



PATIENT

Sierra Wildes

SPECIES

Canine

BREED

Nord Spitz

SEX

Spayed Female

AGE

14

WEIGHT

34.8

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Julia Bakker, DVM

HOSPITAL NAME

Orange Blossom VI

REFERRING VET

Jacqlyn Diana, DVM

INVOICE

23877

DATE

8/11/23

PRESENTING CLINICAL SIGNS

History: 8/9- follow up w/ Dr. D. P is still not eating well P eats half a can of blue buffalo 3x a day w/ some treats (only food P eats). P seems very confused according to O at time (looks like P has dementia at times or that it's anxiety). O says P stopped eating when she had diarrhea last 8/11 -P's condition is much worse, no e/d at all starting 3 days ago despite being on appetite stimulants, P has been eating less and less everyday even when O tries to offer P her favorite treats. P has vomited once & spitting food afterwards when she tries to eat. O gave some jerky/turkey and ate a little bit only. Stool was liquid 2 days ago but today is soft in consistency. Abdominal radiographs suspicious for thickened stomach despite being fasted.

Abnormal PE/Chem/CBC/UA Results: Painful cranial abdomen. Inappetent. Labwork shows mild ALT, ALP, Bili, PSL, and Trig elevations.

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 5.77 cm. The left kidney measured 4.56 cm. Occasional cortical cysts were noted in the kidneys. Slight pinpoint mineralizations were noted.

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 0.53 cm at the caudal pole and 0.45 cm at the cranial pole x 1.89 cm in length.

Spleen

The **spleen** revealed minor heterogenous parenchymal changes and scalloping contour. Cranial and caudal folding of the spleen was noted.

Liver

The **liver** revealed increased portal markings. Multiple polyps were noted in the gallbladder. Gallbladder sand was present in the cystic duct.

Gastrointestinal

The **stomach** revealed a shadowing structure, measuring 1.0 cm, likely medication. The small intestine and colon were unremarkable.



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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

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- Subjectively benign hepatopathy
- Minor hyperplastic spleen
- Age-related renal changes
- Shadowing gastric structure, possible medications vs foreign body

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient history, I recommend endoscopy or gastrotomy in this patient, however, if gastrotomy is to be performed, sonogram should be performed just prior to surgery to ensure the measured shadowing material is persistently present. Treatment for gastritis is warranted otherwise. Other causes of hyporexia should be considered such as pain related disease. There is no overt evidence of visceral disease that should be causing the painful abdomen in this patient. Referred back pain should be considered. If bilirubin elevations continue and are persistent, leptospirosis titers is warranted, as well as FNA of the liver yet structurally appears benign and largely age-related.

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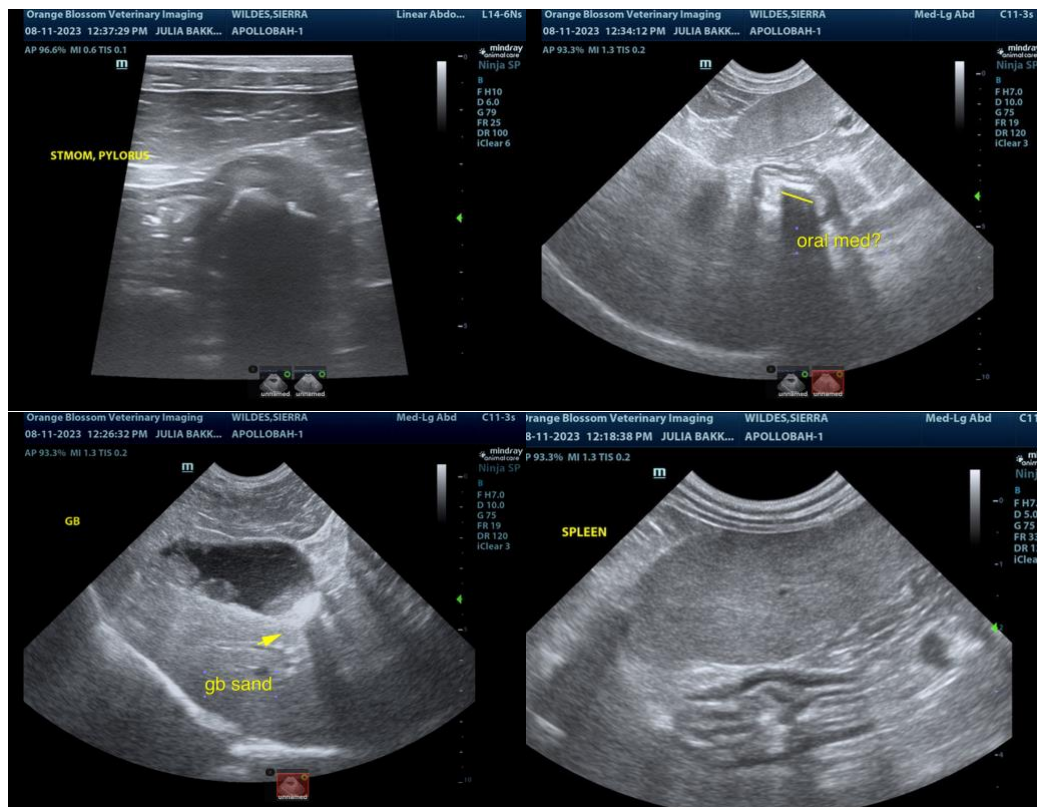
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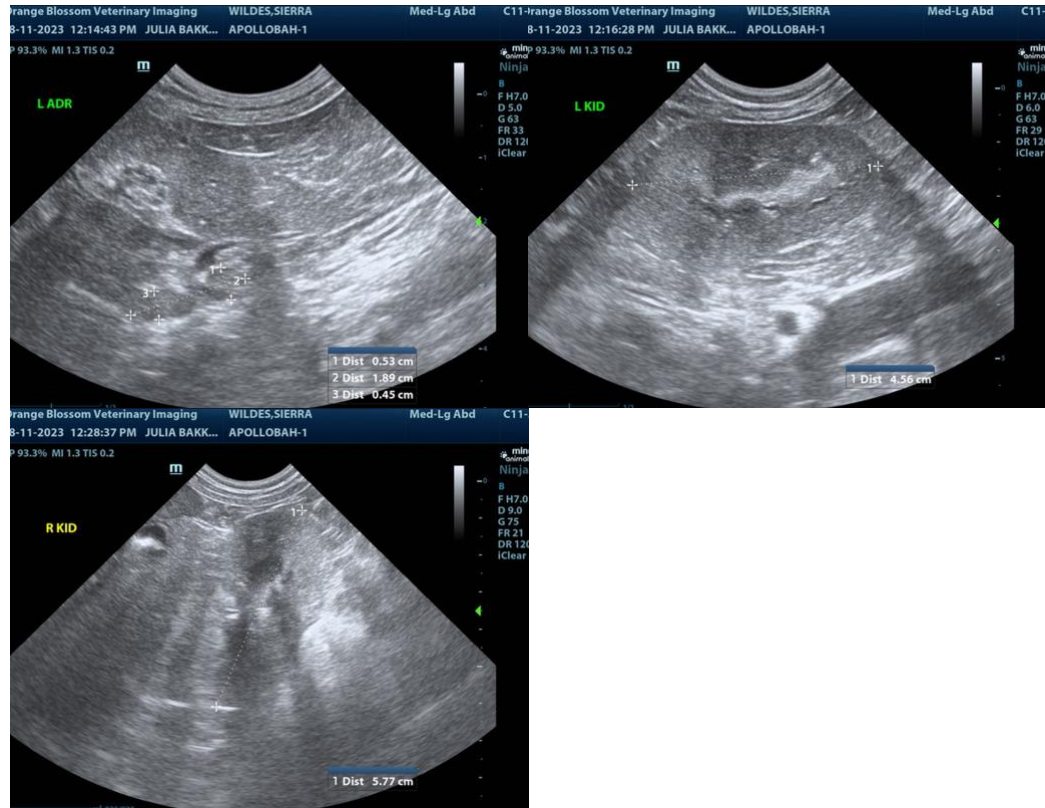
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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