



PATIENT

Ellie Schlener

SPECIES

Canine

BREED

Mix

SEX

Spayed female

AGE

6 years

WEIGHT

51.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Rothrock

INVOICE

31813

DATE

7/19/22

PRESENTING CLINICAL SIGNS

History: Patient diagnosed with pancreatitis via bloodwork a month ago. She has never completely improved and has continued to have diarrhea off and on. She has not been herself ever since last month. She has also been leaking urine every time she gets up and down. She is eating a small amount but has not been wanting to eat her regular dog food.

Abnormal PE/Chem/CBC/UA Results: 6/18/22 CBC normal, elevated lipase on chemistry, abnormal CPL... **RADS:** moderately decreased serosal detail in right upper quadrant of abdomen.... **current meds:** Cerenia, metronidazole, buprenorphine.

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 7.23 cm. The left kidney measured 6.38 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 left adrenal gland measured 2.18 x 0.58 cm. The right adrenal gland measured 1.74 x 0.65 cm.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

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.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen including the pancreas.

WEIGHT

51.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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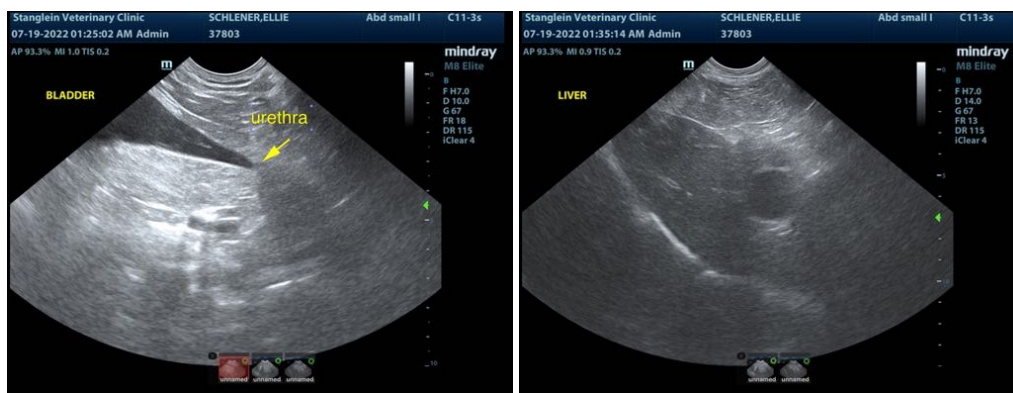
There is no evidence of visceral disease. If the patient is having recurrent GI episodes then screening for underlying Addison's would be warranted as it may be manifesting in the GI. Baseline cortisol or ACTH stimulation is recommended. The urinary tract is structurally unremarkable. Assessment for other causes of anorexia such as orthopedic pain should be considered especially given the urinary issues that may have a neurogenic origin, yet structurally the lower urinary tract appears normal. Examination of the virginal vestibule is recommended for underlying urine pooling or recessed vulva is indicated given the patient's history.

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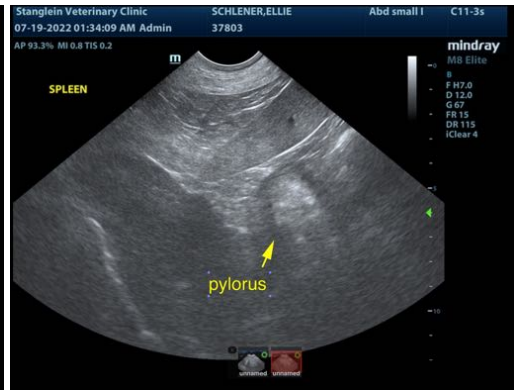
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com