



PATIENT

Grace Lang

SPECIES

Canine

BREED

American Eskimo

SEX

Spayed Female

AGE

2.5 Years

WEIGHT

27.8

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Jimmerson

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Jimmerson

INVOICE

44038

DATE

7/18/23

PRESENTING CLINICAL SIGNS

Originally presented 7/13 for a several day history of hyporexia, intermittent vomiting (one bout of hematemesis), and progressive hemorrhagic diarrhea. Hx pica. Pt improved for a couple days with supportive care (panacur, ondansetron, sucralfate, probiotics), then relapsed and represented on 7/17 further vomiting (not on cerenia during vomiting) and hemorrhagic diarrhea. Pt was seen eating grass earlier in the day then would defecate grass a few hours later, however owner is concerned for foreign body. Pet ate a meal about 10hr prior to ultrasound.

Abnormal PE/Chem/CBC/UA Results: 7/13 Diagnostics CBC = wnl. HCT 53%, WBCs 10.73k, Platelets 169k chem10 = all wnl. Crea 0.7, ALT 70, Gluc 126 EPOC = Na 153, rest wnl. Lactate 1.05, K 4.6. Fecal send out = negative Abd Radiographs = There is no distention of small intestines to suggest obstruction, no plication to suggest a linear foreign body, and no radiopaque gastrointestinal foreign material is evident. The undulating appearance of the colon wall may represent coincident colonic contractions, however this appearance may also be associated with inflammation (colitis). 7/17 diagnostics EPOC = nsf. K 3.7, lactate 1.78 PCV/TS = 53%, 6.0 Cortisol = 2.69 Recheck rads = The described gastric contents can represent food, but in light of the reported gastrointestinal signs, foreign material causing an irritant/toxic gastritis or partial pyloric outflow obstruction cannot be excluded. Descending colonic mural corrugation is not seen on the most recent images, but infectious or inflammatory colitis is still not ruled out. Microhepatia can be secondary to congenital shunting or less likely fibrosis. The hepatic size could be normal for this patient and the gastric axis can be dependent on the phase of respiration.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The iliac trifurcation was unremarkable.

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 4.68 cm. The right kidney measured 5.36 cm.

Adrenal Glands

Both **adrenal glands** appeared flattened. The left adrenal gland measured 0.50 cm. The right adrenal gland measured 0.70 cm at the cranial pole and 0.50 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 were noted.



PATIENT *Liver*

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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.

Gastrointestinal

The **stomach** was filled with ingesta-type material. The small intestine was empty. Delayed outflow may be an issue depending on prandial timing.

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

- Flattened adrenal glands
- Retention of ingesta in the stomach, possible ileus

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's warranted, given the vague clinical signs and lack of visceral pathology, as well as the flattened adrenal glands. No other evidence of pathology.





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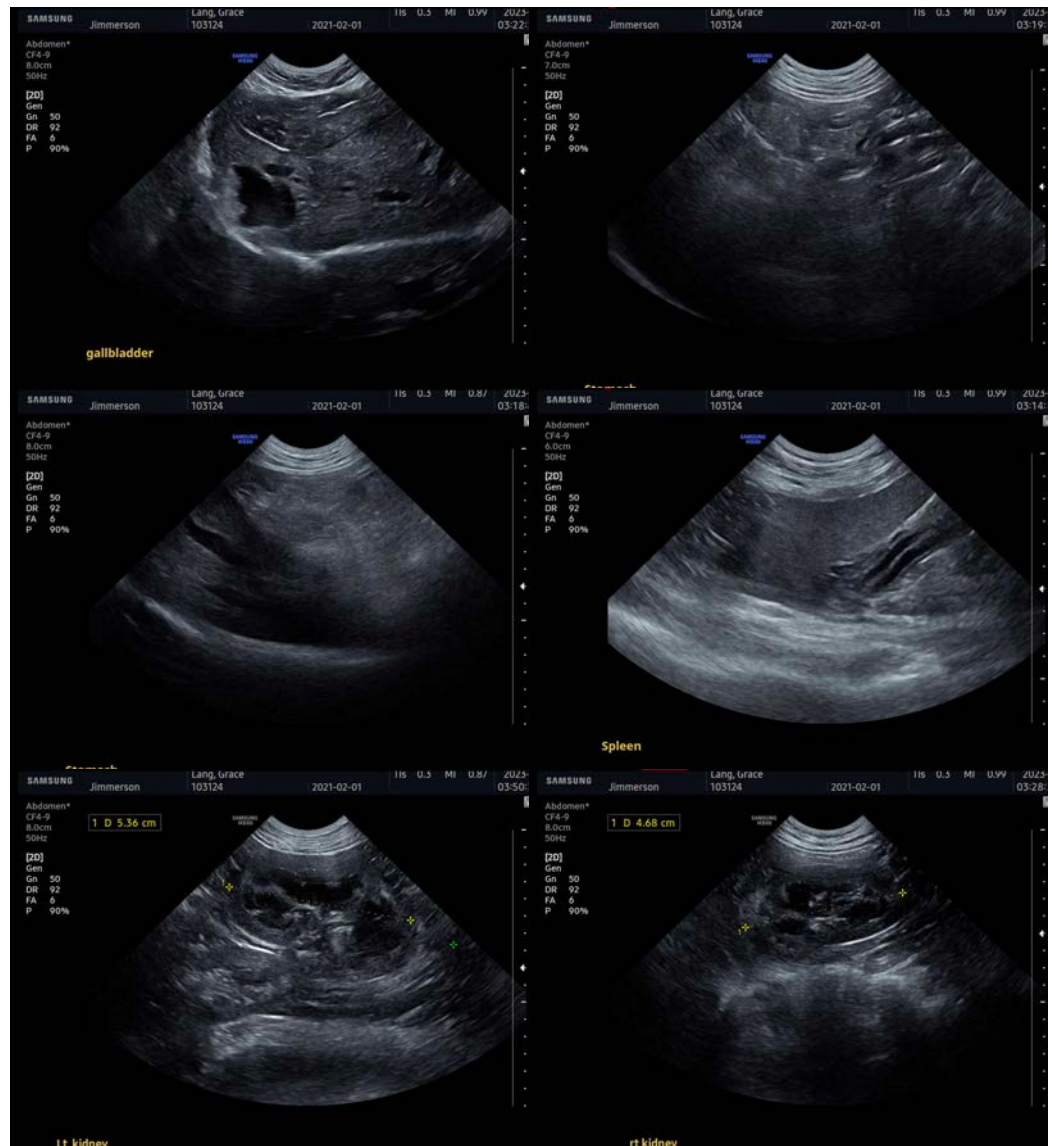
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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