

PATIENT

Kendy Sommer

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Spayed female

AGE

11 years

WEIGHT

32.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Lincoski

INVOICE

31811

DATE

7/20/22

PRESENTING CLINICAL SIGNS

History: Ate blankey last weekend, very uncharacteristic. Passed most of it, owner thinks. Since then has lost 15# and is anorectic, progression to not drinking since yesterday. Radiographs revealed normal to small liver, and otherwise nothing obstructive noted by radiologist.

Abnormal PE/Chem/CBC/UA Results: Patient is emaciated, only abnormal labs were SDMA 24 and NA=139/Chloride 108. BUN=28 TT4 and CBC normal. Last fecal done 6/22 was negative for parasites and giardia. Chest radiographs normal except microcardia due to hypovolemia.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.73 cm. The right kidney measured 6.13 cm.

Adrenal Glands

The left adrenal gland was slightly mineralized at the caudal pole measuring 0.8 cm. Capsular expansion was noted without capsular escape. The right adrenal gland was mildly heterogenous with similar areas of remodeling compared to the left adrenal gland and measured 0.6 cm in width.

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** revealed slightly increased portal markings. The gallbladder and common bile duct were unremarkable.



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Gastrointestinal

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The stomach was thickened without loss of mural detail; however, submucosal thickening was noted throughout the GI tract. This is consistent with chronic inflammatory bowel.

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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.

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ULTRASONOGRAPHIC FINDINGS

Chronic inflammatory bowel gastritis pattern. No evidence of foreign body.

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Adrenal remodeling.

Minor hepatic remodeling.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Occult parasitism should be ruled out. There was no evidence of foreign body. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. No neoplastic criteria was noted; however, malassimilation of nutrients may be an issue.

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General GI support should prove effective.

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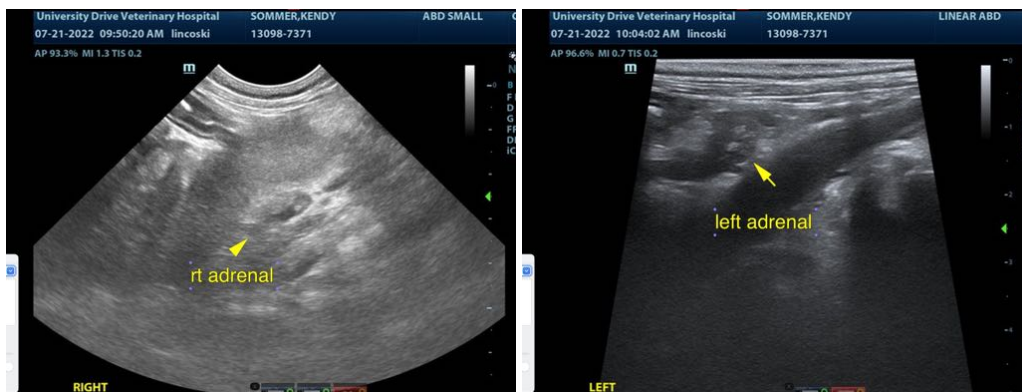
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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