



**PATIENT**

Zeke Thornsberry

**SPECIES**

Canine

**BREED**

Cocker Spaniel

**SEX**

Male

**AGE**

5 years

**WEIGHT**

28 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside

**REFERRING VET**

Dr. Griffin

**INVOICE**

91461

**DATE**

8/24/21

**PRESENTING CLINICAL SIGNS**

History: Since 6/30/21 we have been treating for IMHA. Recently the anemia started to worsen again. Patient is currently on prednisolone and azathioprine. Went through 30 days on doxycycline  
PE: WNL CBC: RBC 4.11, HCT 29.8%, RETIC 136.5 K/UL, WBC 24.77 K/uL, Neut 22.6 K/uL  
CHEM:Creat 0.4 mg/dL, BUN 5 mg/dL, ALKP 1368 U/L. GGT 70 U/L, CI 104 mmol/L CBC w Path  
Review: Did not show any signs of neoplasia or intracellular bacteria

**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 was 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.

**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 left adrenal gland measured 0.5 cm. The right 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 was noted.

**Liver**

The **liver** was uniform with slightly increased portal markings. The gallbladder presented a minor amount of sand. A grouping of which measured 2.0 cm.

**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. There was retention of ingesta



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noted in the stomach. 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**

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.

**BREED**

Cocker Spaniel

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Unremarkable abdomen.

Male

Minor gallbladder sand.

**AGE**

5 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no evidence of primary pathology contributing to the clinical status. Ursodiol therapy can be considered as an adjunctive measure that may assist in dissolving the biliary sand. CBC path review +/- bone marrow aspirate would be appropriate.

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For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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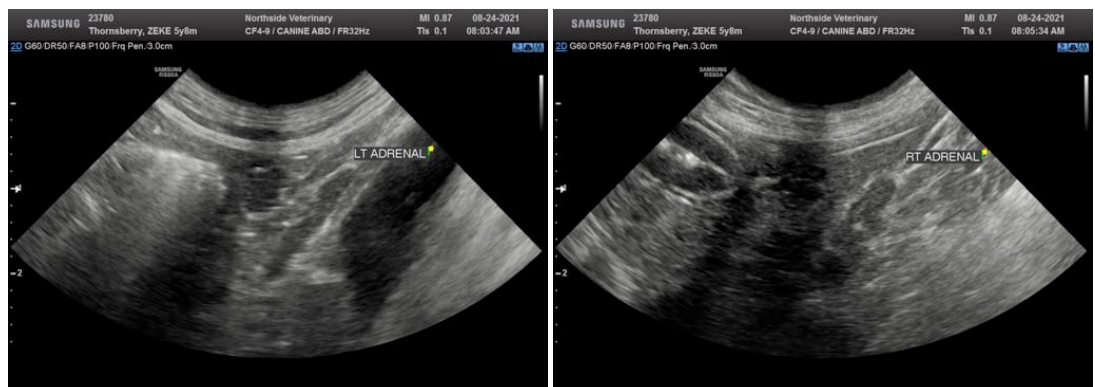
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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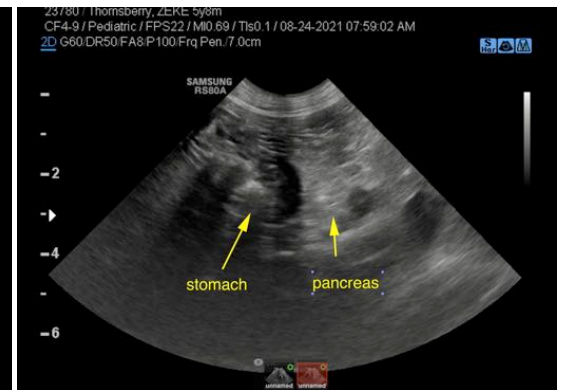
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com