



PATIENT PRESENTING CLINICAL SIGNS

LUKE CREEGAN
 History: Had Parvovirus as a young puppy. Then had Giardia as well. For a long time, he has been regurgitating and/or vomiting, sometimes bile, sometimes partially digested food a few hours after eating. He does eat well but remains thin. BW is OK overall. ACTH stim was slightly low, but post ACTH was 8.5. CPL <60. Previously the pancreas appeared mildly inflamed on a previous US elsewhere, and the adrenals were mildly small too. He had an enlarged prostate but has been neutered fairly recently. Various holistic treatments have been given with partial help. Today we started Metoclopramide.

SPECIES

Canine

BREED

Cavalier KCS

SEX

Neutered Male

AGE

1 year, 10 mos

WEIGHT

13.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
 DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Anthony Krawitz DVM

HOSPITAL NAME

Calusa VC

REFERRING VET

Anthony Krawitz DVM

INVOICE

13565

DATE

7.5.23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented subtle micro-polypoid changes. Anechoic urine was present. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 4.39 cm. The right kidney measured 4.41 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 1.57 x 0.44 cm at the caudal pole and 0.32 cm at the cranial pole. The right adrenal gland measured 1.53 x 0.65 cm at the cranial pole and 0.51 cm at the caudal pole.

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 were 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.

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.



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Lymph Nodes

The **mesenteric lymph node** presented normal length to width ratio (measuring 1.96 x 0.27 cm at the cranial pole and 0.27 cm at the caudal pole) with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen. No evidence of visceral disease. Given the patient's history, underlying food intolerance, occult parasitism are possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A hydrolyzed diet and broad-spectrum anti-parasitic protocol is warranted, if not already performed.

A maldigestion profile may be appropriate as well.

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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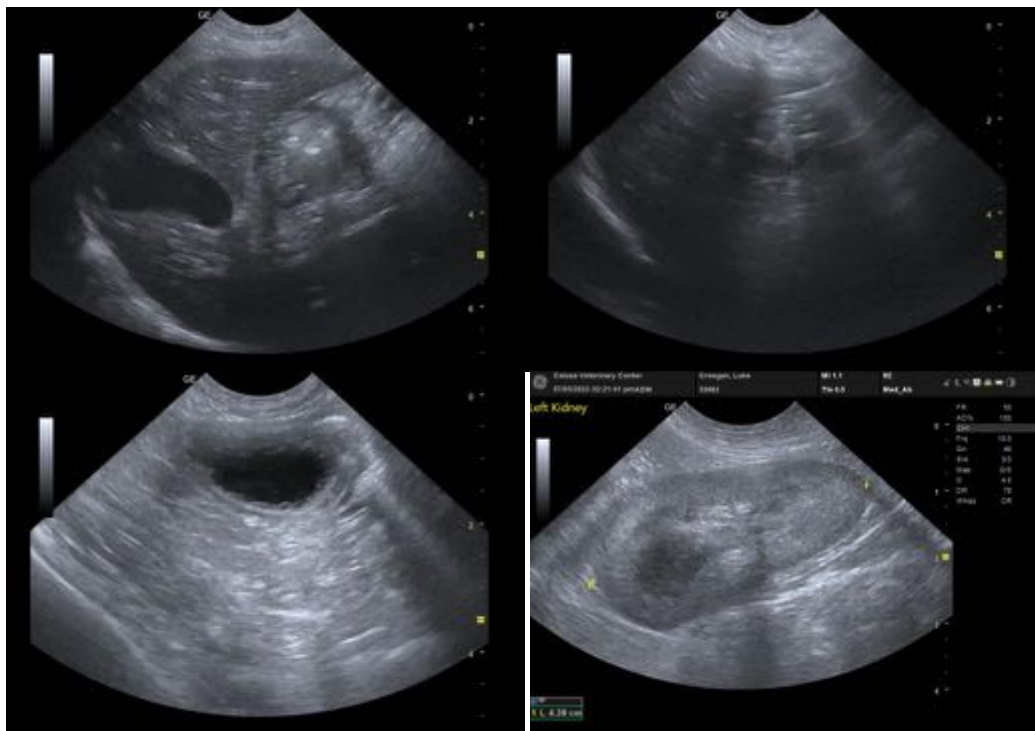
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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