

PATIENT

Boh Cruz

SPECIES

Canine

BREED

Retriever

SEX

Female

AGE

2.5 Months

WEIGHT

10.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Matthew McGee, DVM

HOSPITAL NAME

Mason Dixon AER

REFERRING VET

Laura de Cordon, DVM

INVOICE

12854

DATE

8/30/21

PRESENTING CLINICAL SIGNS

History: After her visit she was well until last night. Was on a bland diet doing well and slowly started introducing her normal food. Went to the park yesterday and RDVM received her vaccines was doing well at that point. Then when the owners got home she vomited once ate well then began to vomit at 4:15am this morning. But throughout the night she was very nauseous licking her lips and hypersalivating. This morning the owner gave her a small amount of food and she vomited it back up about 15mins later including anything she drank. Lethargic/Depressed this AM. No toys, no trash, just grass and dirt and the owners ulla her away immediately. The grass was clumps of mowed grass that was about a day or 2 old. Sizes of a bout a quarter and the owner would pull it out as soon as they could. Patient was switched to her normal diet last night.

Abnormal PE/Chem/CBC/UA Results:

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, structure and ratio for this age. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.84 cm. The right kidney measured 6.55 cm. Trace pyelectasia was noted. Some loss of corticomedullary definition noted. Free fluid was noted with echogenic debris.

Adrenal Glands

The regions of the **adrenal glands** revealed no evident pathology.

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.

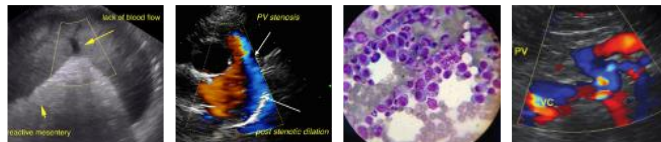
Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. 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. Hepatic veins were normal with no evidence of passive congestion.

Gastrointestinal

The **stomach** itself was unremarkable. Mucosal fogging was noted in the small intestine.

Pancreas



PATIENT Some **pancreatic** edema noted.

Boh Cruz **Free Abdomen**

SPECIES The mesenteric **lymph nodes** (up to 2.0 cm x 0.8 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Ascites with mucosal fogging
- Ill-defined renal presentation with pyelectasia
- Reactive mesenteric lymph nodes

Retriever

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Female

Concern for protein losing disease. If albumin levels are <1.5 then the free fluid is likely owing to poor oncotic pressure. Assessment for proteinuria, CBC, Chem, UA all indicated with abdominocentesis and cytospin to assess for exfoliating inflammatory or mild potential for neoplastic cells. Diagnosis is open yet protein losing disease suspected, could be either from kidneys or the intestinal tract.

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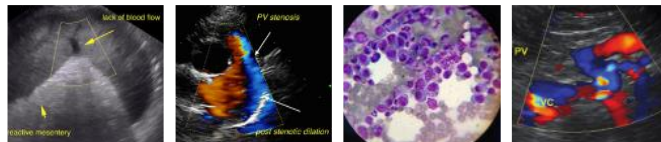


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com
info@SonoPath.com