



PATIENT PRESENTING CLINICAL SIGNS

Arlo Sellers

History: vomiting of 3 days duration
Abnormal PE/Chem/CBC/UA Results: Bloodwork showed hypoproteinemia of 1.8 albumin eosinophilia mildly elevated K+ ACTH stim - WNL Urinalysis - pending R/O GI versus Renal protein loss

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

Portugese Water Dog

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

SEX

Neutered male

The residual prostate was uniform and measured 1.0 cm.

AGE

8 years

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 right kidney measured 6.6 cm. The left kidney measured 5.64 cm.

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.66 x 0.47 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland measured 2.54 x 0.59 cm at the cranial pole and 0.71 cm at the caudal pole.

IMAGING PERFORMED BY

Adrienne Waffle

Spleen

HOSPITAL NAME

Torch Lake VC

The **spleen** was normal in size and contour with subtle, micronodular changes consistent with hyperplasia.

REFERRING VET

Dr. Karen

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.

INVOICE

45082

DATE

7/4/23



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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.

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

Bladder debris.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of structural disease. Urinary work-up is warranted. The cause of low-albumin is not overtly evident. Screening for Addison's is warranted with baseline cortisol or ACTH stimulation. If no Addison's is present and no significant proteinuria is present then protein losing enteropathy is likely.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

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HOSPITAL NAME

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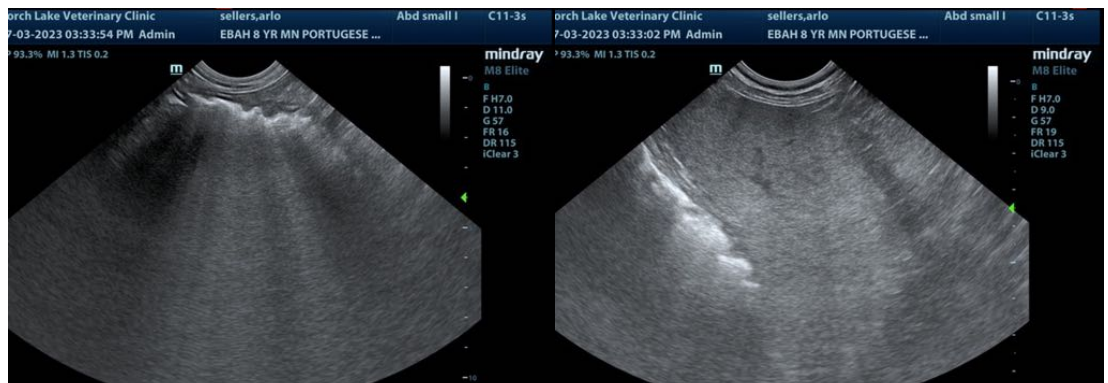
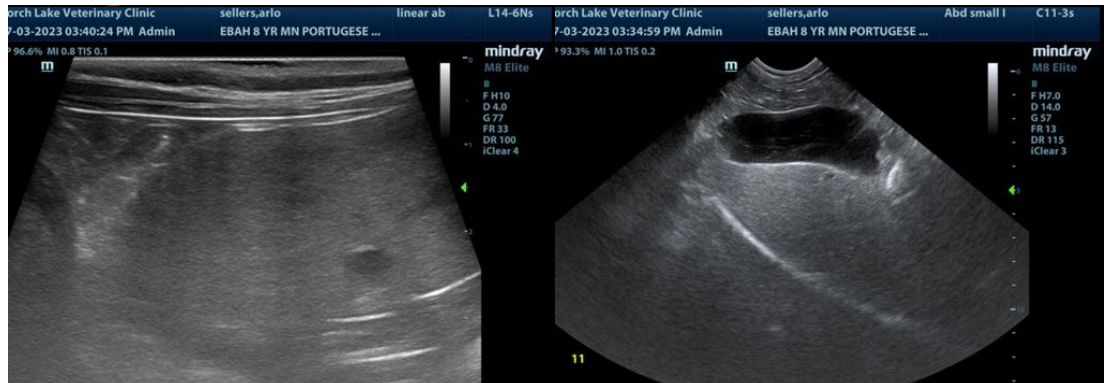
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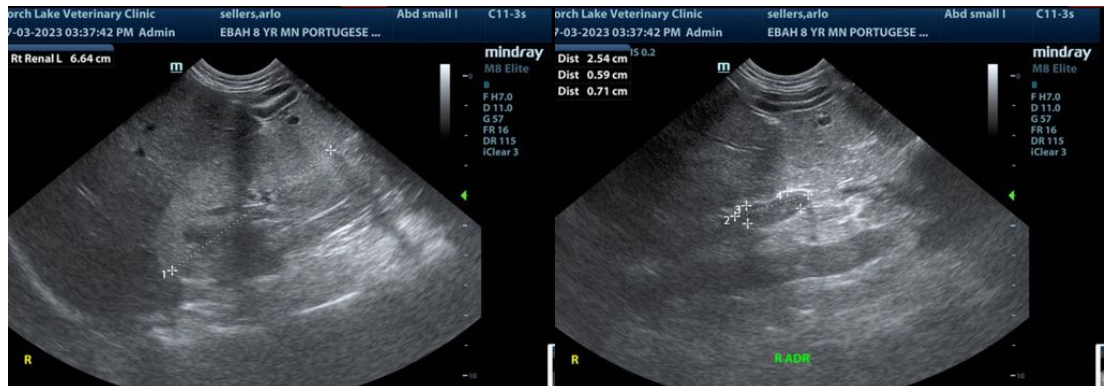
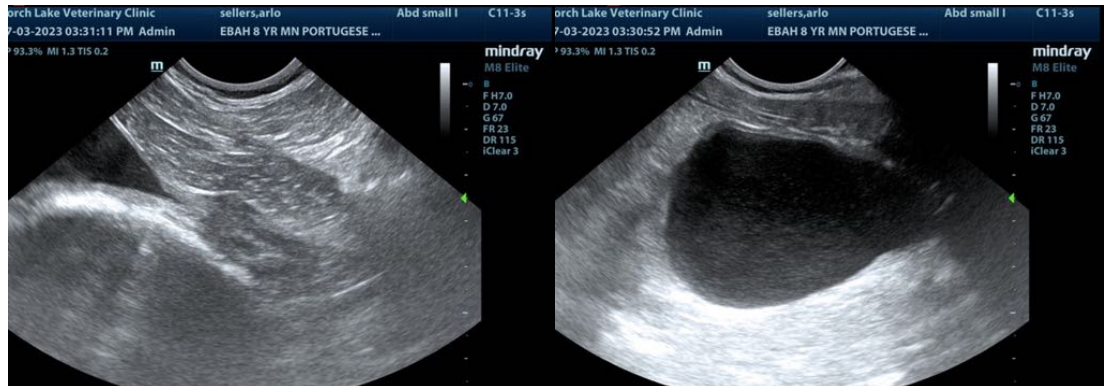
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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