



**PATIENT PRESENTING CLINICAL SIGNS**

Athena Hanna Chronic GI signs (owner reports IBD) acute onset V/D past 2-3 days intestines diffusely inflamed on rads R/O underlying neoplasia Current meds HP diet

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Increased HCT Neut, decreased ALB ALT unable to read ALP 240 CPL norm

**BREED**

Greyhound

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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.

**AGE**

12

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.68 cm. The right kidney measured 6.95 cm.

**WEIGHT**

57

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** was mildly enlarged with slight scalloping contour. Slight free fluid noted. No evident masses.

**IMAGING PERFORMED BY**

Jenn

**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.

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Kahn

**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.

**DATE**

6/29/23

**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.



**PATIENT**

**Free Abdomen**

Athena Hanna

Slight free fluid noted.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Non-specific gastroenteritis pattern
- Mildly enlarged spleen
- Slight free fluid

**BREED**

Greyhound

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

Given the low albumin, concern for protein losing enteropathy. The slight free fluid in the abdomen could be justified by poor oncotic pressure if the albumin is <1.5 cm. Severe ALT elevation would suggest acute hepatic insult, as structurally the liver was unremarkable. Leptospirosis titers warranted. FNA of the liver warranted if ALT remains elevated. The spleen is likely reactive, however FNA would be ideal to rule out emerging round cell neoplasia versus splenitis.

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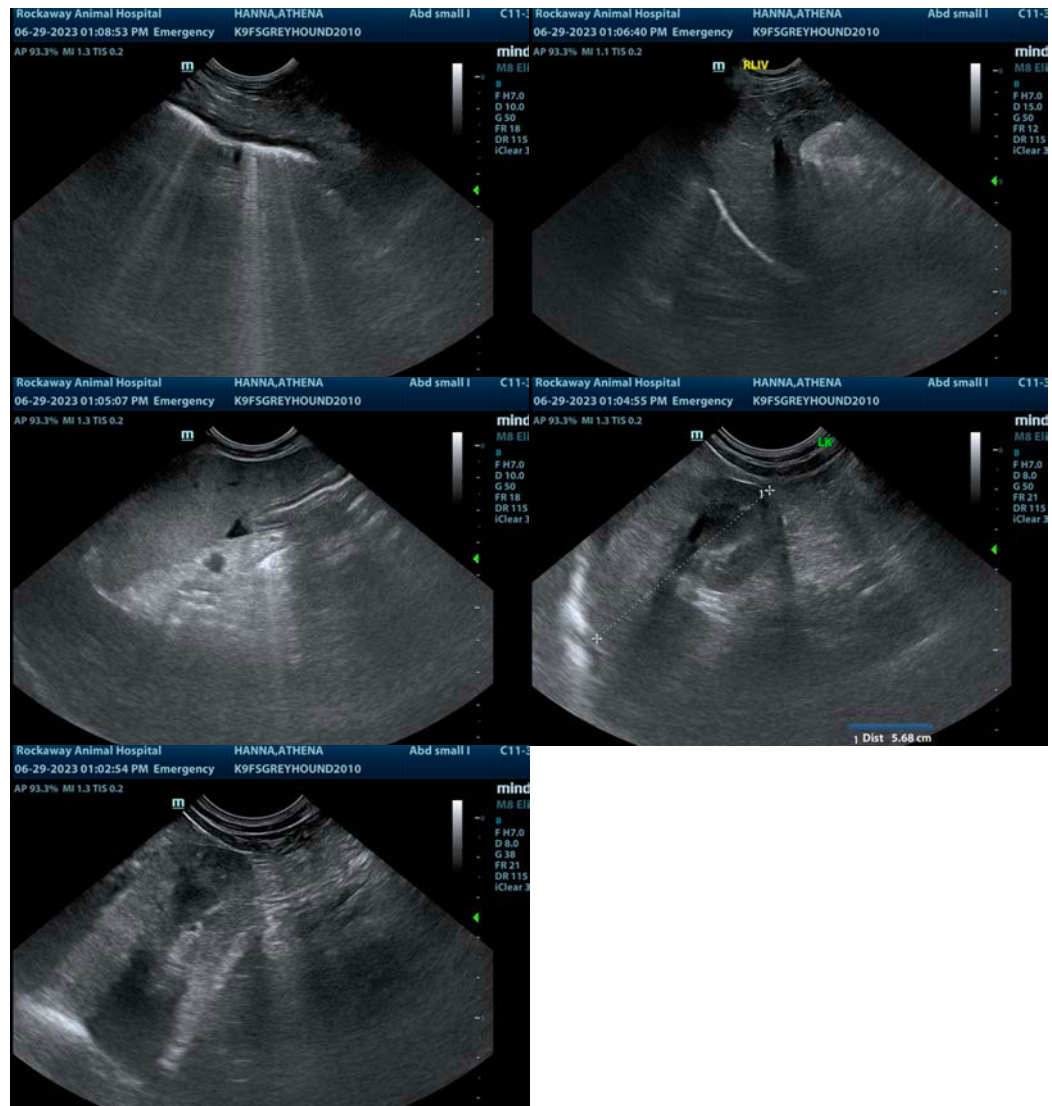
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**PATIENT**

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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

[info@SonoPath.com](mailto:info@SonoPath.com)