



PATIENT

Lexie Shull

SPECIES

Canine

BREED

Papillon

SEX

Spayed Female

AGE

4 Years

WEIGHT

2.5 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Laura De Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. Laura De Cordon

INVOICE

16772

DATE

8/8/22

PRESENTING CLINICAL SIGNS

History: Lexie presented on 8/7/22 with a few week history of ADR and weight loss. Lexie's appetite has been intermittently decreased as well. She began vomiting and having diarrhea. Lexie was seen by her primary veterinarian last week and found to have elevated liver enzymes on blood work. On exam Lexie was dehydrated and had a very thin body condition. Lexie appeared slightly icteric (jaundiced) on exam.

Abnormal PE/Chem/CBC/UA Results: lyme + CBC: Leukocytosis, Neutrophilia, Anemia wbc of 49760 neutrophils 46790 HCT 22.1 platelets normal SNAP 4DX - faint lyme + Pcv 28 TS 7.2 Chem: BUN 39.5 ALB 2.1 BG 60 ALP >993 GGT 74 Tbili 1.0

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** presented a small calculus, measuring 3.0 mm with suspended debris, nonobstructive.

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 3.9 cm. The right kidney measured 4.8 cm.

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 0.91 cm x 0.2 cm.

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. 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.

Gastrointestinal

The **gastrointestinal tract** revealed variable intestinal thickening with reactive mesentery noted throughout the mid abdomen. Variable spastic bowel was noted with soft stool in the colon.

Pancreas



PATIENT

The **pancreas** revealed mixed echogenic changes and edema lines noted in the right limb.

Lexie Shull

ULTRASONOGRAPHIC FINDINGS

SPECIES

- Gastroenteritis/pancreatitis pattern with reactive mesentery
- Small calculus and suspended debris in the urinary bladder, nonobstructive

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

IV fluid support and plasma expanders indicated. Consideration for Leptospirosis is also indicated. Prognosis is guarded. Structurally, the liver appears unremarkable and indicative of an acute insult.

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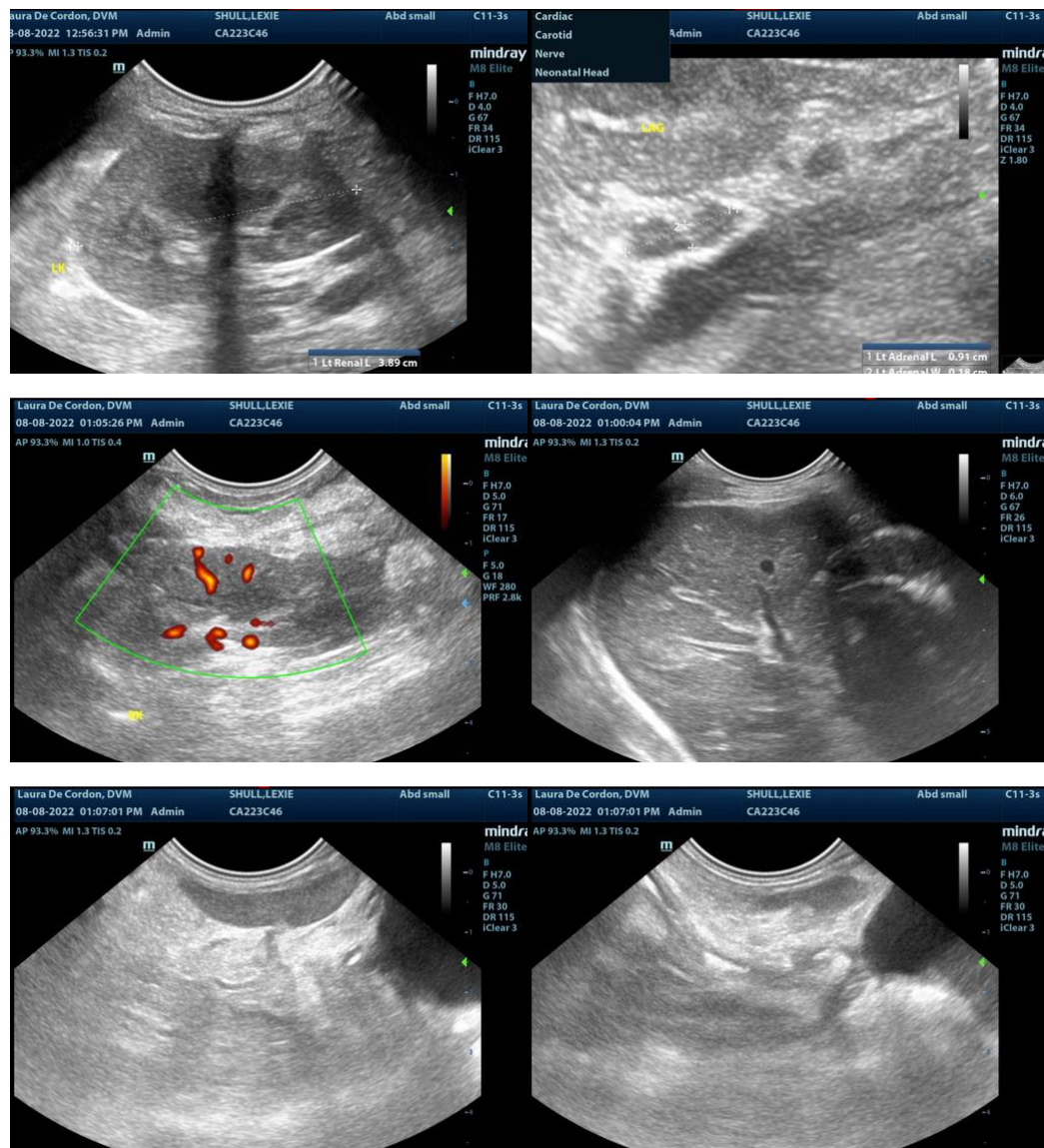
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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