

PATIENT PRESENTING CLINICAL SIGNS

Bentley Ulrey
History of x-rays show loss of serosal detail in cranial abdomen.
Abnormal PE/Chem/CBC/UA Results: None

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine
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 residual prostate measured 0.9 cm.

BREED

Labrador Retriever

SEX

Neutered Male

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 right kidney measured 6.79 cm. The left kidney measured 6.86 cm.

AGE

8 Years

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 2.26 cm x 1.32 cm at the cranial pole and 0.41 cm at the caudal pole. The left adrenal gland measured 1.48 cm x 0.36 cm at the cranial pole and 0.40 cm at the caudal pole.

WEIGHT

75 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Forest Valley VC

REFERRING VET

Dr. Schiffgens

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

Examination of the **gastrointestinal tract** revealed regional chronic thickening of the submucosal layer. Reactive mesentery noted, associated with variable areas of the small intestine, consistent with steatitis/acute on chronic enteritis. Regional lymphadenopathy noted, example measured 1.0 cm x 0.5 cm.

DATE

8/26/21

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PATIENT *Pancreas*

Bentley Ulrey 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

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Neutered Male

AGE

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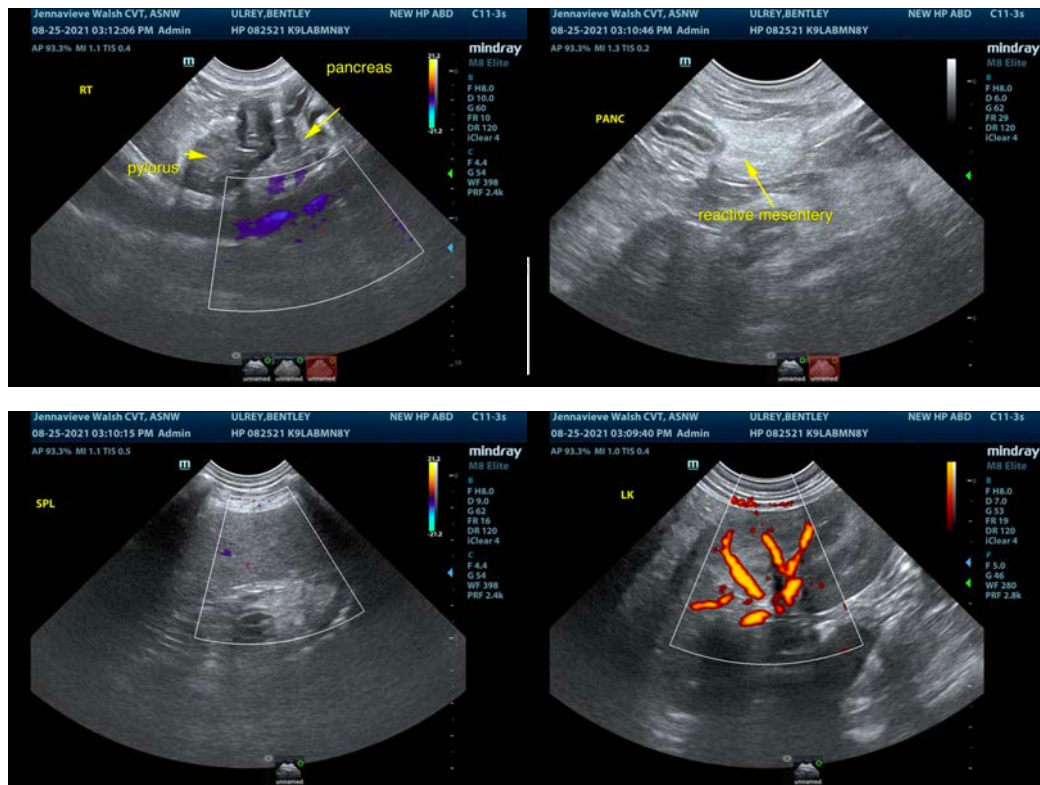
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ULTRASONOGRAPHIC FINDINGS

- Enteritis/steatitis pattern with acute on chronic inflammatory bowel presentation
- Minor regional lymphadenopathy and reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support would be ideal, 24-hour NPO. Enrofloxacin/Metronidazole combination suggested. Recheck sonogram in 3-5 days to ensure adequate resolution. I cannot completely rule out emerging intestinal neoplasia. However, neoplastic criteria is not present at this time.





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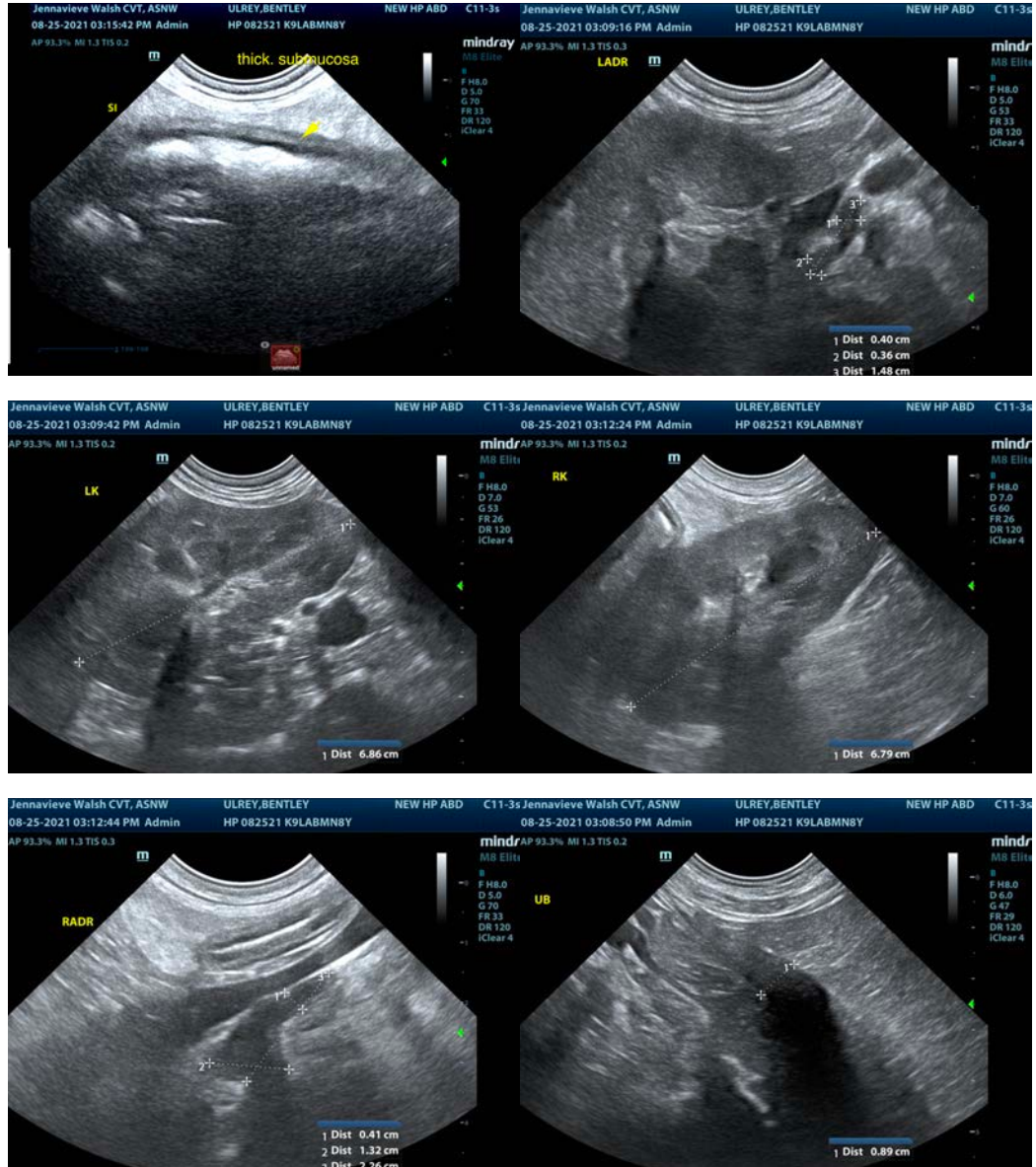
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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