



PATIENT PRESENTING CLINICAL SIGNS

Sammie Spencer

Presented for 1.5 week duration of anorexia. Refusing all food except for very tiny pieces of chicken. Drinking water. Vomited liquid 1-2 times daily last week, but no vomiting for the past several days. Pasty feces. Lethargic. Was coughing about a month ago, but not recently. Physical exam findings: dull/lethargic, dehydrated, grade 4 left systolic heart murmur, significant dental disease, weight loss. Current meds: Entyce administered this AM

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Neutrophilia (21.96, N=3-12); low albumin (2.5, N=2.5-4.4), total protein (4.2, N=5.4-8.2), and globulins (1.7, N=2.3-5.2); elevated amylase (1581, N=200-1200), hypocalcemia (7.4, N=8.6-11.8), hyponatremia (136, N=138-160), hypokalemia (3.2, N=3.7-5.8).

BREED

Miniature Poodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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. A cystourethral polyp was noted measuring 5.0 mm. Ureteral papillae were normal. The residual prostate was uniform at 1.35 cm.

AGE

11 Years

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight hyperechoic medullary rim sign noted. The right kidney measured 3.62 cm. The left kidney measured 3.05 cm.

WEIGHT

8 Pounds

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

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 right adrenal gland measured 1.19 cm x 0.4 cm at the cranial pole and 0.33 cm at the caudal pole. The left adrenal gland measured 1.14 cm x 0.32 cm at the caudal pole and 0.34 cm at the cranial pole.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen measured 0.4 cm. in width.

HOSPITAL NAME

Q Street AH

Liver

The **liver** was diffusely hyperechoic to falciform fat. Slight coarse architecture noted, non-specific. The gallbladder and common bile duct were unremarkable.

REFERRING VET

Dr. Cone

Gastrointestinal

The **stomach** itself was unremarkable. The intestine revealed areas of mucosal fogging. However, an infiltrative mass was noted in the area of the jejunum with spastic bowel and reactive surrounding mesentery. Variable small intestinal thickening noted. Localized free fluid noted associated with variable areas of intestinal thickening, and hyperechoic adhesions associated with more prominent pathological bowel. Soft stool noted in the colon. Slight regional lymphadenopathy noted.

DATE

9/10/21

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PATIENT *Pancreas*

Sammie Spencer The **pancreas** was hypoechoic and irregular with enhanced surrounding mesentery, consistent with pancreatitis.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

Canine

- Intestinal mass with lymphangiectasia pattern elsewhere in the GI – possibly non-neoplastic granulomatous lesion, acute on chronic inflammatory bowel with regional peritonitis, inflammatory bowel with focal round cell neoplasia, inflammatory bowel with bowel infraction or regional intestinal necrosis all possible Protein losing enteropathy likely.

BREED

Miniature Poodle

- Concurrent pancreatitis
- Slight regional lymphadenopathy
- Volume contracted spleen

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 Years

Ideally, full thickness intestinal biopsies would be performed in the region of adhesions and enhanced mesentery, ideally guided by intraoperative ultrasound for full delineation. However, variable areas of intestinal thickening and pathology noted throughout the small intestine. Lymph node biopsy, full thickness intestinal biopsies, and resection of the thickest portion of bowel/mass recommended. However, the vast majority of the intestinal tract appears diseased.

WEIGHT

8 Pounds

Ultrasound guided FNA would likely not be definitively diagnostic. There is a possibility of bowel infarction given the jejunal intestinal pattern and reactive surrounding mesentery. Prognosis is extremely guarded. 48 hour IV fluid protocol, broad-spectrum antibiotics, plasma expanders, and pain management can all be considered and recheck sonogram. However, surgical intervention is still likely necessary. Hydration status should be evaluated in this patient.

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IMAGING PERFORMED BY

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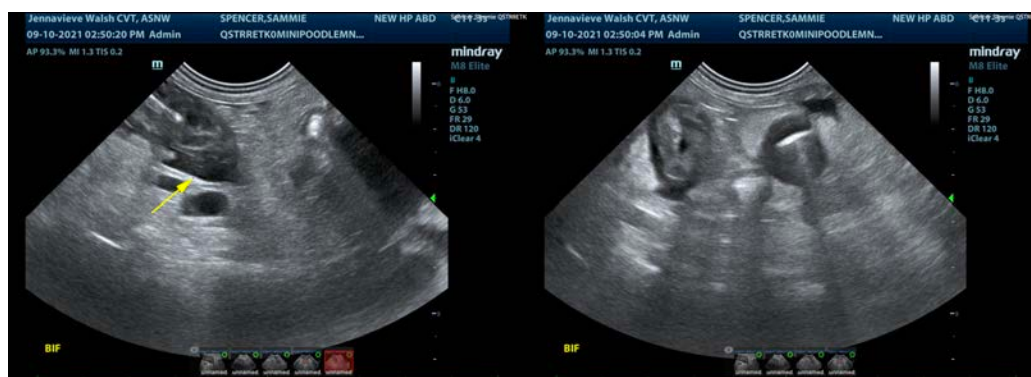
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PATIENT

Sammie Spencer

SPECIES

Canine

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Miniature Poodle

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Neutered Male

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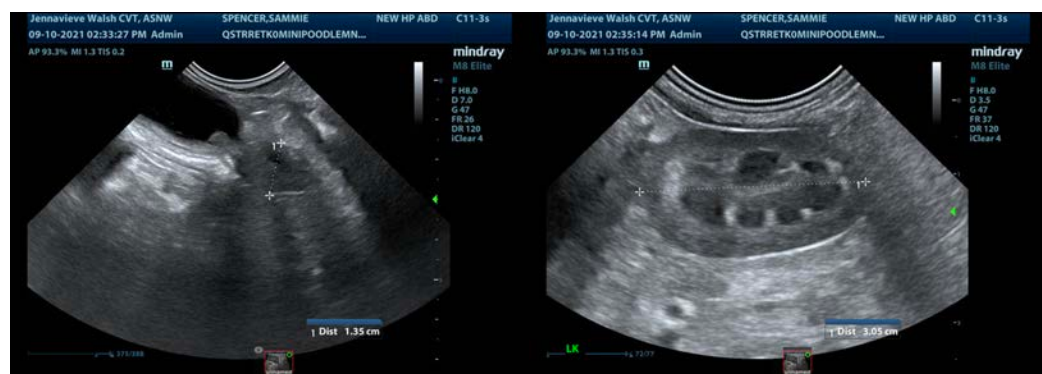
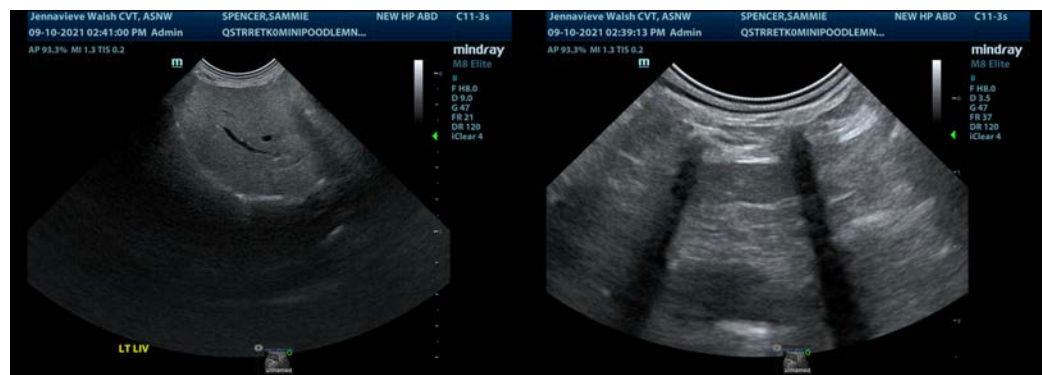
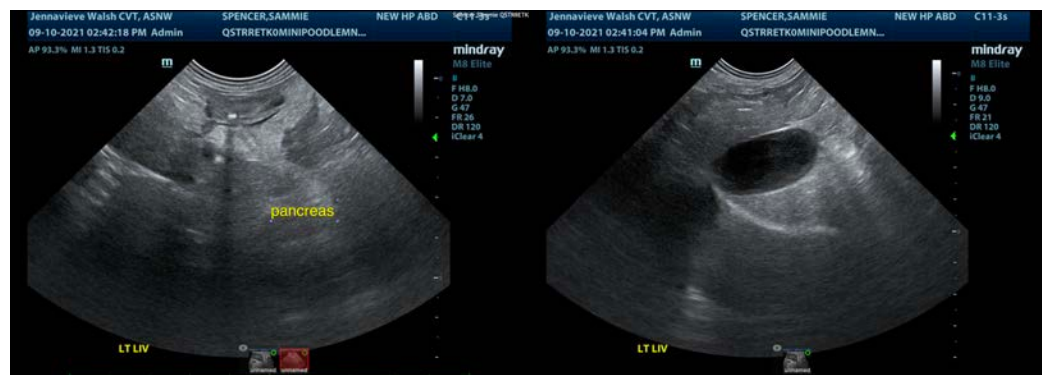
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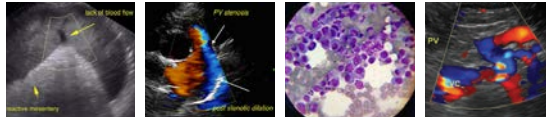
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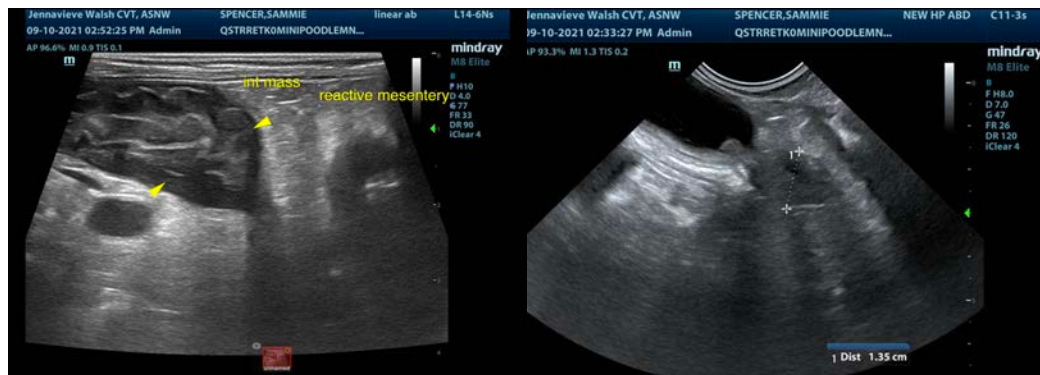
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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