



PATIENT

Masie Hoehn

SPECIES

Canine

BREED

West Highland Terrier

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

16.6 Pounds

PRESENTING CLINICAL SIGNS

History: Masie is a two year old, FS, Westie with a history of chronic vomiting/diarrhea. seen at Dillsburg and Shores for GI dz owner reports they gave Apoquel or other allergy tx (injection?) due to bald spot on tail and red area above eye she was rubbing, but owner reports she was never biting at tail (other vet mentioned she didn't need to use topical itch tx) playful and feisty, calmest dog owner has had began with bad V/D, hx of chewing and eating things especially squeakers she shouldn't but owner watches closely, still eats some grass no obvious obstruction in Dec 2021, fecal check 1/24/22, 3/14/22 - NPS both times owner had her allergy testing done, owner chose diet based on allergy testing and before changing diet she would have stool that was straight blood at time, since new diet stool soft and only 2x per day (not completely normal but much better) using the sublingual drops in the morning in morning vomits frequently, gave pepcid in am but often vomits it up, also vomits overnight in cage at times previous vet worried about stomach being empty, recommended small frequent meals vomit overnight liquid, brown, morning liquid and foamy, day time food usually but this time of day not common Endosorb (only gave small amt time since was vomiting when giving it, not since 4/8) Pepto Bismol 262mg - thinks 1/2 SID was instructions but not using currently Omeprazole 10mg 1 PO SID in am (not in at least 2 weeks) Metronidazole 250mg - 1/2 BID, owner felt may have made it worse, was on it a full month at least but no significant change Famotidine 10mg - 1 PO SID in am, every morning has vomited every day for the last 7 days, good appetite except in am, good energy, stool better but not perfect but has lost 2 pounds Vital Signs: Weight: 16.6# Diet: Royal Canin Small Bites, chicken jerky as snacks (not in long time based on recommendations), more recently freeze dried liver, and Royal Canin canned

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Jennifer Todd

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 4.16 cm. The right kidney measured 4.3 cm.

HOSPITAL NAME

Lamb's Gap AH

Adrenal Glands

The **adrenal glands** were flattened and isoechoic. Screening for Addisons indicated. The left adrenal gland measured 0.88 cm x 0.21 cm at the cranial pole and 0.15 cm at the caudal pole. The right adrenal gland measured 1.2 cm x 0.4 cm.

REFERRING VET

Dr. Laura Campbell

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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.

DATE

7/12/22



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Liver

Masie Hoehn

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

West Highland Terrier

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. This is a minor change.

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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.

INTERPRETED BY

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ULTRASONOGRAPHIC FINDINGS

- Flattened isoechoic adrenal glands
- IBD

IMAGING PERFORMED BY

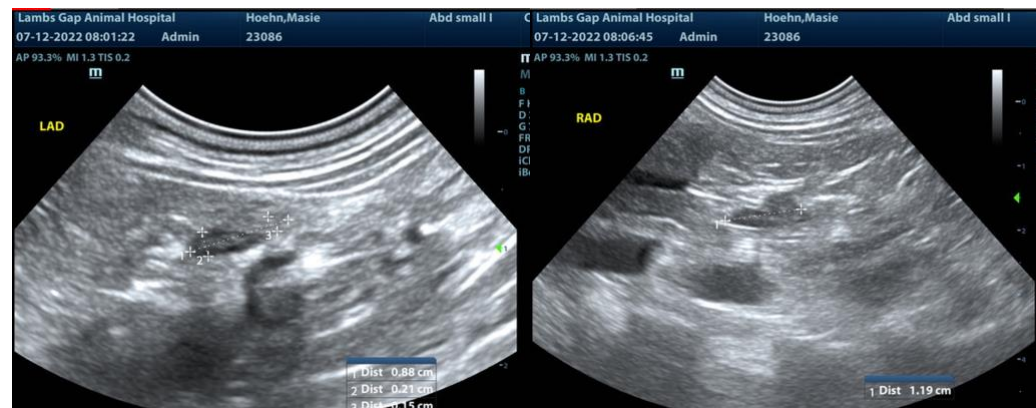
Dr. Jennifer Todd

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Screening for Addisons warranted given the breed and the vague clinical signs.

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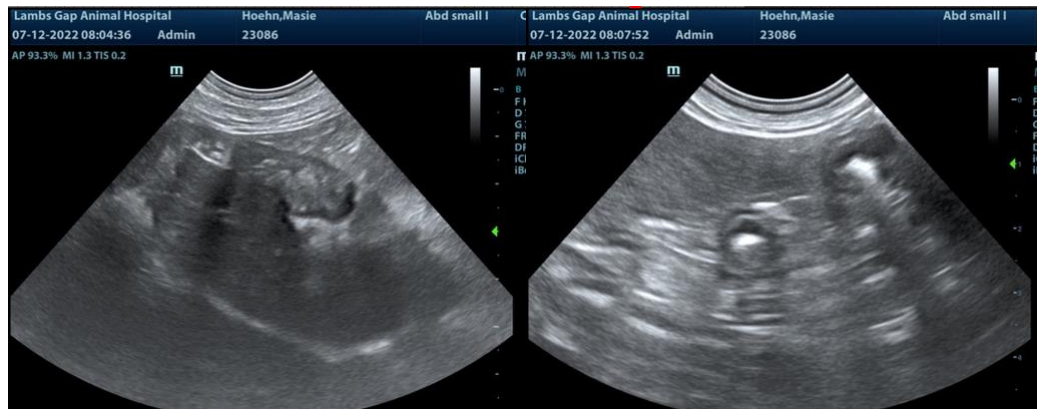
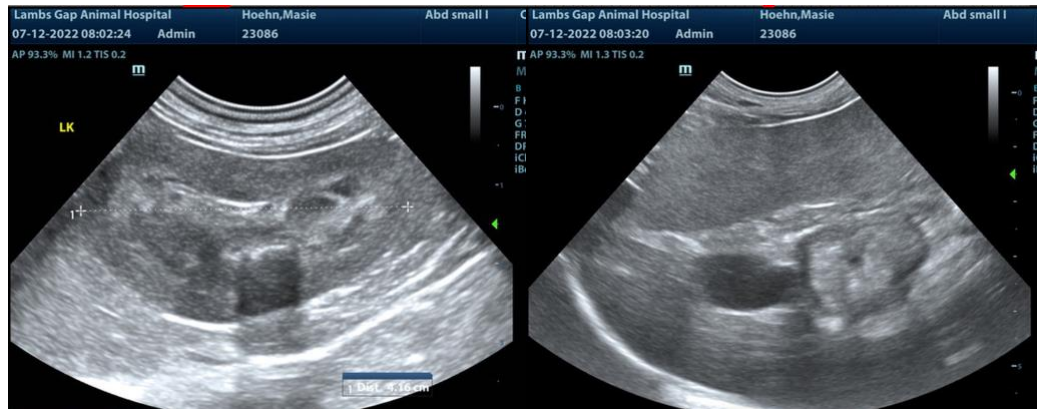
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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