

**PATIENT**

Chewy Gross 52407

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Intact Male

AGE

4 Years

WEIGHT

7.5 kg

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

Tom McNeill

HOSPITAL NAME

SVS Imaging

REFERRING VETDr. Lovejoy-Madison
VS**INVOICE**

16558

DATE

7/26/22

PRESENTING CLINICAL SIGNS

History: Chewy has not been interested in any food for the past 2 weeks. His last full meal was ~2 weeks ago. He has been losing weight throughout this time. Two days ago, he started having vomiting and diarrhea. No blood in the stools, but it is very liquidy. Has vomited at least 3 times, once in the car.

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 prostate was uniform, measuring 1.47 cm (no evident pathology).

The **testicles** were imaged and found to be uniform.

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 5.5 cm. The left kidney measured 5.72 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 0.81 cm at the cranial pole and 0.64 cm at the caudal pole. The left adrenal gland measured 0.65 cm at the cranial pole and 0.53 cm at the caudal pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. This is a minor change.

Liver

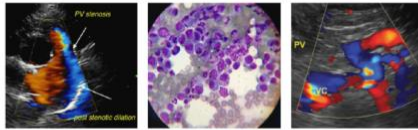
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by

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intraoperative ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility. Areas of spastic intestine were present.

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.

Free Abdomen

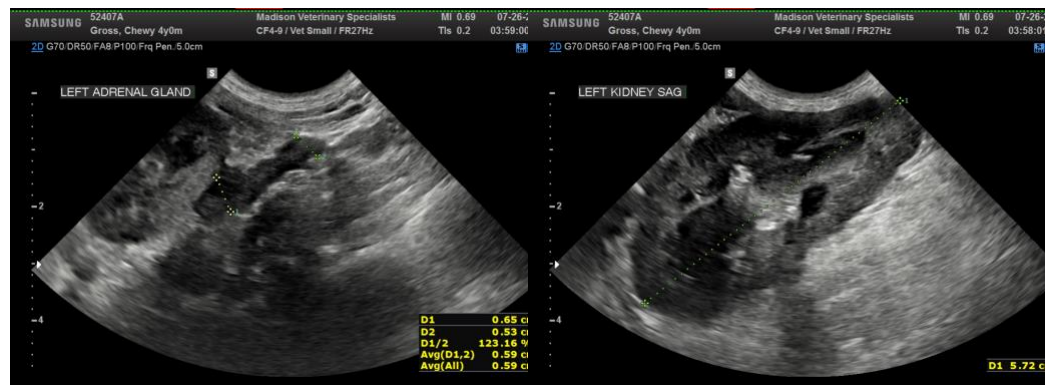
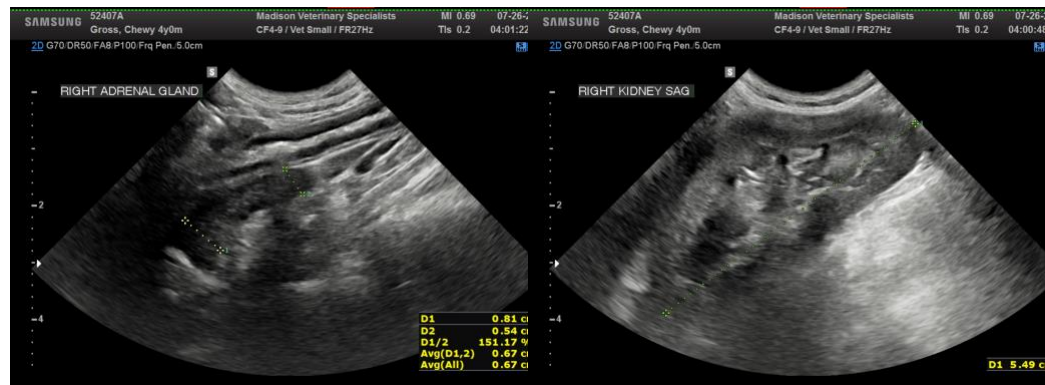
The mesenteric **lymph nodes** presented normal length to width ratio with minor swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. Reactive mesentery was present.

ULTRASONOGRAPHIC FINDINGS

- Variable mild intestinal thickening with reactive mesentery, inflammatory bowel type presentation
- Slight lymphadenopathy
- Volume contracted spleen

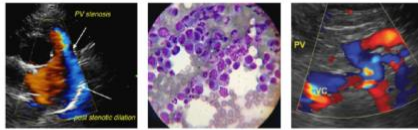
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full thickness intestinal biopsies would be necessary for further definition. Otherwise, endoscopy could be considered. Screening for Addisons warranted, given the vague clinical signs, even though the adrenal glands appear normal. I recommend a fresh fecal smear and fecal floatation analysis. Antiparasitic protocol and GI protectants are indicated. No criteria for neoplasia is found.



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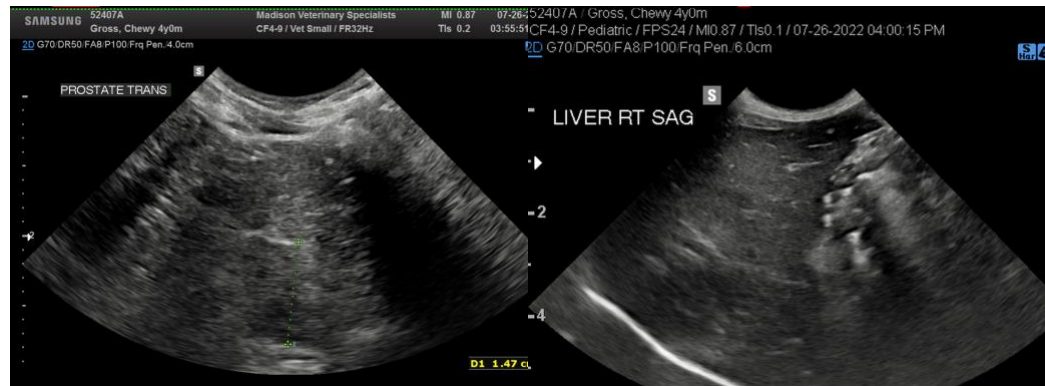
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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