



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Bear Stanislawski  
**SPECIES** Canine  
Mixed small and large bowel diarrhea that is progressively getting worse over the last 30 days. Metronidazole has been minimally effective. Dark brown, liquid diarrhea is noted, no vomiting. No pain on palpation, no masses palpable

**BREED** Shar Pei  
**SEX** Spayed Female  
Abnormal PE/Chem/CBC/UA Results: TP very low normal, Cholesterol is below normal limits on labs 2 weeks ago. DGGR was WNL, Resting Cortisol WNL at that time as well 1 Cryptosporidium oocyst found in fecal We have sent out a TX GI Panel, pending results Current Medications Panacur, Metronidazole  
**Radiographic Findings** Rads conclusion: The corrugation the colon is suggestive of nonspecific colitis. The abdomen is otherwise unremarkable. There is no radiographic evidence of gastrointestinal foreign material or small intestinal mechanical obstruction. Abdominal sonography can be considered for further evaluation if clinical signs persist or worsen in spite of medical management.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE** *Urinary System*

**AGE** 6 Years  
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.

**WEIGHT**

54.4 Pounds

Iliac lymph nodes were enlarged up to 1.0-1.3 cm, rounded and peripherally inflamed, strongly suggestive for infiltrative disease.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 6.67 cm. The left kidney measures 6.66 cm.

**IMAGING PERFORMED BY**

Sara Hansen

*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 2.81 cm x 0.79 cm at the caudal pole and 0.67 cm at the cranial pole. The right adrenal gland measured 3.36 cm x 1.01 cm at the cranial pole and 0.70 cm at the caudal pole.

**HOSPITAL NAME**

Hello Vet for Pets  
Wellness Center

*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.

**REFERRING VET**

Dr. Christensen

**INVOICE**

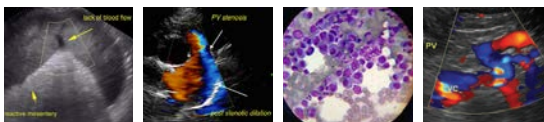
44655

*Liver*

**DATE**

8/3/23

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



## PATIENT

Bear Stanislawski

## SPECIES

Canine

## BREED

Shar Pei

## SEX

Spayed Female

## AGE

6 Years

## WEIGHT

54.4 Pounds

## INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Hello Vet for Pets  
Wellness Center

## REFERRING VET

Dr. Christensen

## INVOICE

44655

## DATE

8/3/23

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 an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. Intestinal wall thickness measured up to 0.50 cm. Fluid filled colon noted.

Mesenteric lymph nodes were enlarged and hypoechoic. Length to width ratio was maintained, more consistent with reactive nodes.

## Pancreas

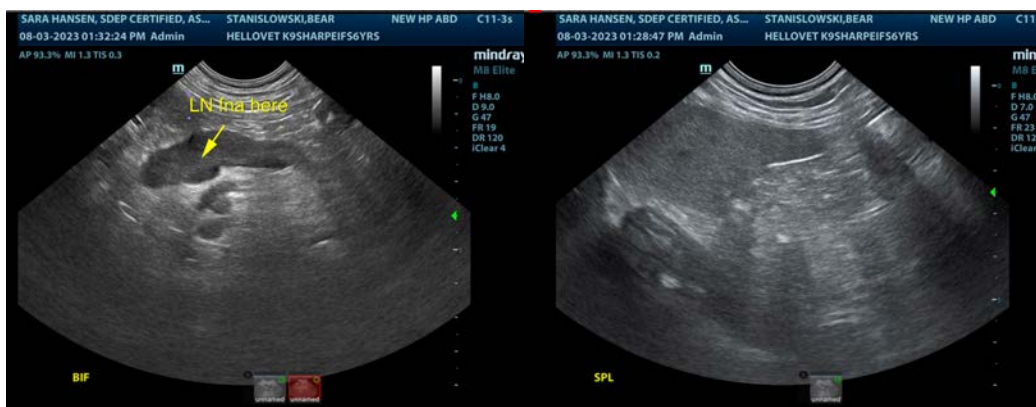
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

## ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern with iliac lymphadenopathy – lymphadenitis (possibly suppurative) versus round cell neoplasia.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No neoplastic criteria noted in the small intestine, however the lymph nodes are rounded. FNA of the iliac/sublumbar lymph nodes with cytology and culture indicated. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Prognosis is guarded depending upon cytology results.





**PATIENT**

Bear Stanislawski

**SPECIES**

Canine

**BREED**

Shar Pei

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

54.4 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Hello Vet for Pets  
Wellness Center

**REFERRING VET**

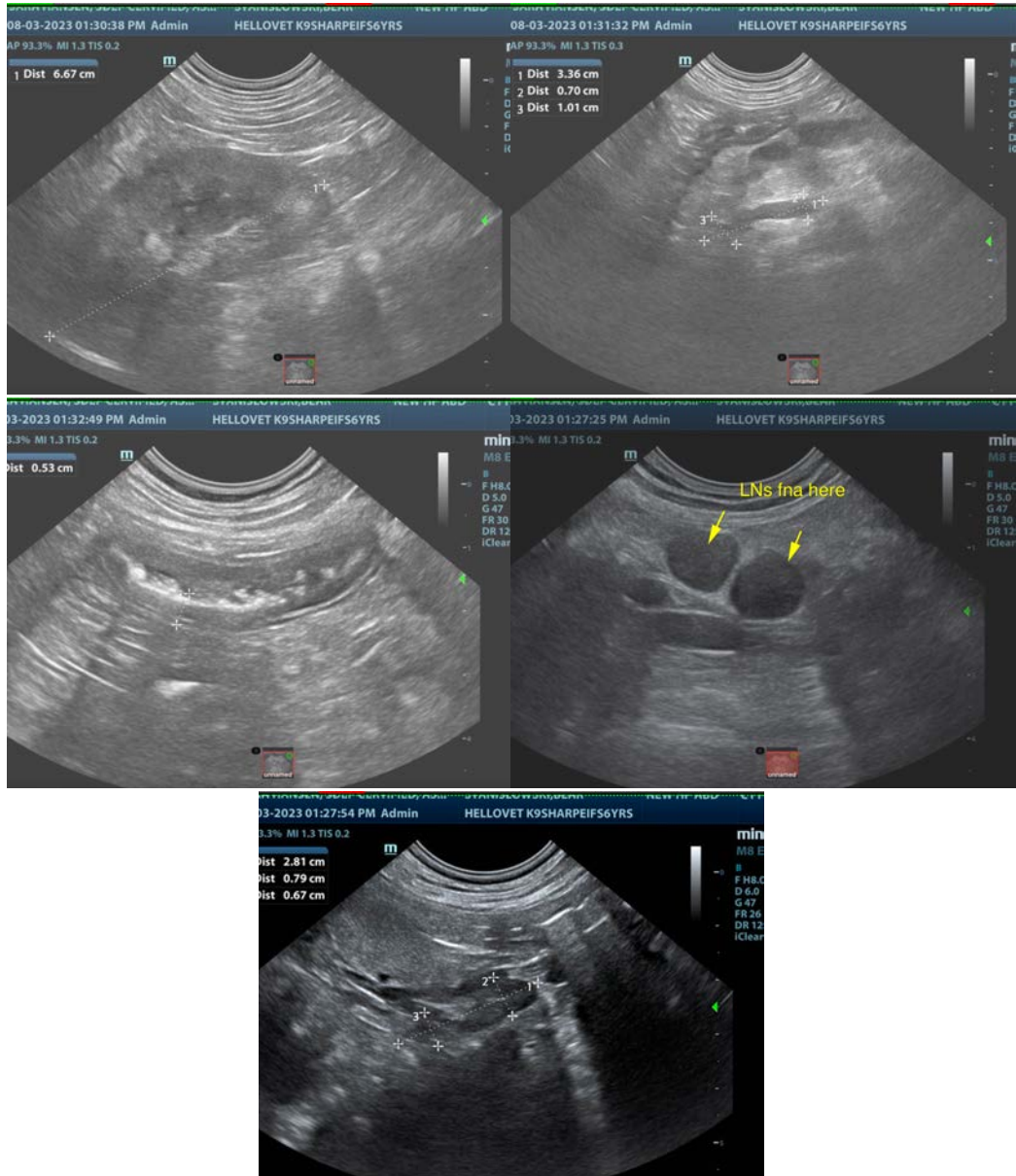
Dr. Christensen

**INVOICE**

44655

**DATE**

8/3/23



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**

[info@SonoPath.com](mailto:info@SonoPath.com)