



PATIENT PRESENTING CLINICAL SIGNS

Sadie Clark

July 22 - Came in ADR, losing weight. Upon physical Reactive to neck palpation, tolerates dorsal, yelps with ventral and rt flexion. Gave Metacam/Gabapentin and advised strict rest. August 2 - Presented today for sudden onset of blindness....started 3 days ago. Responded well to previous treatment quickly, neck pain has resolved. Owner started to notice she was having difficulty seeing. Bumping into things, unable to catch treats that are tossed to her. PE findings: Both pupils moderately dilated on presentation to outdoor exam. Very mild menace present, slight direct and indirect. Apparent lenticular sclerosis. No apparent uveitis. No notable Globe/corneal abnormalities. Fundic exam...not normal. Rt eye, irregular shape. Left..distorted appearance. Vessels seem dilated. No obvious lesions. Tobradex and Famotidine started Now Ataxic. Dexamethasone injection given today. All other medications stopped/finished

SPECIES

Canine

BREED

German Shorthaired Pointer

SEX

Spayed Female

AGE

10 Years

WEIGHT

22.4 kg

Abnormal PE/Chem/CBC/UA Results: All bloodwork within normal limits.

LIMITED ULTRASONOGRAPHIC EXAMINATION

Urinary System

Both eyes were examined in this patient. The left eye revealed mildly thickened ciliary body, yet the lens was intact. Anterior and posterior chambers were anechoic and unremarkable. The optic nerve and retina were intact. No evidence of retinal detachment.

The right eye presented normal ciliary body. The lens was anechoic. The anterior and posterior chambers were unremarkable. The retina and optic nerve were intact. No evidence of retrobulbar pathology noted.

ULTRASONOGRAPHIC FINDINGS

- History of uveitis in the left eye possible, as minor chronic changes are present

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural disease in either eye.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River VH

REFERRING VET

Dr. Hornak

INVOICE

40402

DATE

8/12/22





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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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