



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Calie Shaner

SPECIES
Canine

BREED
Sharpei X

SEX
Spayed Female

AGE
13 Years

WEIGHT
50.3 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Schneck

HOSPITAL NAME
Willamette VH

REFERRING VET
DR. Schneck

INVOICE
39378

DATE
7/10/22

Chronically on cyclosporine to control interdigital dermatitis Also Ichon, thyroid tab. Diarrhea starting Wed, vomiting. progressive appetite decline. Wobbliness in the HL starting Thur (at that time metronidazole ended).

Abnormal PE/Chem/CBC/UA Results: PE: Tense abdomen. Ataxic in the hindlegs. Intact CP. No clear regions of pain with palpation. DDX: -Vomiting, diarrhea, loss of appetite r/o gastroenteritis, pancreatitis, GI obstruction, metabolic, neoplastic, reaction to cyclosporine open -Weakness in HL r/o related to spinal (IVDD or degeneration), orthopedic (LS stenosis, open), metronidazole reaction, cyclosporine reaction, open -Severe separation anxiety CBC: Hct 31.5%, leukocytosis (20.95), with neutrophilia (16.36), monocytosis (2.12), normal platelets (280) Chem 10: NSF EPOC: Elevated lactate 3.65, normal electrolytes, pH 7.466, BE -10.2, TCO2 13.5, Bicarb 13.5 VCheck CPL: 52.3ng/mL Fecal OP/G out (negative earlier this week) RADIOGRAPHS: 3 view abdomen. Please include pelvis (2 view pelvis) on right lateral and v/d. 3 view abdomen with 2 view pelvis. Abdomen: Empty stomach. No evidence of GI obstruction. Concern for IVD mineralization at L7-L6, L6-L5, also bridging spondylosis at LS. Pelvis: as before orthopedically. Otherwise unremarkable. Change to chest noted on margin of abdominal radiograph. 3view chest radiographs - No cardiomegaly. Patchy consolidation on the caudal lung on the left and accessory lung region. Less so in the mid left lung lobe. Submit chest for STAT review

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 right kidney measured 6.7 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active 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. Hyperechoic lipogranulomatous changes noted, non-disruptive. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder and common bile duct were unremarkable.



PATIENT

Gastrointestinal

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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.

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Pancreas

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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.

SEX

- Unremarkable geriatric abdomen

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

13 Years

Screening for Addison's warranted, given that the adrenal glands were not visualized and the vague clinical signs. However, no other evidence of structural disease noted. Supportive care for GI upset, full CNS and orthopedic exams recommended.

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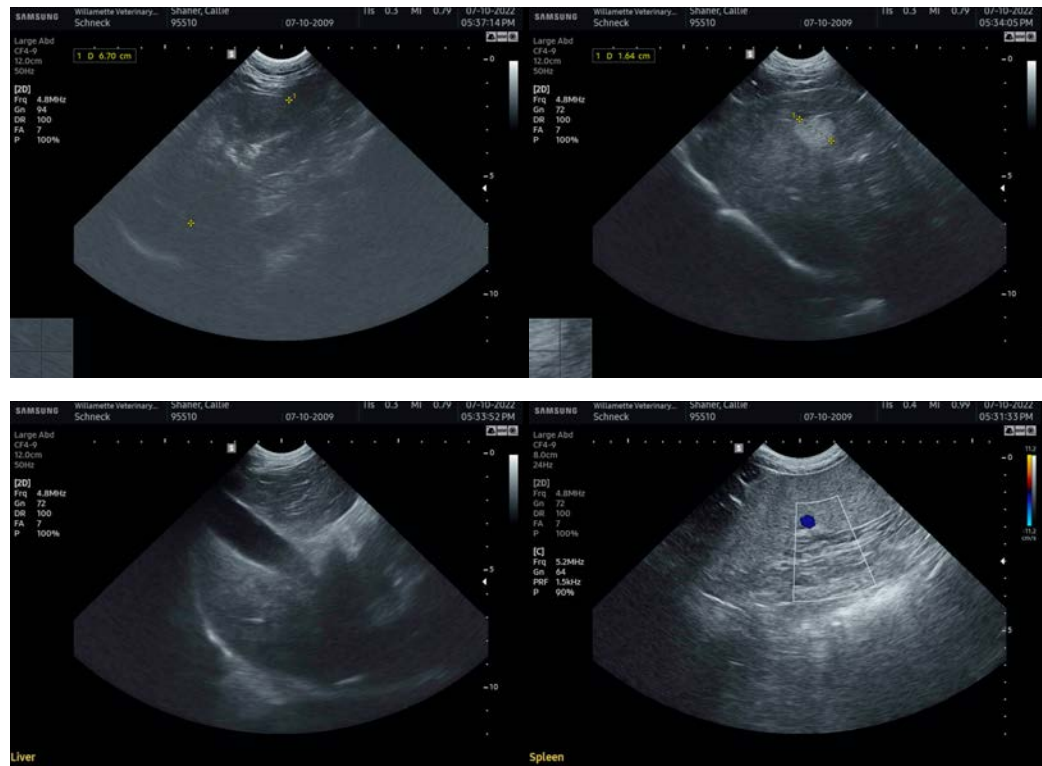
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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