



PATIENT

Mitzi Seeger

SPECIES

Canine

BREED

Beagle

SEX

Spayed female

AGE

6 ½ years

WEIGHT

14.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Callihan/Pacific
Crest Mobile

HOSPITAL NAME

Pacific Crest Mobile
Vet

REFERRING VET

Dr. Sandors/Skagit AC

INVOICE

31728

DATE

7/15/22

PRESENTING CLINICAL SIGNS

History: Got some pork rinds few days ago, was seen following day for abd splinting, inappetence; labs normal other than abnormal cPL. Client reports no vomiting but pt appeared nauseous to rDVM. At time of this scan she has not had access to food for ~ 24hrs.

Abnormal PE/Chem/CBC/UA Results: Radiographs inconclusive, sent out to radiologist and continued presumptive tx for pancreatitis; continued abd pain reported, rad report back as possible pyloric outflow obstruction since there was food in stomach. However uncertain as to when dog had had access to food at that point. She has been treated with Cerenia, famotidine, SC fluids, probiotics.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 was noted. Ureteral papillae were normal.

The **right kidney** is slightly enlarged, consistent with compensatory hypertrophy. Slight corticomedullary mineralization was noted. The right kidney measured 6.75 cm. The left renal fossa was empty and occupied by fat. There was no visible renal structure.

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 0.5 cm. The right adrenal gland measured 0.54 cm at the caudal pole and 0.53 cm at the cranial 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 was noted.

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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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.

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Pancreas

The **pancreas** revealed slight heterogenous parenchymal changes.

ULTRASONOGRAPHIC FINDINGS

Left renal aplasia.

Mild degenerative right renal changes with slight mineralization and compensatory hypertrophy.

Gastroenteritis.

Minor pancreatitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24 hour n.p.o., gastrointestinal protectants, IV fluid support and treatment for enterotoxins should all prove effective.

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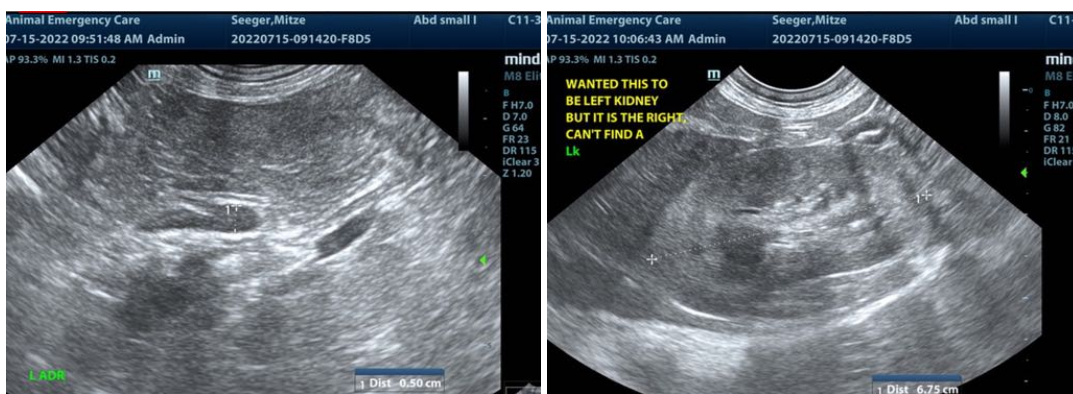
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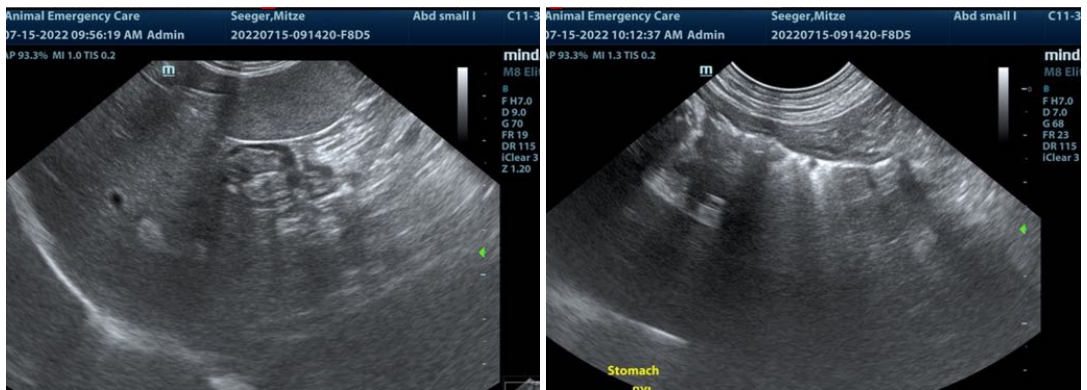
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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