



PATIENT

Maggie Balwas

SPECIES

Canine

BREED

Australian Shepherd

SEX

Spayed Female

AGE

11 Years 4 Months

WEIGHT

48 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heather

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

43439

DATE

6/23/23

PRESENTING CLINICAL SIGNS

Diarrhea with blood, lethargy, straining to pass stool on metronidazole
Abnormal PE/Chem/CBC/UA Results: Glob- 3.7 (hi), alk phos - 153 (hi), na/k ratio - 39 (hi), mag - 1.4 (lo)

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 5.6 cm. The right kidney measured 5.5 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 0.59 cm at the caudal pole and 0.60 cm at the cranial pole. The right adrenal gland measured 0.90 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

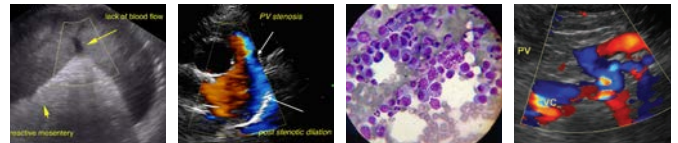
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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

The upper **gastrointestinal tract** was unremarkable. However, the distal small intestine revealed some minor intestinal thickening without loss of mural detail. Muscularis hypertrophy present. Minimal descending colonic views noted, yet no obvious pathology present other than minor colonic hypertrophy.



PATIENT *Pancreas*

Maggie Balwas

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

Large amount of abdominal fat noted in this patient.

BREED

Australian Shepherd

Rapid view of the heart revealed no evident pathology.

SEX

Spayed Female

- Minor distal small intestinal and colonic thickening – consistent with inflammatory bowel/colitis.
- Age related hepatic changes
- Large amount of abdominal fat

AGE

11 Years 4 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal test, Enrofloxacin trial to treat for Baytril responsive colitis could be considered. Colonoscopy warranted if clinical signs persist.

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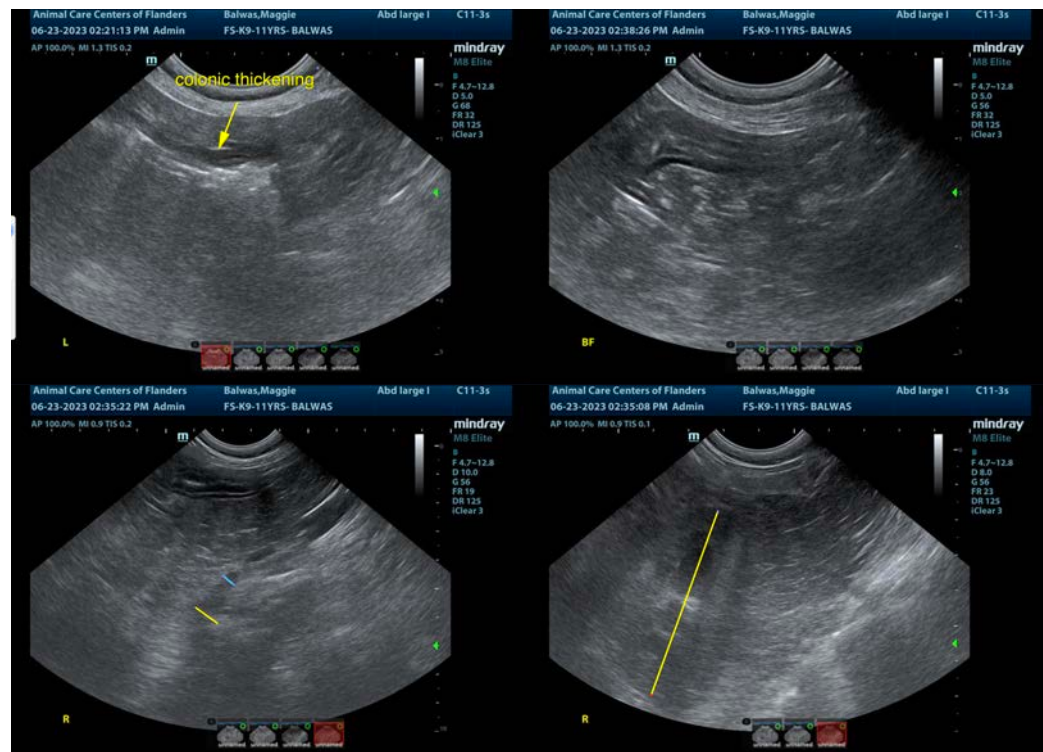
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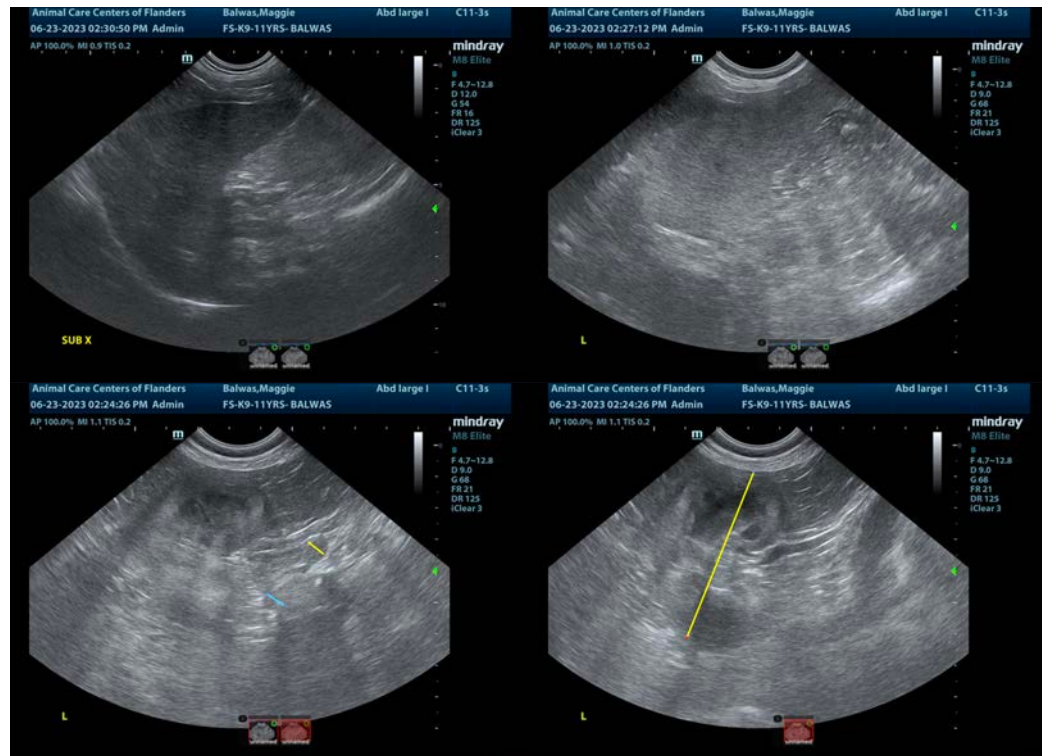
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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