already performed. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

AGE
7
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 right kidney measured 5.58 cm. The left kidney measured 5.59 cm.

WEIGHT
17 kg
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 right adrenal gland measured 0.51 cm at the caudal pole and 0.47 cm at the cranial pole. The left adrenal gland measured 0.44 cm at the caudal pole and 0.41 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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. Caudal folding of the spleen was noted.

IMAGING PERFORMED BY

Dr. Guenther

HOSPITAL NAME

Central Island VEH

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.

REFERRING VET

Dr. Daniel

INVOICE

22943

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.

DATE

6/16/23



PATIENT

Pancreas

Rosie Loucks

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.

SPECIES

Canine

Free Abdomen

BREED

Terrier X

The **mesenteric lymph node** (up to 0.73 cm in width) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Hyperechoic surrounding fat was noted, suggestive for inflammation.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Minor bladder thickening
- Minor mesenteric lymphadenopathy/lymphadenitis pattern
- Unremarkable abdomen otherwise

AGE

7

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

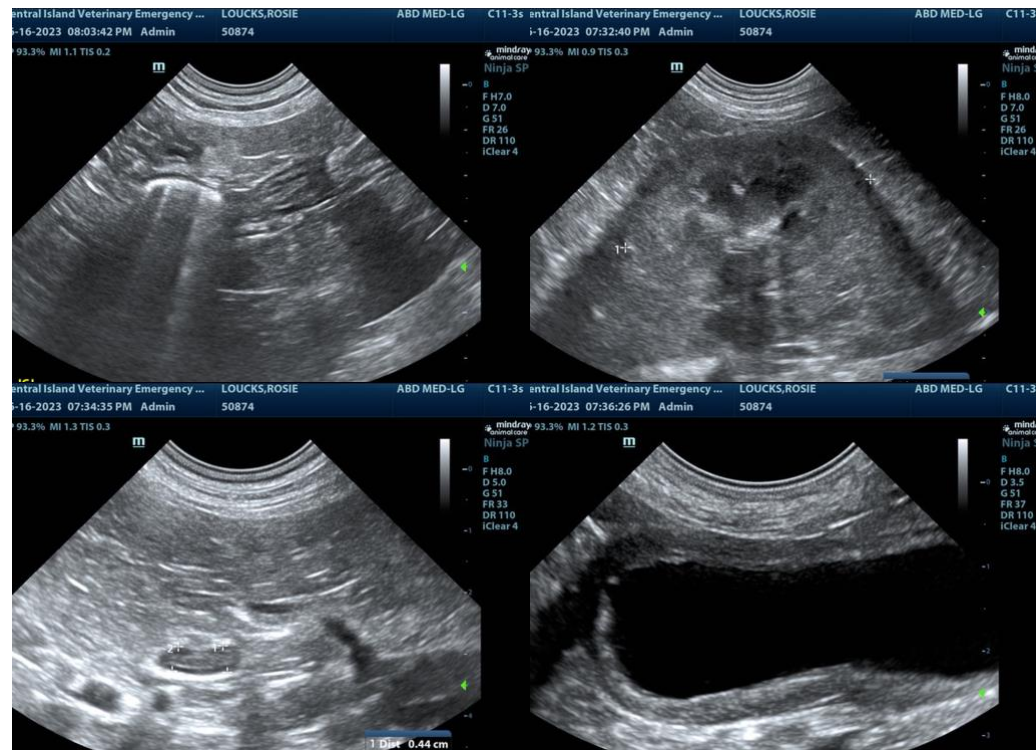
WEIGHT

17 kg

FNA of the mesenteric lymph nodes, cytology and culture would be ideal in this patient. Mild potential for emerging round cell neoplasia. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Mid abdominal pain is likely owing to lymphadenitis. A clinical trial of enrofloxacin/clindamycin combination could be considered to empirically treat enterotoxins or bacterial involvement.

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PATIENT

Rosie Loucks

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

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WEIGHT

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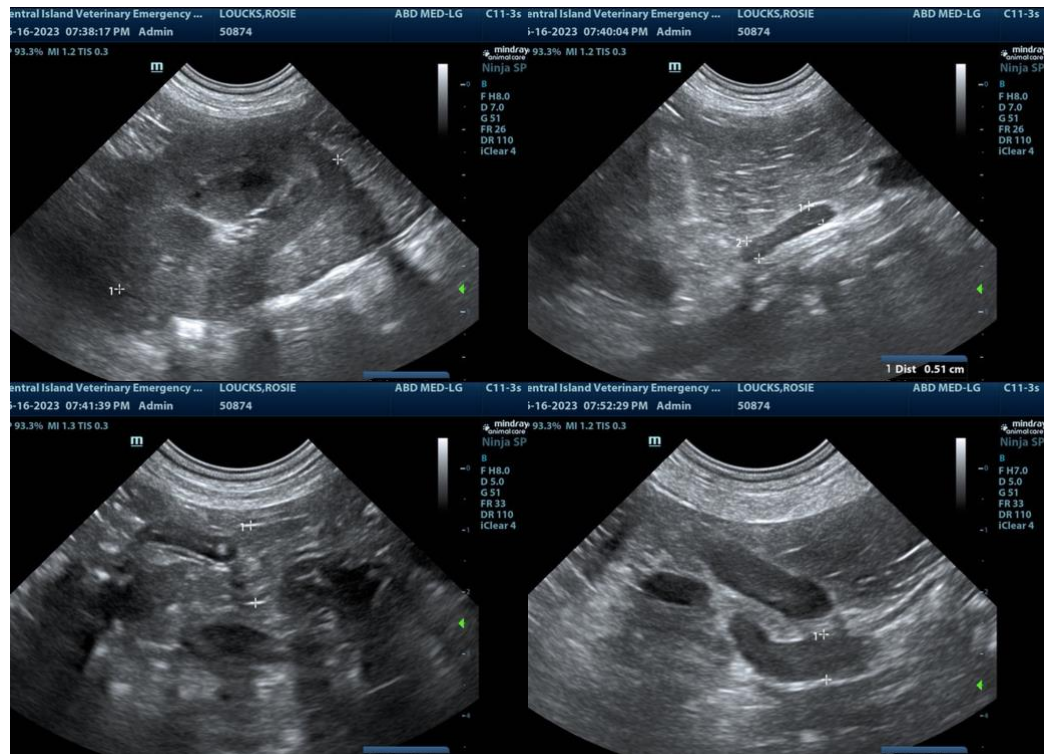
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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