



PATIENT

Valley Vangroningen

SPECIES

Canine

BREED

Boxer White

SEX

Spayed Female

AGE

11

WEIGHT

33.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Judy McFarlen

HOSPITAL NAME

Van Isle Vet Hospital

REFERRING VET

Dr. Laura Davenport –
Island Tides VH

INVOICE

23754

DATE

8/4/23

PRESENTING CLINICAL SIGNS

Intermittent episodes of diarrhea with large clots passing about 1 X per month for past two years. Will be of food for a day, then recovers and if fine until next episode. Has multiple raspberry appearance lumps on body-not sure if those have been sampled at any time in prior two years. Had another episode on Sunday July 30 -passed few smaller clots than usual . Had black tarry stools after then , since has had diarrhea with no blood evident. Anorexic that day, drinking and no vomiting. sent on cerenia/metronidazole/pro-biotic. Gabapentin 300 and Trazadone 150 given for appointment.

Abnormal PE/Chem/CBC/UA Results: CBC nsf. Chem Mild alp elevation 295(23-212)

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.

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 0.67 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 0.78 cm at the caudal pole and 0.84 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** revealed slight coarse architecture and mild subnormal size with minor increased portal markings. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt



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abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions of stomach primarily as well as assess any delayed outflow issue. Soft stool was noted in the colon. Mucosal fogging was noted in the small intestine- potential for early lymphangiectasia.

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

- Mild microhepatica with minor remodeling
- Mucosal fogging in portions of the small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a fresh fecal smear and fecal floatation analysis. Bile acid profile is warranted, however, subjectively, the changes appear to be benign. The subnormal liver size may be a normal variant for this patient and not clinically significant, unless bile acids are elevated. Given the mucosal fogging and GI history, Purina HA or Royal Canin HP diet may be fruitful in this patient for long term management.



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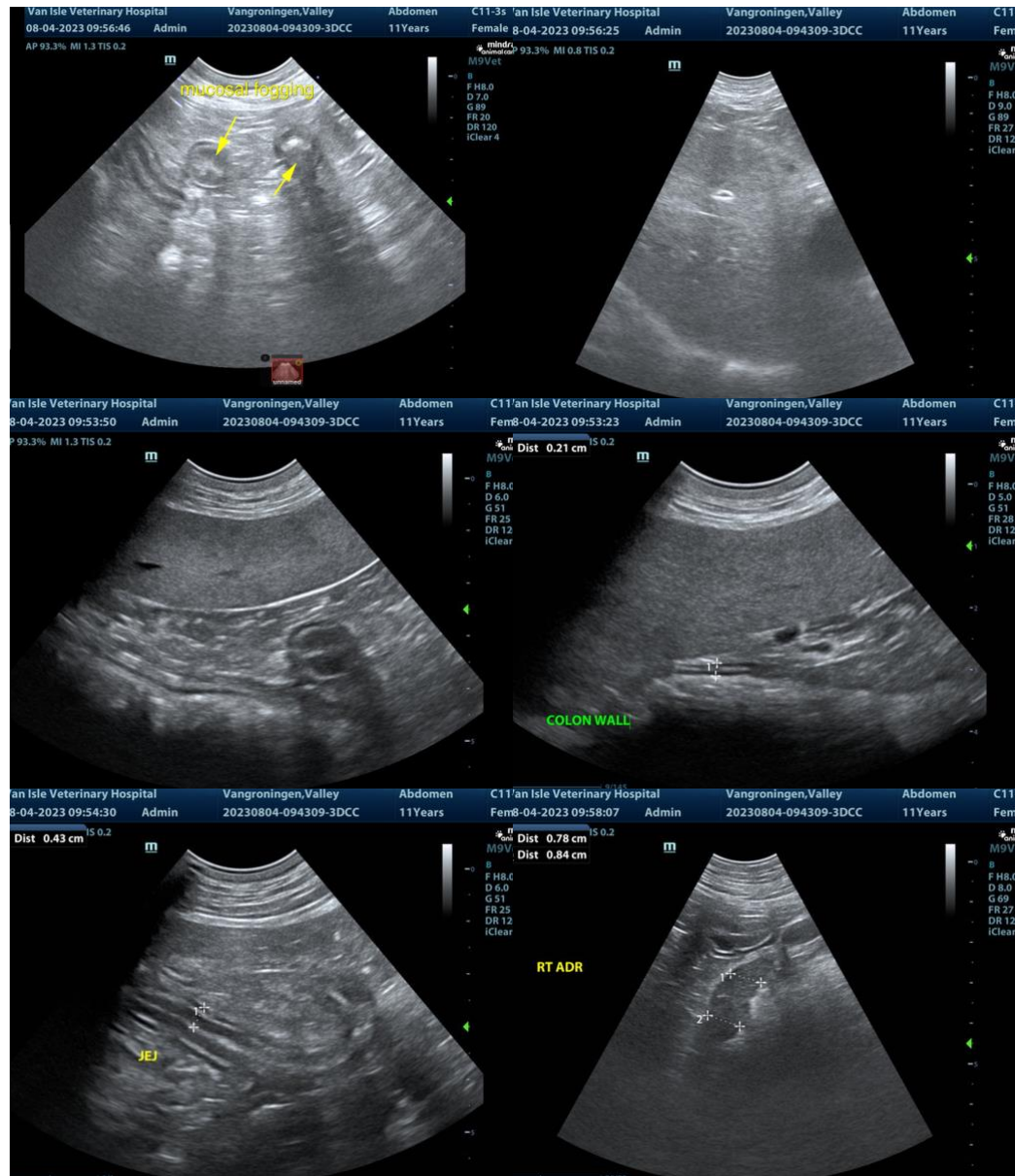
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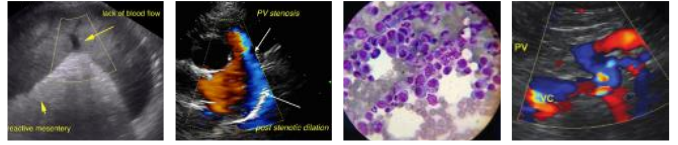


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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