**PATIENT**

Lily Hardy

SPECIES

Canine

BREED

Cattle Dog

SEX

Spayed female

AGE

1 ½ years

WEIGHT

53 pounds

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Family Pet Practice

INVOICE

31716

DATE

7/16/22

PRESENTING CLINICAL SIGNS

Diarrhea for 1 day, panting, pacing. Defecated pieces of shorts. No vomiting and eating well. Abnormal PE/Chem/CBC/UA Results: Abdomen not painful. Radiograph showed suspicious area in stomach (not shadowing, but round in appearance) and mild fluid dilated intestine. Please see BW attached.

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 was 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 4.76 cm. The left kidney measured 5.21 cm.

Adrenal Glands

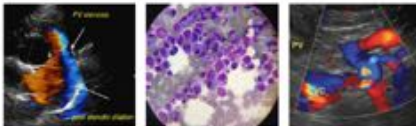
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.47 cm. The left adrenal gland measured 0.4 cm at the cranial pole and 0.45 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 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 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

Minor excessive gastric gas and minor fluid accumulation was noted in the stomach. Some spastic small intestine was noted. This is consistent with enteritis or GI upset. The mesenteric lymph node was reactive and measured up 0.7 cm in width.

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.

ULTRASONOGRAPHIC FINDINGS

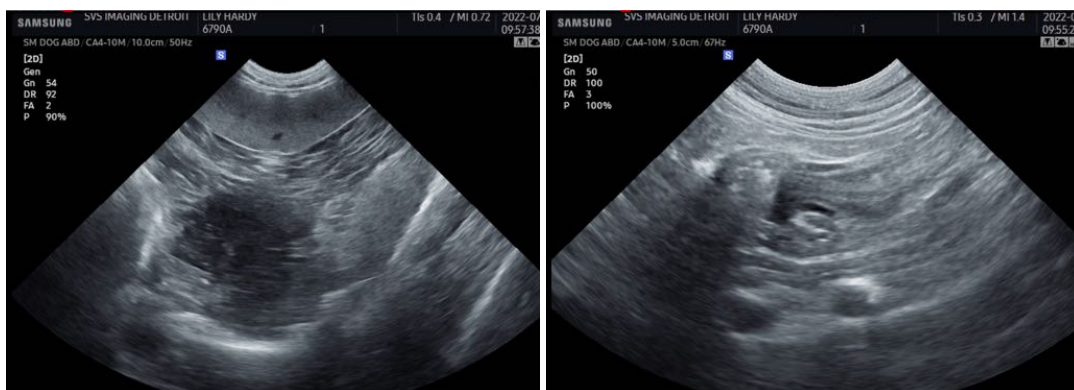
Resolving gastroenteritis.

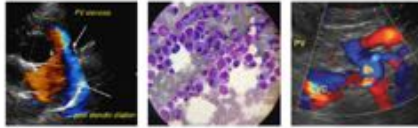
Minor reactive mesenteric lymph nodes.

Minor fluid accumulation noted in the stomach.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of foreign body. Supportive care should prove effective. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. 24-hour n.p.o., IV fluid support, GI protectants, treatment for enterotoxins and parasites should all prove effective.





PATIENT

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1 1/2 years

WEIGHT

53 pounds

INTERPRETED BY

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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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
Eric.Lindquist@SonoPath.com