



PATIENT

Mr. Bingley Stodola

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

7 Years

WEIGHT

13.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

40392

DATE

8/12/22

PRESENTING CLINICAL SIGNS

diarrhea x 3 weeks with intermittent vomiting. Has not eaten in 4 days was at the beach for a week two weeks ago

Abnormal PE/Chem/CBC/UA Results: Weight loss of 4 pounds in 3 months, emaciated HR 155, normal LN, dehydrated severe neutropenia, mild anemia (non regen) severe hypoalbuminemia, mild low calcium, nl phos, mild increase ALT Fecal this week negative, and check for flukes in house neg (Salmon Poisoning).

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 **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 5.0 cm.

Adrenal Glands

The **right adrenal gland** appeared subjectively flattened at 0.30 cm.

The **left adrenal gland** appeared subjectively flattened.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

Liver

The **liver** presented minor swelling and slight increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Spastic duodenum noted. Fluid filled colon noted. Reactive mesentery noted associated with the small intestine. A mesenteric lymph node was enlarged, reactive.

Pancreas

Minor heterogeneous **pancreatic** changes noted along with reactive mesentery.

ULTRASONOGRAPHIC FINDINGS

- Aggressive gastroenteritis with reactive mesentery and some level of pancreatitis
- Potential underlying Addison's



PATIENT

Mr. Bingley Stodola

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

7 Years

WEIGHT

13.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

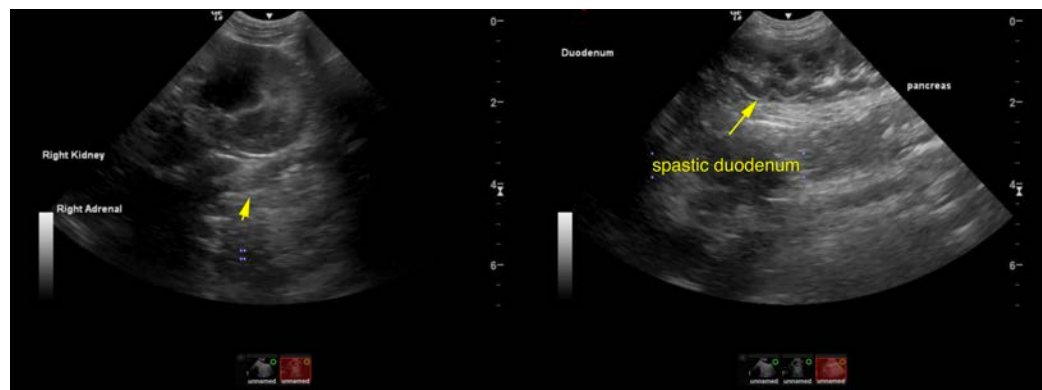
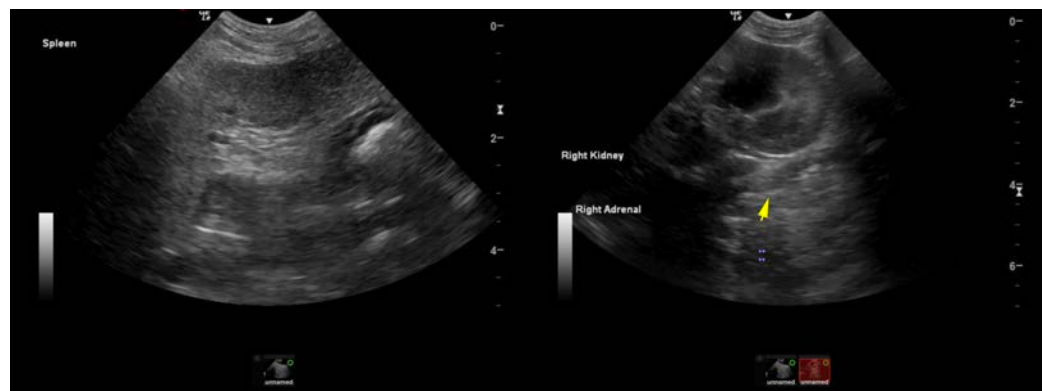
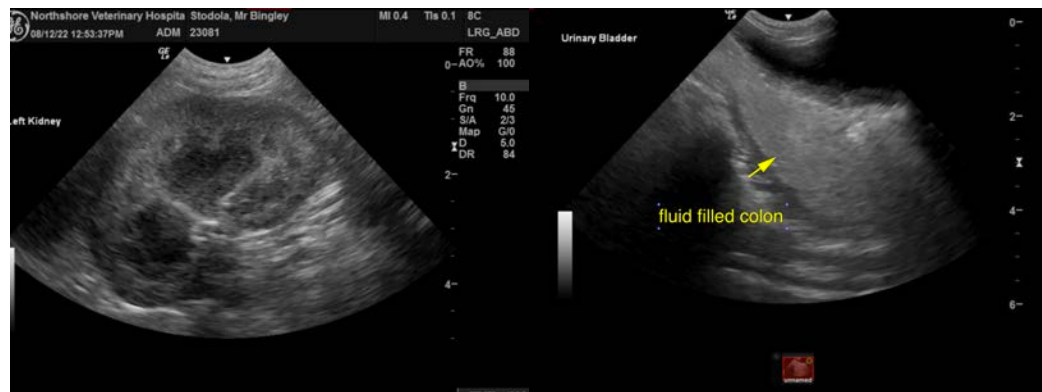
40392

DATE

8/12/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of neoplasia. However, emerging GI lymphoma cannot be ruled out. Screening for concurrent Addison's warranted. Plasma expanders, treatment for enterotoxins indicated as well as anti-parasitic protocol. Enrofloxacin/Metronidazole, 24-hour NPO, GI protectants all indicated with baseline cortisol or ACTH stimulation to rule out underlying occult Addison's, given the breed, age, and adrenal presentation. Low albumin is likely owing to protein losing enteropathy and/or underlying Addison's disease.





PATIENT

Mr. Bingley Stodola

SPECIES

Canine

BREED

Labradoodle

SEX

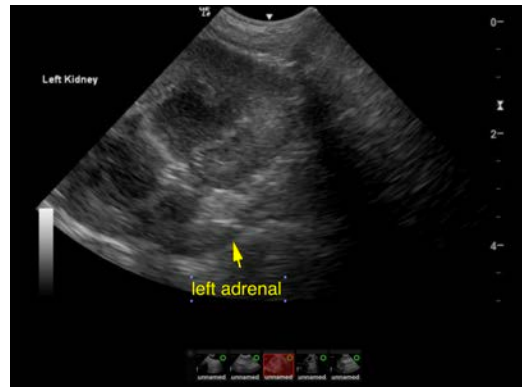
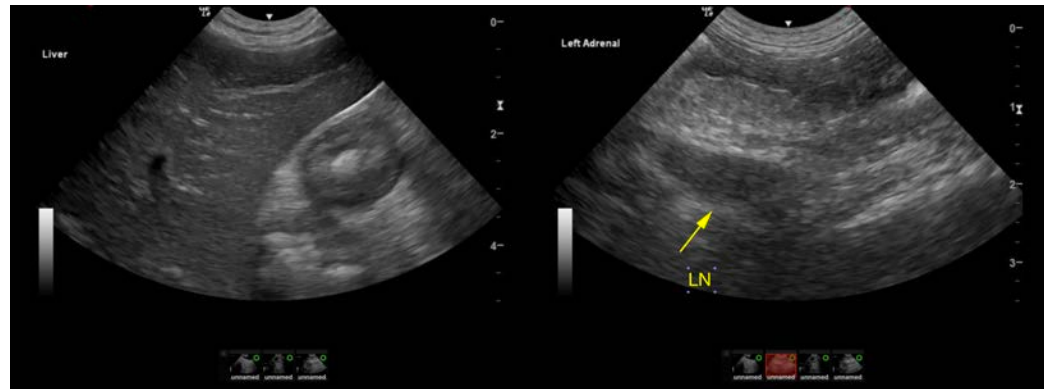
Neutered Male

AGE

7 Years

WEIGHT

13.5 Pounds



INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brita Kiffney

HOSPITAL NAME

Northshore VH

REFERRING VET

Dr. Brita Kiffney

INVOICE

40392

DATE

8/12/22

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