



PATIENT

Herbert Wells

SPECIES

Canine

BREED

Aussie Shep X

SEX

Spayed Female

AGE

11 Years

WEIGHT

52 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Nelson

INVOICE

24910

DATE

8/24/21

PRESENTING CLINICAL SIGNS

Presented 8-11 with history: Lethargic, not eating HISTORY: About a week ago P stopped eating. Last meal was yesterday. P accepted treats. Rice and chicken last few days as well as some hamburger (other HH dog on chicken and rice for pancreatitis). P usually loves food. Not waking or wanting to get up. BM gelatinous and irregular, red glob once. Fecal brought in a couple days. P was stung by bee a couple days ago. Sore on R nostril. Noticed a couple days ago. P often eats things she is not supposed too. Compost pile in yard. One other household pet. limited access to chicken coop. Scratching face a lot. Hx of itchy skin. No v/c/s. Drinking fine. On exam: Tense but not painful on abd palpation Mucoïd soft stool with possible blood, appears dark (melena) Treated with pro-pectalin and metronidazole Diarrhea has improved but still hyporexia. Eats 2 out of 3 meals. Every 3rd meal looks at it and walks away
Abnormal PE/Chem/CBC/UA Results: PSL 230U/L HIGH

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. Slight mineralization noted. The right kidney measured 6.26 cm. The left kidney measured 6.0 cm.

Adrenal Glands

Both **adrenal glands** appeared subjectively slightly flattened. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** revealed a mixed echogenic nodule measuring approximately 2.0 cm, largely isoechoic to micronodular echotexture.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The stomach was empty. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

Minor heterogeneous **pancreatic** changes noted.

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ULTRASONOGRAPHIC FINDINGS

- Renal mineralization
- Subjectively flattened adrenal glands
- Minor pancreatic remodeling
- Subtle splenic nodule to be monitored (only visible in one view)

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of lethargy is unclear. Other non-visceral causes of anorexia such as spinal pain, thoracic or CNS disease should be considered. Recheck sonogram in one week to assess the splenic lesion. Screening for occult Addison's would be warranted in this patient with baseline cortisol. No evidence of obstructive disease/foreign bodies.

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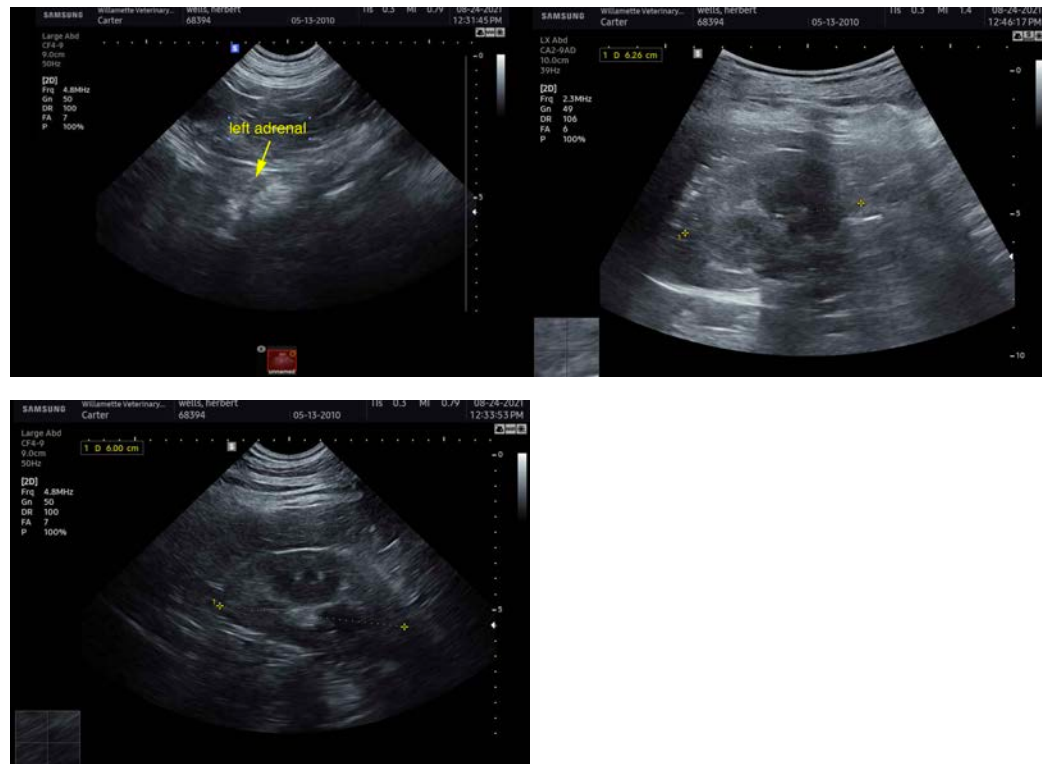
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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