

PATIENT

Layla Diptesh

SPECIES

CAnine

BREED

Beagle X

SEX

Spayed Female

AGE

8

WEIGHT

33.5

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Ascot

INVOICE

44995

DATE

8/28/23

PRESENTING CLINICAL SIGNS

Recheck 8/8 febrile vomiting anorexia severe lethargy suspect Lepto Hx of Addison's severe pancytopenia Current meds IVF NaCL Unasyn Doxy Denamarin Ursodial Metro Pred 2.5mg

Abnormal PE/Chem/CBC/UA Results: WBC 390 neuts 0.05K Creat 2.4 ALT 161 ALP 434

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. The right kidney measured 6.32 cm. The left kidney measured 6.0 cm. Slight cortical mineralizations noted in the kidneys.

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 2.09 cm x 0.44 cm at the caudal pole and 0.73 cm at the cranial pole. The right adrenal gland measured 2.21 cm x 0.67 cm at the caudal pole and 0.74 cm at the cranial pole.

Spleen

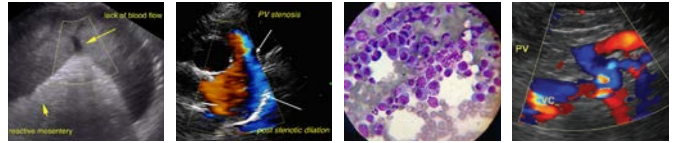
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or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

Liver

The **liver** 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

The **stomach** presented minor fluid filled lumen with minor wall thickening. No obvious upper GI foreign body noted. However, the mid abdomen revealed dilated intestine, which could not be differentiated



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between small intestine and colon, followed by empty small intestine. I cannot completely rule out foreign body or other cause of obstruction in this patient. Reactive mesentery noted around the small intestine.

SPECIES

Pancreas

Canine

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.

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ULTRASONOGRAPHIC FINDINGS

- Fluid filled stomach and dilated intestine

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend IV fluid support, NPO over the next 24 hours, and recheck sonogram, following the dilated bowel to its finality to assess for ileus versus full obstruction.

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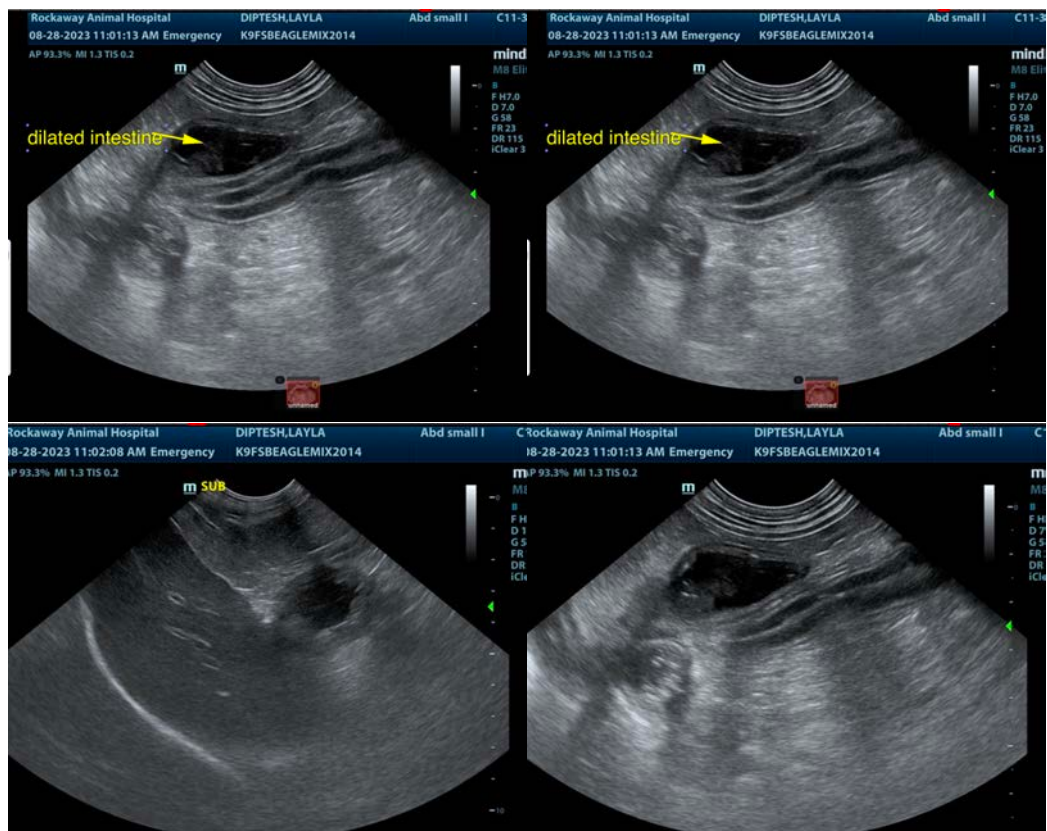
Dr. Ascot

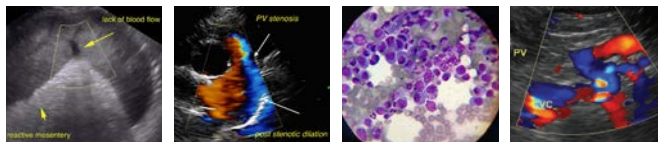
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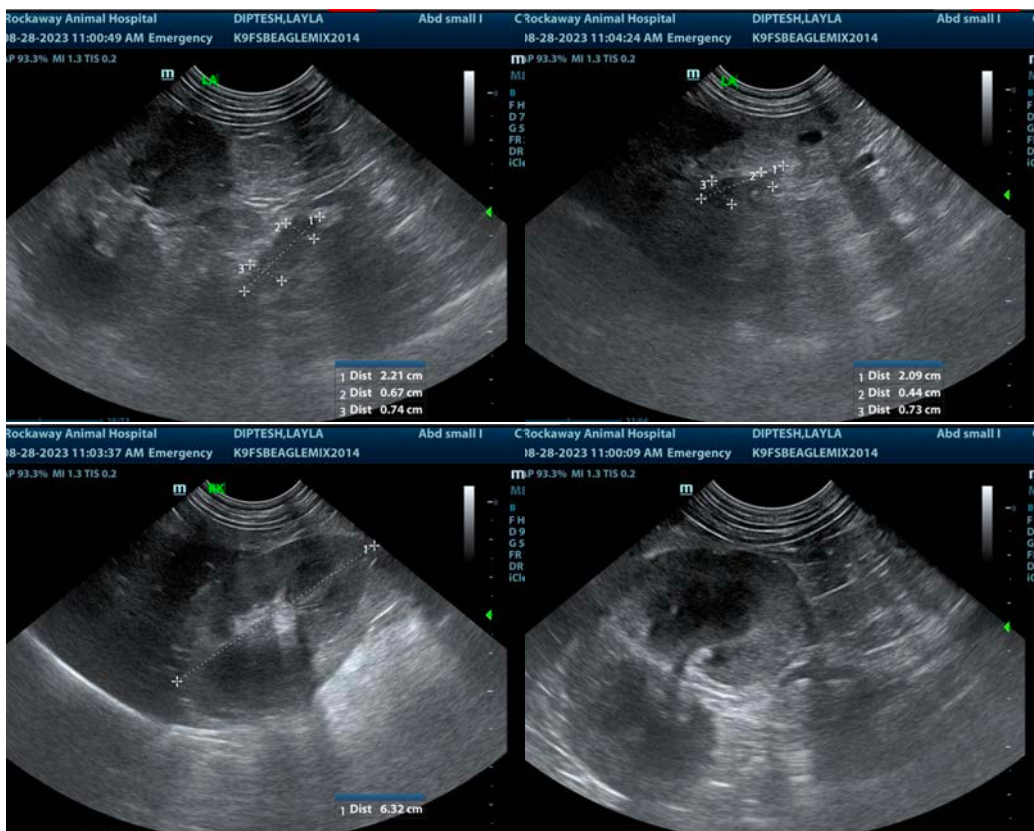
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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