



PATIENT

Jasper Luptsoea

SPECIES

Canine

BREED

Chihuahua

SEX

Male

AGE

2 years

WEIGHT

4.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Biederbeck

HOSPITAL NAME

Lomsnes VH

REFERRING VET

Dr. Biederbeck

INVOICE

32686

DATE

8/31/22

PRESENTING CLINICAL SIGNS

History: Has lost 1 kg since we last saw him 1 year ago. BCS 3/9. Not eating well. Started vomiting/diarrhea Sunday night, Took to emerg - gave cerenia/amoxicillin Stopped vomiting Monday evening. Still having diarrhea no ingestion of toxins etc they are aware of
Abnormal PE/Chem/CBC/UA Results: Extremely dehydrated and lethargic. Has perked up a lot on IV fluids since this morning but still very quiet. ware of CBC: mild leukocytosis - mild neutrophilia with left shift CHEM: Mild hyperglycemia, moderately elevated SDMA (33 ug/dL NO-14), low normal creatinine, elevated BUN (59 mg/dL N7-27), severe hyponatremia, moderate hypochloremia. Na/K -21 URINE: USG 1.018, pH 6, NSF on strip/sediment. Parvo test neg Baseline cortisol 7.6/normal

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 was 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.

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 0.5 cm. The right adrenal gland measured

Spleen

The **spleen** was folded upon itself caudally and was slightly heterogenous.

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.



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Gastrointestinal

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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. The colon was unremarkable. The mesenteric lymph nodes were reactive and measured up to 1.5 x 1.0 cm.

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Pancreas

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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.

SEX

Male

ULTRASONOGRAPHIC FINDINGS

AGE

Non-specific gastroenteritis with reactive lymphadenopathy.

2 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

4.1 kg

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Mesenteric lymph node FNA and culture would be appropriate. There was no evidence of structural renal disease noted. Therefore, other effector organ insult is suspected owing to underlying GI disease. Enterotoxin, viral disease and parasitic disease are all primary concerns. No evidence of neoplasia or foreign bodies.

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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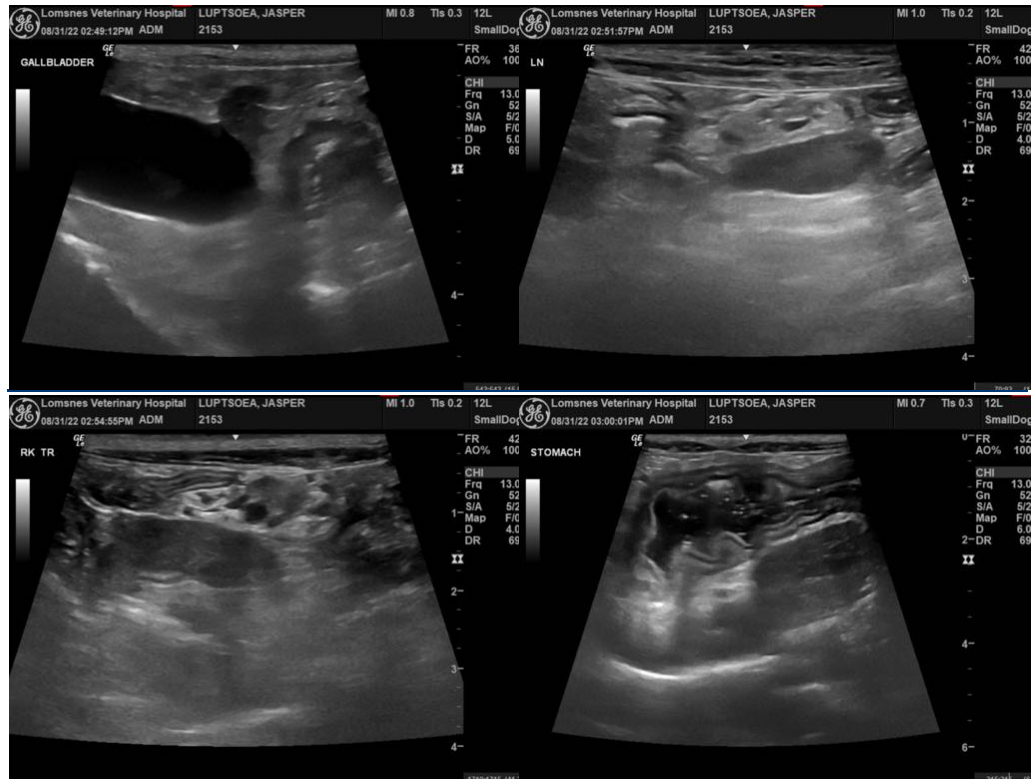
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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