



**PATIENT**

Millie Gonzalez

**SPECIES**

Canine

**BREED**

Australian Shepherd

**SEX**

Spayed Female

**AGE**

7

**WEIGHT**

58.9 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Tessa Magiulli

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Tessa Magiulli

**INVOICE**

22945

**DATE**

6/17/23

**PRESENTING CLINICAL SIGNS**

History: Salmon Poisoning Disease duration 8 days. Inappetent, Copious diarrhea, edematous, hypoalbuminemia, NG tube in place, hospitalized for 4 days after unsuccessful outpatient treatment. Thrombocytopenia resolved. Plasma transfusion yesterday. Liver values elevated today vs normal 6/14

Abnormal PE/Chem/CBC/UA Results: Chemistries today: BUN -6, Ca-7.6, TP-4.1, ALB-1.7, GLOB-2.4, ALT-202, ALP-814, GGT-18, TBILI-4.1 CBC:HCT-37.4%, RETIC- 9.0 K/mcL (low), RETIC- HGB- 21.8 pg (low) WBC- 18.86 K/mcL (high), NEU- 16.00 K/mcL (high), MONO- 1.66 K/mcL (high), EOS- 0.00 K/mcL (low) PLT- 37 K/mcL (low), MPV- 21.3 fL (high), PCT- 0.08%

**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 **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 6.2 cm. The right kidney measured 5.8 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 0.5 cm.

The **right adrenal gland** was not visualized.

**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** revealed slight coarse architecture and minor irregular contour with minor increased portal markings. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

A minor amount of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

**Pancreas**



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The **pancreas** was mildly heterogenous at the base with enhanced surrounding mesentery, suggestive for some level of pancreatitis. No evidence of masses.

## SPECIES

Canine

- Unremarkable abdomen with minor pancreatitis pattern
- Stomach ingesta
- Hepatic remodeling

## BREED

Australian Shepherd

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of lymphadenopathy. FNA of the liver and screening for occult Addisons is indicated. Assessment for proteinuria is warranted, given the low albumin for protein losing nephropathy, even though structurally the kidneys appear unremarkable. This is likely protein losing enteropathy, secondary to salmon poisoning, however, structurally, the abdomen appears largely unremarkable.

## SEX

Spayed Female

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

## AGE

7

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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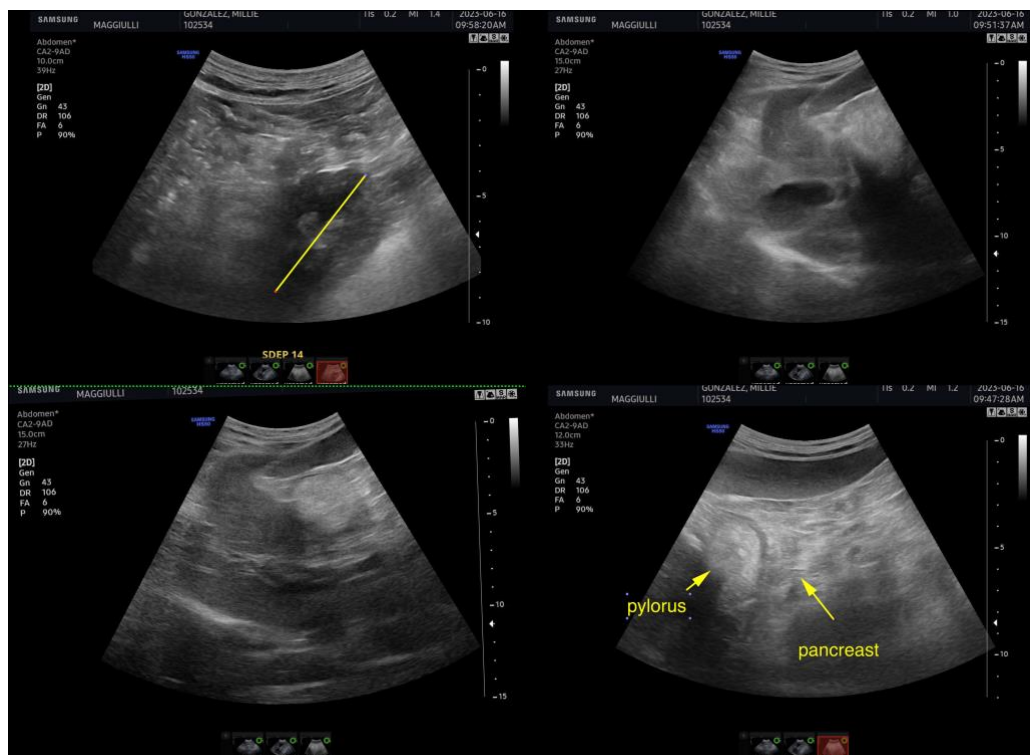
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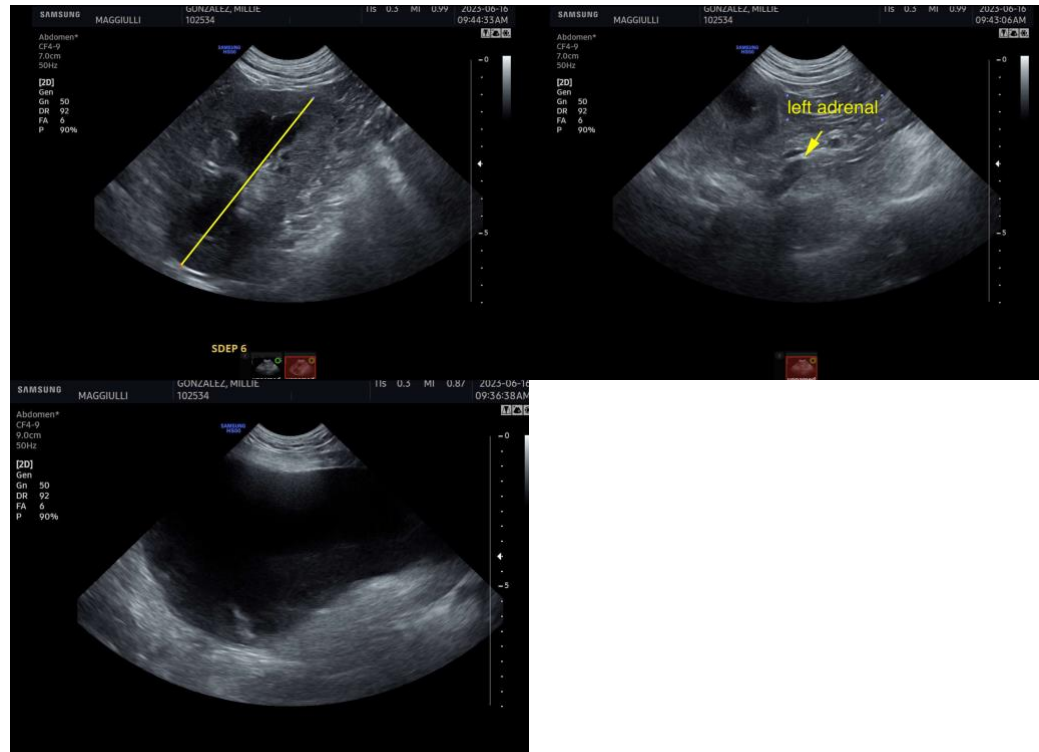
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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