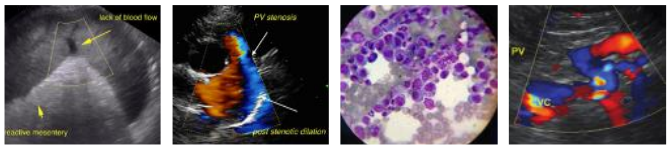
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Barry Strawster

SPECIES

Canine

BREED

Boxer

SEX

Neutered Male

AGE

10 Years

WEIGHT

36.6 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Nelson

INVOICE

16963

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for 3 weeks of drooling, V+ some (food and saliva), lethargy, and not eating. Patient was seen at RDVM on Monday- got Cerenia and bloodwork (had elevated liver enzymes- was told to see a specialist but cannot get in) Previous Health Concerns: Bleeding ulcer in March from Carprofen, Arthritis Current Medications: Gabapentin, Adequan

Abnormal PE/Chem/CBC/UA Results: Respiratory: Harsh BV sounds bilaterally Abdominal: NR, tense on abdominal palpation EPOC: All values within normal limits Rdvm bloodwork: elevated liver enzymes Radiographs: Evidence of severe osteoarthritis in spine/hips. Multifocal, small pinpoint granular appearance in the ventral lung fields on right lateral chest radiograph. On the ventrodorsal radiograph of the chest there was evidence of possible congestion of the left middle lung lobe.

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 8.3 cm. The right kidney measured 8.2 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

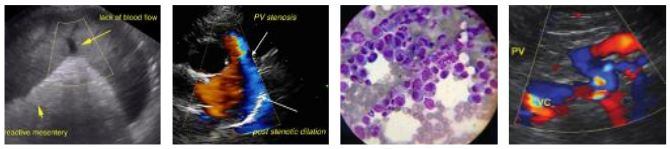
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted. Cranial folding of the spleen was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large



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intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

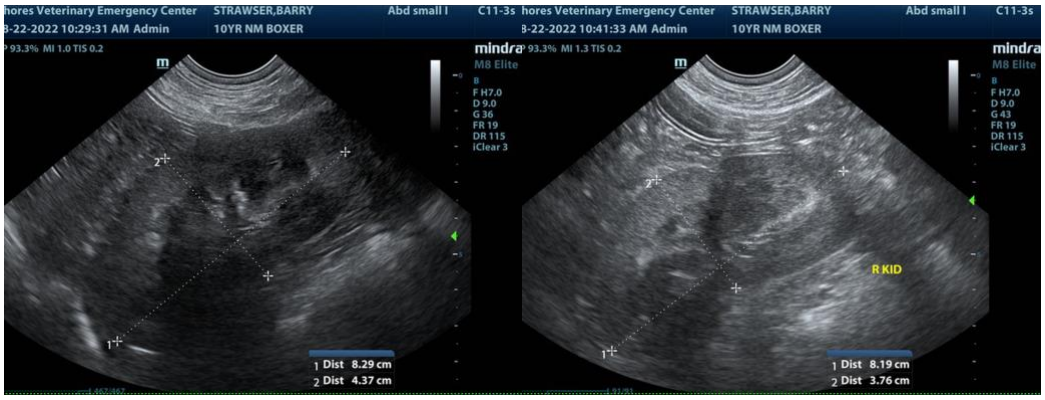
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

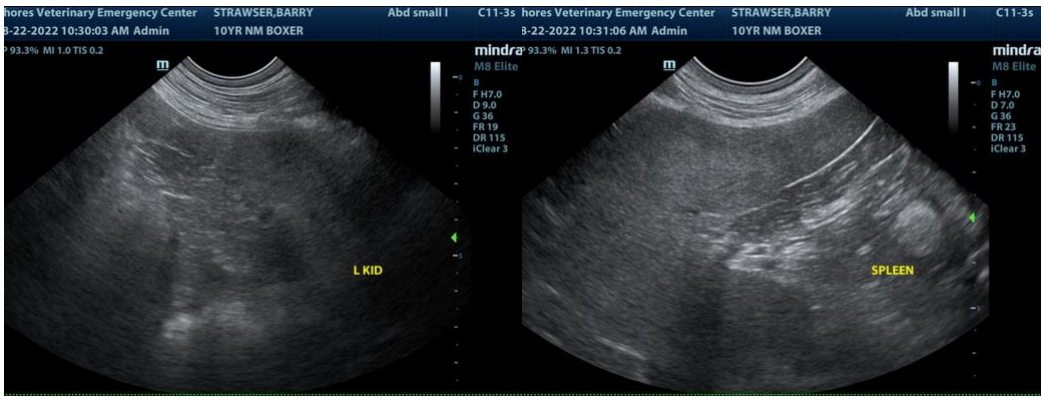
ULTRASONOGRAPHIC FINDINGS

- Partially full stomach
- Structurally unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The transit of chyme into the small intestine appeared to be occurring. No overt obstruction present. This change is consistent with postprandial presentation. If the patient was truly NPO at the time of the sonogram, then soft foreign matter could be considered, such as grass or similar, however, the echotexture of the material in the stomach would suggest ingesta. Unremarkable abdomen otherwise. Screening for Addisons is warranted, given that the adrenal glands were not visualized, even though the regions were imaged.





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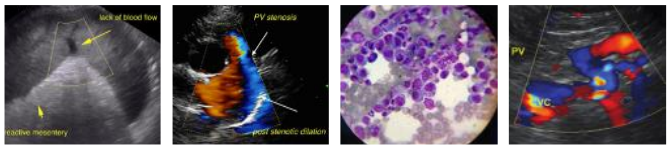

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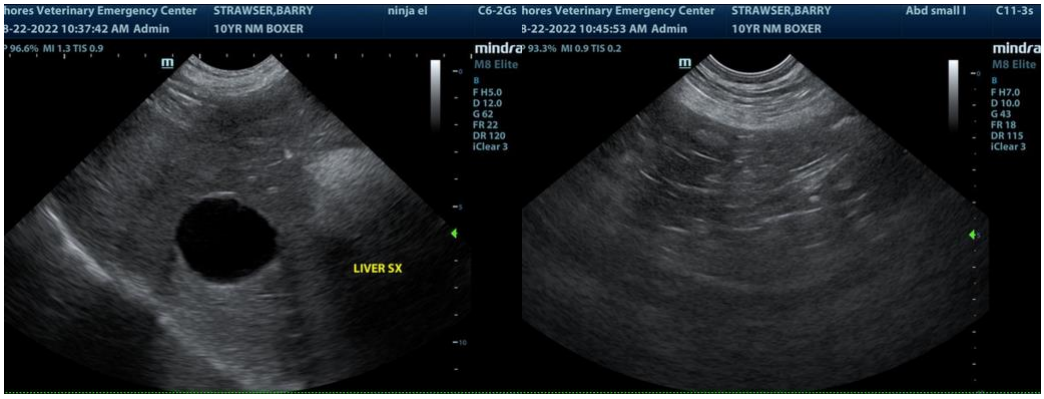

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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