



PATIENT

Chase Praither

SPECIES

Canine

BREED

Sheltie

SEX

Neutered Male

AGE

8 Years

WEIGHT

34 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Griffin

HOSPITAL NAME

Northside VC

REFERRING VET

Griffin

INVOICE

16868

DATE

8/15/22

PRESENTING CLINICAL SIGNS

History: This is one of our veterinarians dogs. Patient responded well to clavamox and metronidazole therapy

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM:TP: 8.9, ALB 4.1, Glob 4.8, ALKP 15, T. bili 2.3

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

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 right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 0.6 cm.

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 were noted.

Liver

The **liver** revealed slight coarse architecture and hyperechoic lipogranulomatous changes. The gallbladder wall was mildly echogenic. The gallbladder measured 3.5 cm x 2.5 cm with mild largely dependent debris. A history of cholangitis is likely. No evidence of mucocele or post-hepatic obstruction. Otherwise, the liver appears largely age-related and expected for this age and breed.

Gastrointestinal

Soft material was noted in the **stomach**, such as grass accumulation or ingesta. The small intestine and colon were unremarkable.

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Hyperechoic lipogranulomatous changes and coarse architecture in the liver
- Mildly echogenic gallbladder wall with gallbladder debris
- Soft material in the stomach such as grass accumulation or ingesta
- Age-related abdominal changes otherwise

BREED

Sheltie

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Bilirubin values should be reevaluated for lab error, as it would be odd for bilirubin elevations to occur without elevations of alkaline phosphatase and ALT.

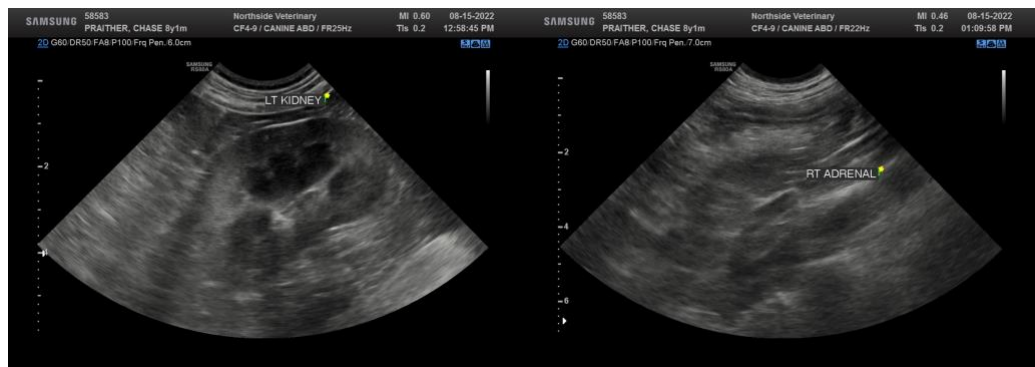
Neutered Male

AGE

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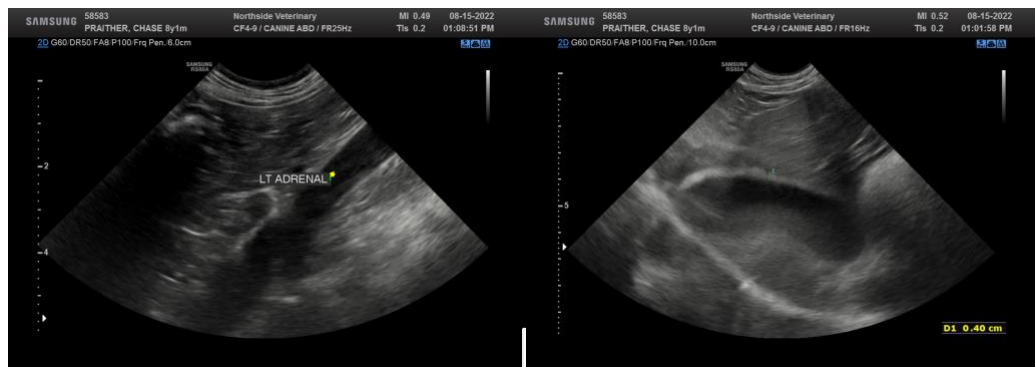
WEIGHT

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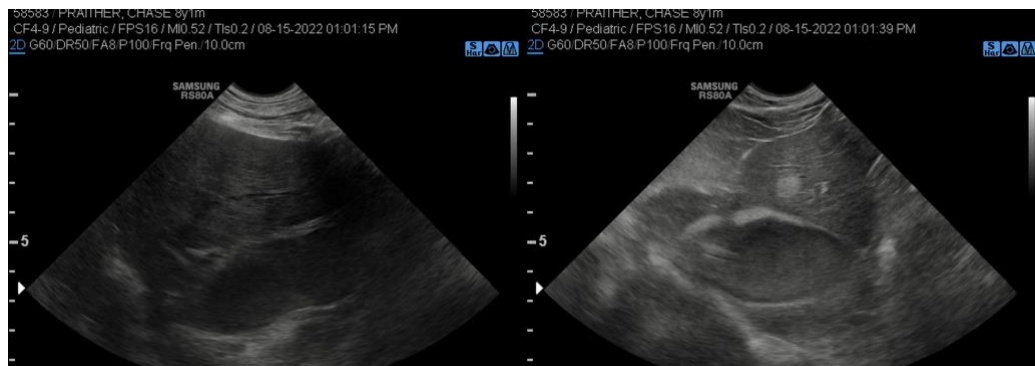


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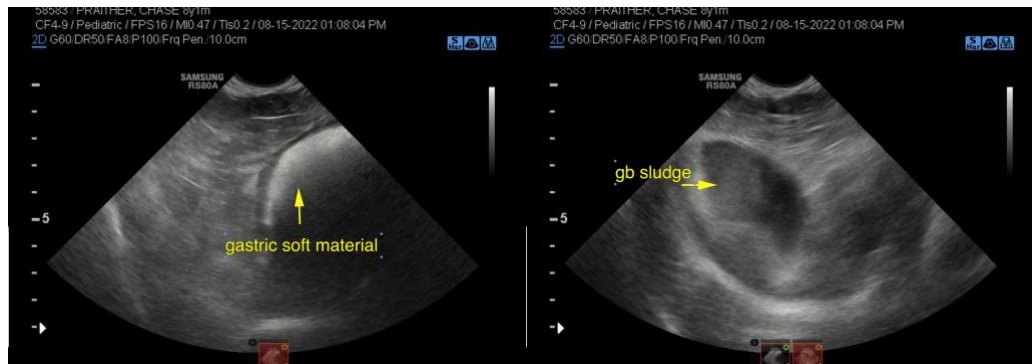
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com