



PATIENT PRESENTING CLINICAL SIGNS

Angel Kaltsas

History: History of IBD and colitis. Not eating well and loose stools recently. Occasional vomiting. Recently started on Enrofloxacin, Metronidazole, Cerenia and Prilosec. Also on Apoquel and Optimune.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: BW (6/27/22): WBC 14.9k w/ 12.8k Neutrophils and suspected Bands. CI 104, ALT 201, GGT 25. Alb 2.7.

BREED

French Bulldog

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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 was noted. Ureteral papillae were normal.

AGE

5 years

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 5.0 cm. The right kidney measured 5.3 cm.

WEIGHT

29.6 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 2.6 x 0.55 cm at the cranial pole and 0.86 cm at the caudal pole. The right adrenal gland measured 1.83 x 1.05 cm at the cranial pole and 0.77 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Ebersole

Spleen

HOSPITAL NAME

Scanvet

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.

REFERRING VET

Dr. Kaltsas

INVOICE

31520

Liver

DATE

7/7/22

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 portal vein to vena cava ratio was 1:1 with no evidence of shunting. 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

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The **gastrointestinal tract** revealed diffuse, hyperechoic fogging or overlay throughout the small intestine as well as areas of mucosal striations and speckling. This striation + fogging effect appeared to exclusively affect the mucosal layer with the submucosa, muscularis and serosa left in-act. Intestinal wall thickness measured 0.65 cm. Reactive mesentery was present associated with the serosa indicative of active inflammation. This is most consistent with protein losing enteropathy/lymphangectasia. Full thickness biopsies or endoscopic-guided biopsies would be ideal to confirm. No obstructive disease or obvious suspicion of neoplasia.

SPECIES

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French Bulldog

Pancreas

SEX

Spayed Female

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.

AGE

5 years

ULTRASONOGRAPHIC FINDINGS

Subjectively small adrenal glands.

WEIGHT

29.6 lbs

Intestinal mucosal fogging. Suspect underlying lymphangectasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The albumin levels should be monitored carefully as well as underlying GI signs. There was no evidence of significant disease otherwise. I recommend Purina HA or Royal Canin HP diet or similar to proactively address the probability of lymphangectasia. GI protectant protocol is also indicated. I recommend continuation of a 2 week GI protectant protocol. Otherwise, full thickness intestinal biopsies would be necessary for further definition. I recommend a fresh fecal smear and fecal floatation analysis. Broad spectrum anti-parasitic protocol is recommended if not already performed.

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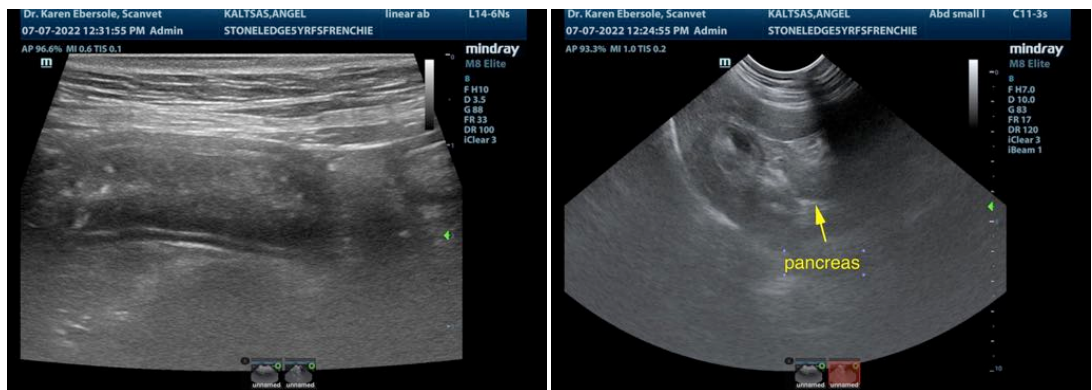
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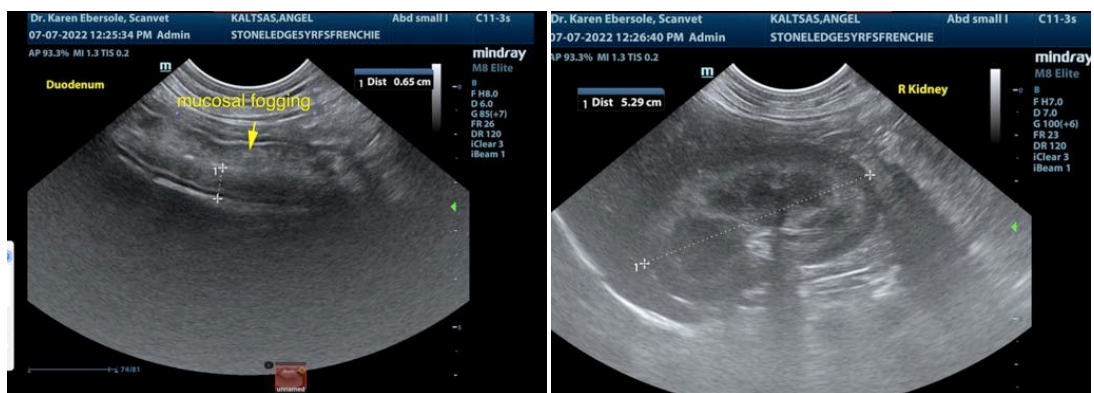
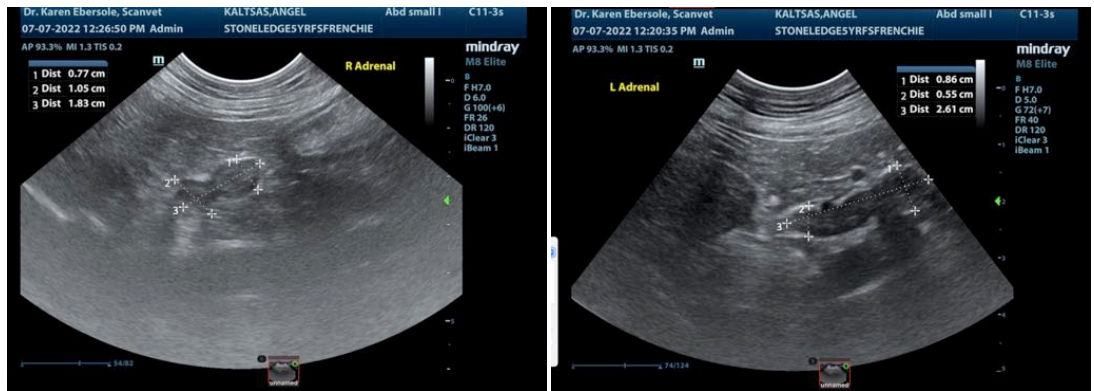
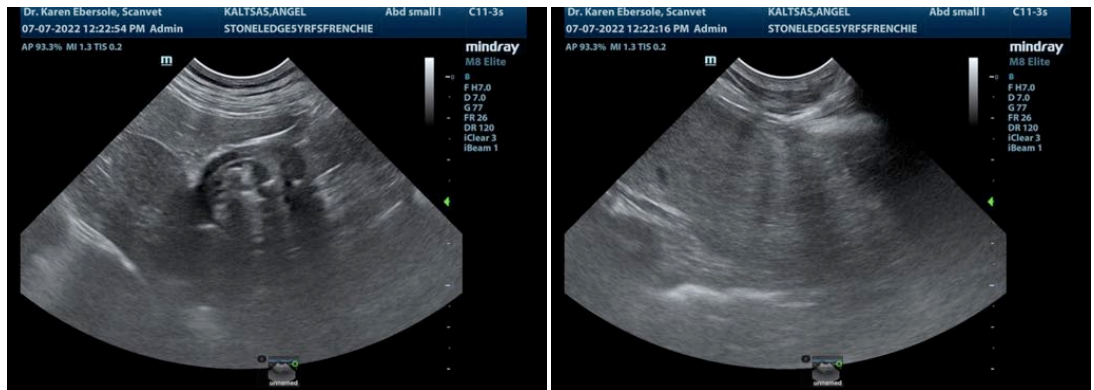
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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