

PATIENT PRESENTING CLINICAL SIGNS

Tink Lockard

History: 08/03/2021: P had Dental w/ extractions and had a small tumor on foot removed, antibiotic x few d after. Histopath not back yet. P stopped eating 08/08 evening, V water if she drinks it. Presented to W VH 8/9 early AM after development of Bloody stools . Started on carprofen after Sx - never had it before, suspect adverse reaction

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: CBC = HCT 69%, chem17 = hyperphosphatemia 8.9, WBCs low normal 6.78k, neutropenia 2.28k, lymphs high normal 3.91, thrombocytosis 499k lytes = hypochloridemia 103, low amylase 416 (nsf) lactate = elevated 5.38 cPL snap = normal fecal O+P with Giardia, pending 8/9 4p PCV/TS, lytes, LAC = 51%/4.8, rest nsf 8/10 7am lac/pcv/ts/lytes - all wnl, 36/4.3 UA - USG 1.012 (due to IVF), inactive sediment, no evidence of UT

BREED

Chihuahua Mix

SEX

Spayed Female

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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

10 years

WEIGHT

8.9 lbs

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 this age patient. Medullary structure differed distinctly from that of the cortex. Mineralization was noted in both kidneys. The left kidney measured 3.8 cm with slight pyelectasia. The right kidney measured 4.0 cm.

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 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

IMAGING PERFORMED BY

Dr. Wepprich

HOSPITAL NAME

Willamette VH

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.

REFERRING VET

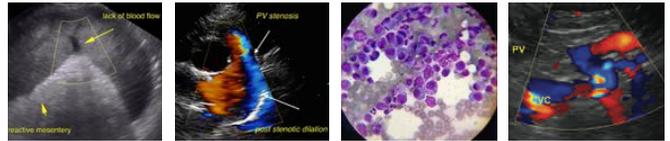
Dr. Wepprich

INVOICE

91101

DATE

8/10/21



PATIENT

Liver

Tink Lockard

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

SEX

Spayed Female

The **gastrointestinal tract** revealed minor thickening and increased submucosal echogenicity. A portion of the small intestinal stasis was noted with reactive mesentery. There was no loss of mural detail and no evidence of foreign body. This is likely manifestation of regional dysfunctional bowel. Slight, reactive mesentery was noted and extends into the pancreas.

AGE

10 years

Pancreas

WEIGHT

8.9 lbs

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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ULTRASONOGRAPHIC FINDINGS

Variable gastrointestinal thickening without loss of structural detail and regional intestinal stasis. Reactive mesentery associated with the small intestine and extends into the pancreas. Likely subacute on chronic inflammatory bowel. No obvious foreign matter, yet cannot be completely ruled out. Minor potential for intestinal torsion; however, it does not appear have a tempestive type of presentation.

IMAGING PERFORMED BY

Dr. Wepprich

Age related renal changes with mineralization.

HOSPITAL NAME

Willamette VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Wepprich

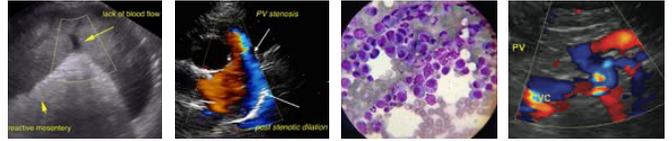
IV fluid support to hydrate the gastrointestinal tract and supportive care is warranted over the next 24-48 hours. If clinical signs persist a recheck sonogram is warranted to ensure that the static portion of intestine has resolved.

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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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