



**PATIENT**

Alfie Van Steeter

**SPECIES**

Canine

**BREED**

Aussie Doodle

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

28.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Mandy Foley

**HOSPITAL NAME**

All Creatures Great  
and Small Corvallis

**REFERRING VET**

Dr. Bailes

**INVOICE**

75960

**DATE**

7/6/23

**PRESENTING CLINICAL SIGNS**

History: examined 5/22/23: Acute onset diarrhea, vomiting poor appetite - new bag of dog food introduced last week. No known toxin exposure NSF on PE ther than mild dehydration and weight loss. Today P's appetite is still on and off. Stools have returned back to normal. BAR. Still vomits and has diarrhea occasionally.

Abnormal PE/Chem/CBC/UA Results: 5/22-23 CHEM: increased PSL ( 192), otherwise WNL CBC: WNL Fecal/giardia ELISA: negative/negative Symptoms have improved w/ GI low fat diet and gabapentin PRN but still has intermittent episodes of lethargy, vomiting, poor appetite and diarrhea.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** was essentially empty with minor pseudothickening and minor polypoid changes. Urinalysis is warranted to assess for any evidence of UTI. There was no evidence of calculi or masses.

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 5.91 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 2.13 x 0.48 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 1.63 x 0.35 cm at the caudal pole and 0.32 cm at the cranial pole.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially with uniform parenchyma. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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.



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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.

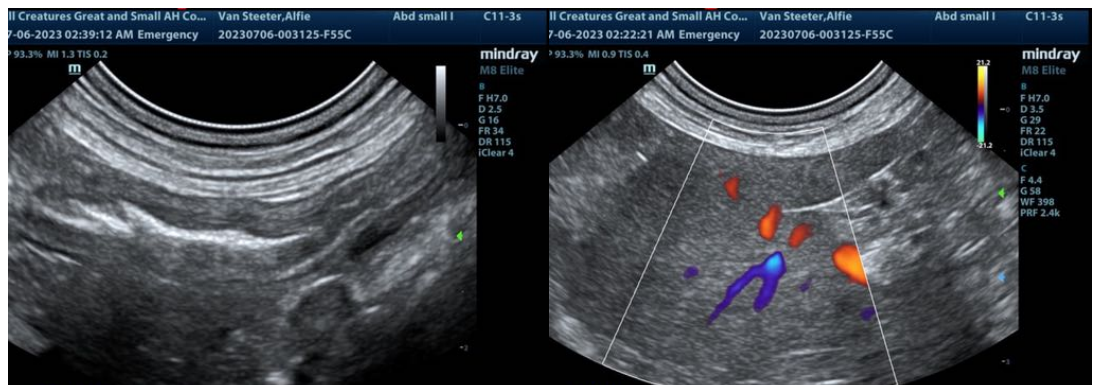
**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of pathology. Screening for Addison's is indicated even though the adrenal glands are technically normal in width.

Differentials for diarrhea include occult parasitism. Dietary indiscretion, dietary intolerance, antibiotic responsive colitis, intestinal dysbiosis and occult Addison's should all be considered as causes of diarrhea in this patient. A hydrolyzed diet trial may be in this patient's best interest +/- probiotics. 24-hour NPO and reintroduction of bland diet indicated. I recommend a baseline cortisol or ACTH stimulation test, a fresh fecal smear and fecal floatation analysis if not already performed.





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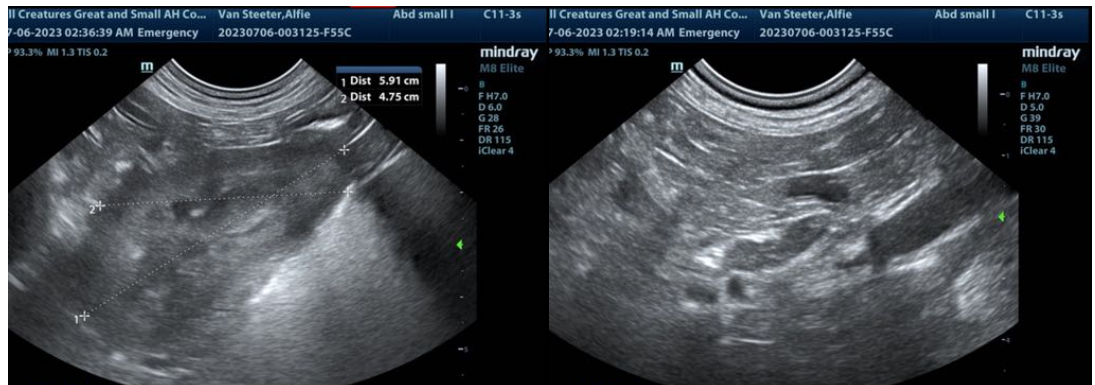
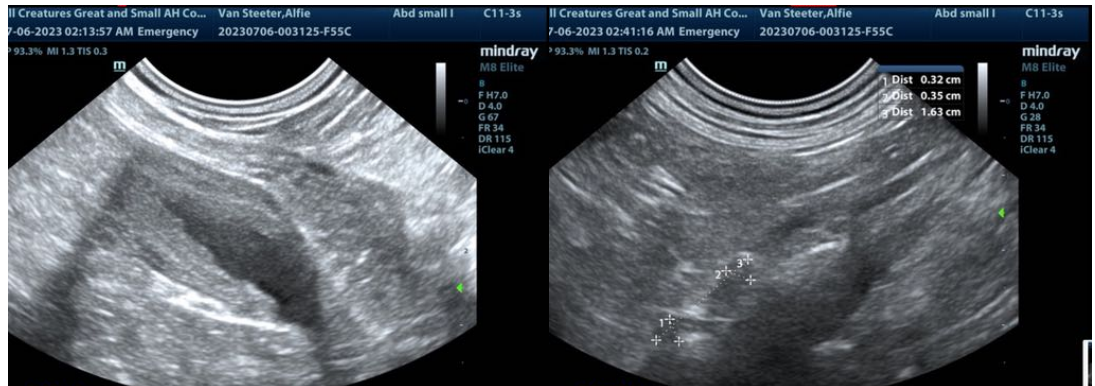
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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