

PATIENT PRESENTING CLINICAL SIGNS

Sky Montagna

History: Presented at our hospital for lethargy, off feed, painful in belly area, pressing head against walls. Uncomfortable, restless, not wanting to walk but not wanting to lay down either. Previous Health Concerns: Dental Disease Current Medications: Dasaquin discontinued carprofen back in July because of kidney values were off Appetite/When did they eat last: decreased appetite, ate yesterday Bloodwork: pO2 55.4; cSO2 92.6; pCO2 20.3; TCO2 7.532; Calcium Ionized 1.06; BUN 40; Creatinine 2.68; WBC 4.33; NEU 3.41; LYM 0.39; EOS 0.000; LYM 9.0 %; EOS 0.1 % Rads: mild abd effusion, mild plural effusion, spleen not very visible and pushed cranially, stomach pushed cranially, R cranially quadrant lack of detail.

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13 years

WEIGHT

29.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Moser

INVOICE

91031

DATE

8/7/21

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.12 cm. The right kidney measured 6.56 cm.

Adrenal Glands

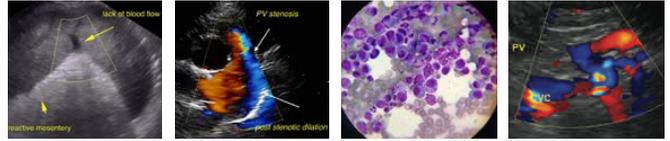
The left **adrenal gland** was uniform and measured 2.24 x 0.44 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland was not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. The liver was poorly visible owing to regional inflammation throughout the mid abdomen. Vascular and biliary tracts were of normal volume and no evidence of congestion was



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noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. An overt 3.0 cm intestinal mass was noted with other variable areas of small intestinal thickening. The visibility was poor owing to adhesions and reactive mesentery.

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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.

AGE

13 years

Free Abdomen

WEIGHT

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The mid cranial abdomen revealed extensive inflammation that is associated with small intestinal thickening with ill-defined loss of mural detail. Regional free fluid was noted along with peritonitis.

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ULTRASONOGRAPHIC FINDINGS

Intestinal neoplasia, complicated inflammatory bowel, small penetrating foreign body and bowel infarctions are all possible.

IMAGING PERFORMED BY

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Free fluid and peritonitis.

Age related changes elsewhere.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery. However, full resection may be difficult.

REFERRING VET

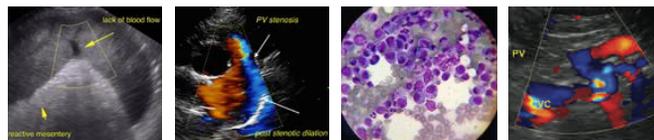
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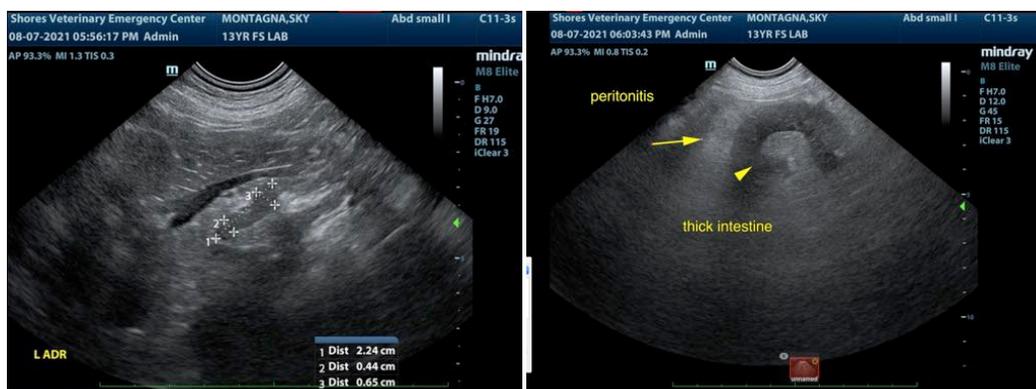
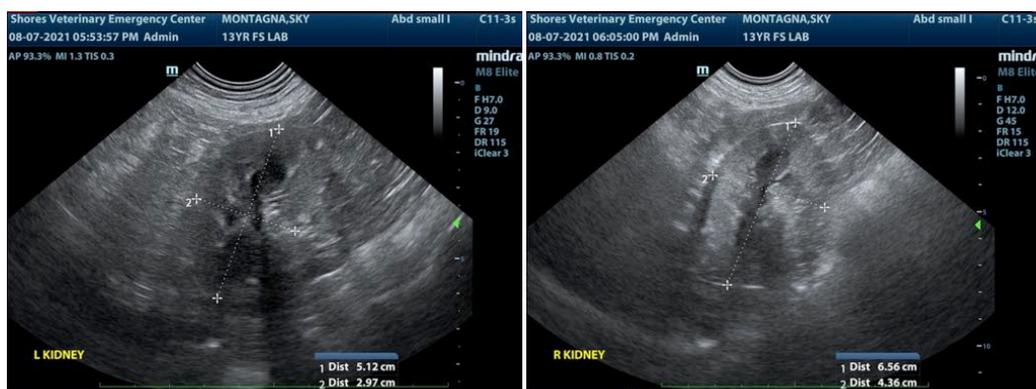
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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