



**PATIENT PRESENTING CLINICAL SIGNS**

Sheba Surprenant

**SPECIES**

Canine

**BREED**

Pomeranian

**SEX**

Female

**AGE**

4 Years

**WEIGHT**

14.4 Pounds

Aug 2, 2023- seen at Bowman Vet Clinic, vaccinated against DA2PP, dewormed and given dexa Aug 3, 2023- BW at West River Vet Clinic Aug 3, 2023- SAVC Recently has been lethargic, didn't want to move around. No V/D. No travel out of ND Was at the bowman vet clinic yesterday and was told P has tapeworms and gave P an inj of dexamethasone Gone worse over night Not eating much Drinking a lot, large urination, did not get up to go outside just urinated where she was Meds- no oral meds No V+ Stool was normal last night Still intact, last. Heat was 1.5mo ago O thinks PE notes: General Appearance: very lethargic; BCS 5/9 CRT/MM: pale pink Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular discharge Ears: No exudate observed, no redness present Oral Cavity: Mod tartar; Grade 2 Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates soft; no pain, tenderness or masses on palpation Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation/no lameness reported Integument: Normal amount of shedding; skin/coat WNL Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal, vulva is normal with no drainage Neurologic/Mentation: aware but depressed and lethargic, no apparent neurologic deficits noted HR: 120 bpm, RR: 20 with intermittent panting; BP: 106/72, 106/73, 106/74 Abnormal PE/Chem/CBC/UA Results: Aug 3, 2023- West River: RBC- 4.51 M/uL, HCT 23.2 %, HGB 9.7 g/dL, MCV 51.4 fL, MCHC 41.8 g/dL, RETIC 4.5 K/uL, RETIC-HGB 22.2 pg, WBC 26.5 K/uL, NEU 22.43 K/uL, PDW 9 fL, GLU 172 mg/dL, CA 7.7 mg/dL, CHOL 98 mg/dL, Na 108 mmol/L, Cl 77 mmol/L Aug 3, 2023- SAVC: WBC 20.62 10<sup>9</sup>/l, MON 1.71, NEU 16.94, RBC 4.8 10<sup>12</sup>/l, HGB 8.7 g/dl, HCT 30.51%, MCH 18.1 pg, MCHC 28.5 g/dl, GLU 132 mg/dL, Na 117 mmol/L

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jessie Evoniuk

**HOSPITAL NAME**

State Ave Vet Clinic

**REFERRING VET**

Dr. Jessie Evoniuk

**INVOICE**

44626

**DATE**

8/3/23

**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 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 left kidney measured 4.1 cm. The right kidney measured 3.7 cm.

**Adrenal Glands**

The **left adrenal gland** was very subnormal in size at 2.0 mm.

The **right adrenal gland** was not visible and likely subnormal in size, given the left adrenal presentation.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.



**PATIENT** *Liver*

Sheba Surprenant

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.

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**Gastrointestinal**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

**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.

**Other**

The uterus was dilated with anechoic fluid measuring 5.0 mm in width. Both horns appeared to be dilated. The base was empty at the time of the sonogram.

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**ULTRASONOGRAPHIC FINDINGS**

- Early mucometra or pyometra pattern
- Subnormal adrenal disease
- Volume contracted spleen
- Partially full stomach

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

State Ave Vet Clinic

Screening for Addison's warranted with ACTH stimulation plus ovariohysterectomy in immediate/near future.

**REFERRING VET**

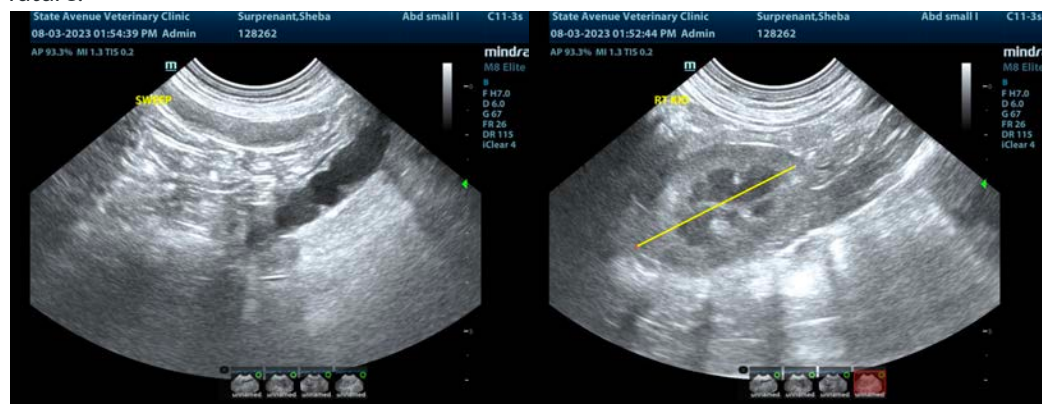
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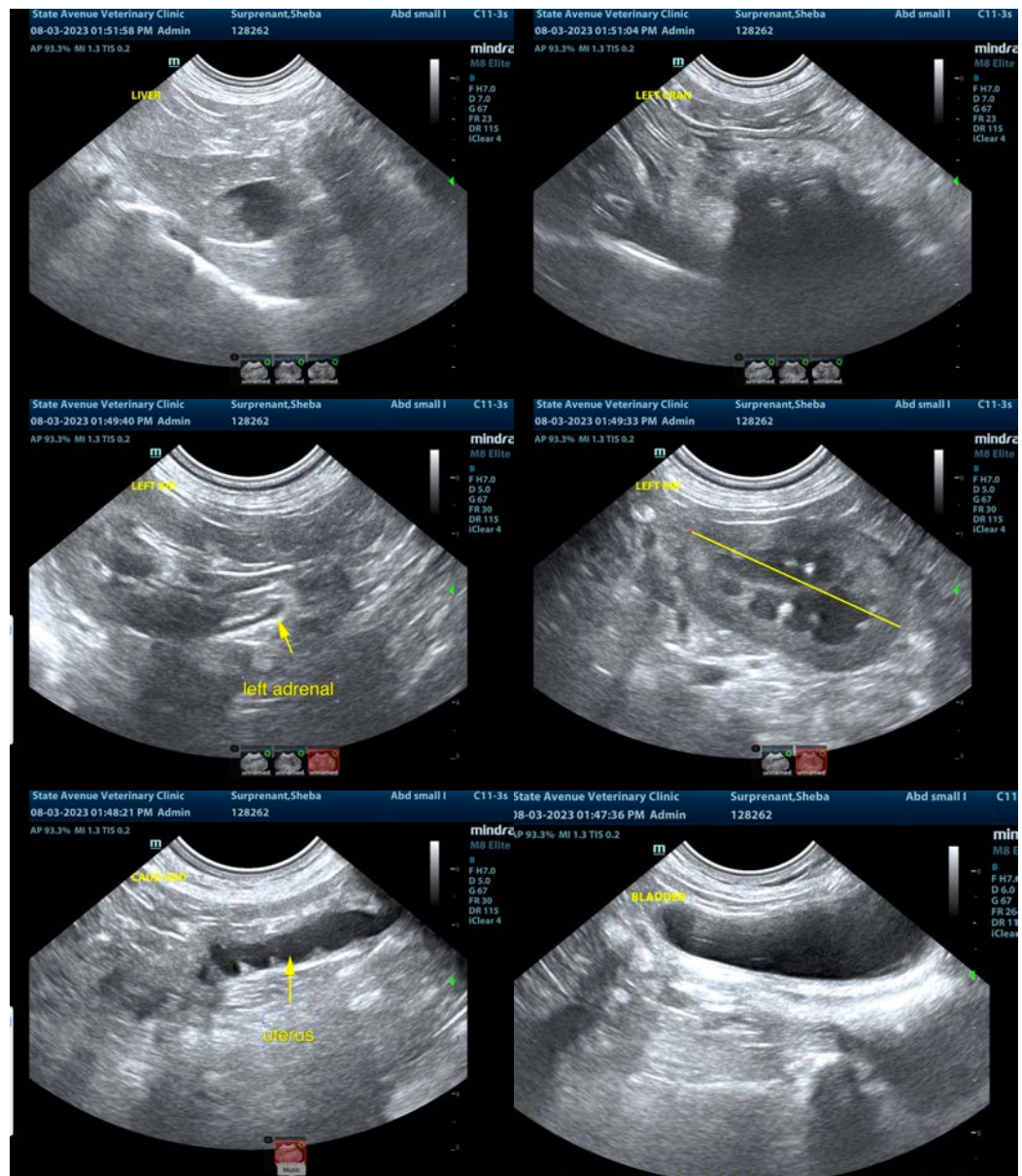
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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