



**PATIENT**

Junie Stegemoller

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

18.4 kgs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Stegemoller

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Dr. Stegemoller

**INVOICE**

32080

**DATE**

7/29/22

**PRESENTING CLINICAL SIGNS**

**History:** Has a historical sensitive stomach and transitioned to hydrolyzed food in September after illness. Did not have a definitive diagnosis following work up with lab work/ultrasound, including ACTH stimulation test. Has been doing well, but on Monday, started to ravenously eat grass, not eating food, and vomiting. Lots of borborygmi, and developed diarrhea on Wednesday. Treated with Cerenia, metoclopramide, famotidine and appetite returned Wednesday but still wants to eat plants and seems off. Had been taking carprofen intermittently (2-3 days per week) for intermittent left forelimb lameness.

**Abnormal PE/Chem/CBC/UA Results:** No current labs, pending Idexx chem/cbc/UA and specCPL. PE: No pain on abdominal palpation, BCS 5/9. Intermittent left forelimb lameness. Radiographs have been submitted for review for evaluation of this problem.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed minor micropolypoid changes and anechoic urine. Assessment for any evidence of UTI is indicated.

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 5.3 cm. The right kidney measured 5.5 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**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.



**PATIENT**

**Gastrointestinal**

Junie Stegemoller

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**SPECIES**

Canine

**BREED**

Hound Mix

**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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of pathology. Occult parasitism, irritable bowel and dietary intolerance is all possible.

**WEIGHT**

18.4 kgs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Stegemoller

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

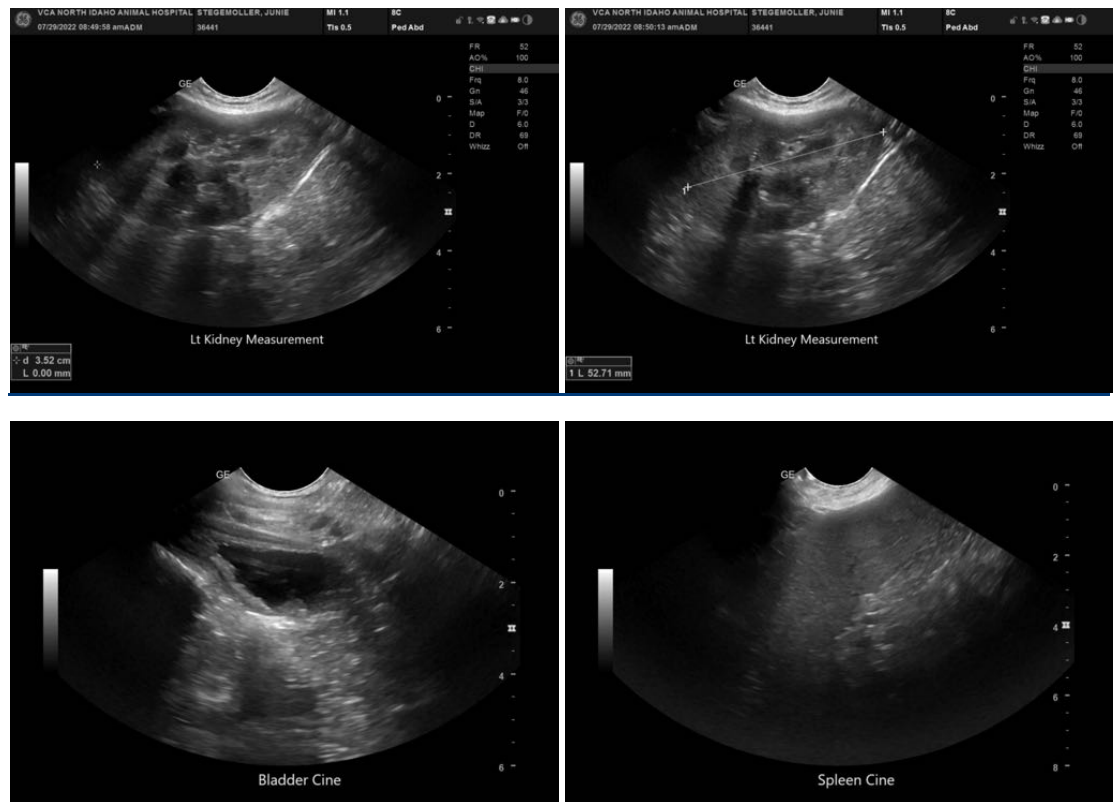
Dr. Stegemoller

**INVOICE**

32080

**DATE**

7/29/22





**PATIENT**

Junie Stegemoller

**SPECIES**

Canine

**BREED**

Hound Mix

**SEX**

Spayed female

**AGE**

10 years

**WEIGHT**

18.4 kgs



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

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Stegemoller

**HOSPITAL NAME**

North Idaho AH

**REFERRING VET**

Dr. Stegemoller

**INVOICE**

32080

**DATE**

7/29/22