



**PATIENT**

Charlie D'Avanzo

**SPECIES**

Canine

**BREED**

Lab Mix

**SEX**

Neutered Male

**AGE**

5 Years 11 Months

**WEIGHT**

87.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Carly Pate

**HOSPITAL NAME**

VCA McKenzie AH

**REFERRING VET**

Dr. Wayland

**INVOICE**

16166

**DATE**

6/17/22

**PRESENTING CLINICAL SIGNS**

History: 6/14/22 P presented for a possible seizure event, C did not witness but notes P had tremors off/on when she found him, abdomen felt tense, P is overall acting odd, lethargic, unwilling to jump and seems to be having a hard time getting up, inappetent and not drinking as much water as normal, softer BM but no diarrhea or vomiting noted. No history of salmonid ingestion or dietary indiscretion. Physical exam is unremarkable. P is not on any medications besides Trazodone/Gabapentin prior to veterinary visits.

Abnormal PE/Chem/CBC/UA Results: 6/16/22 Superchem/CBC showed: Chemistry profile - No significant abnormalities noted. ALKP slightly above reference range at 137 Chol elevated slightly Low CPK; CBC - Leukocytosis 17k Primarily neutrophilia with lymphopenia and monocytosis Urinalysis pending

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.0 cm. The right kidney measured 6.0 cm.

**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 0.7 cm. The right adrenal gland measured 0.55 cm.

**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.

**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.



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## Gastrointestinal

The gastrointestinal tract presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24-hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

## Pancreas

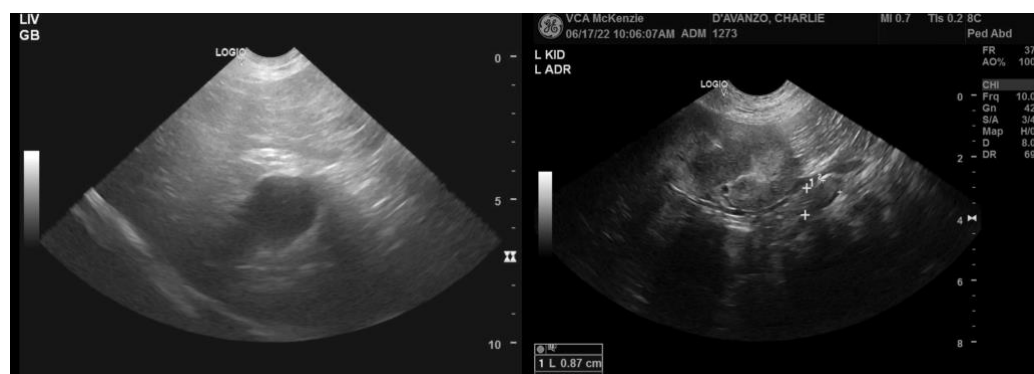
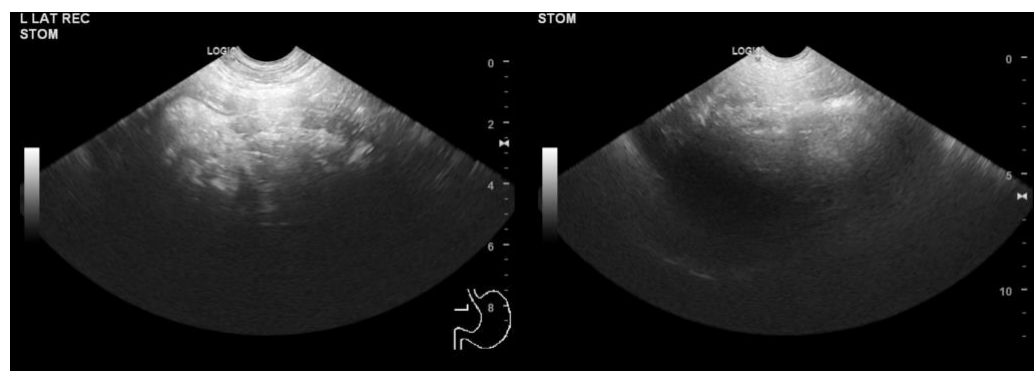
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Structurally normal abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of primary disease responsible for the seizure activity. Skull CT with contrast would be appropriate to assess for primary lesions.





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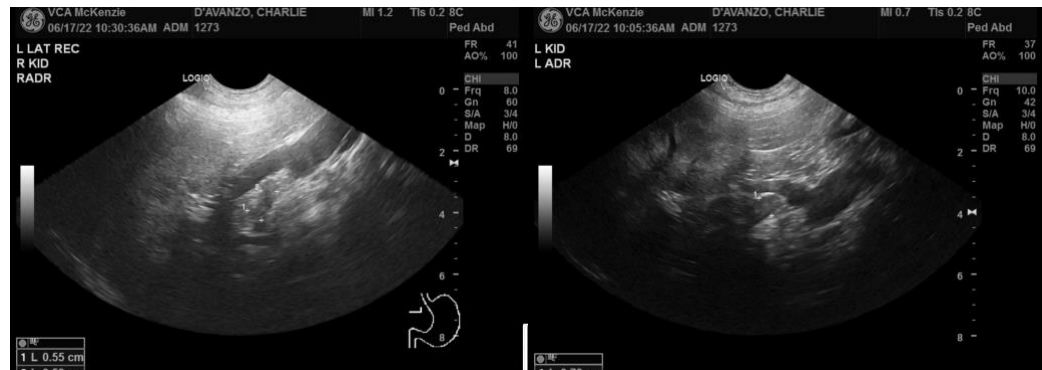
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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