



PATIENT PRESENTING CLINICAL SIGNS

Lacy Milligan

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

9 years

WEIGHT

38.7 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Kivircik

HOSPITAL NAME

Kings VH

REFERRING VET

Dr. Puthoff

INVOICE

91894

DATE

9/16/21

History: Lacy presents today for gastrointestinal concerns. Lacy vomited a couple times in the early morning hours (between 3 & 6 am Wednesday - yesterday). There was a lot of fluid in the vomit along with bits and pieces of her CET Enzymatic chew she had Tuesday night. Her food was withheld Wednesday morning feeding. Once she thought she was feeling better, Helen offered a 1/2 portion of food. She then vomited it within a half hour. A few hours passed and she seemed less lethargic. Food was withheld but she was offered water as she seemed very thirsty. She has vomited water three times since - this happens within five minutes of her drinking and it's just water. She is once again pretty lethargic. During the symptoms described above, she has done some stretching (praying position) as she did a month ago. About a half hour ago (4 am Thursday) I gave her 100 mg Gabapentin for pain. However, I'm sure she probably vomited it up with the water shortly after. Lacy had a normal bowel movement Wednesday morning but due to not eating they are dwindling. Her stools have been like soft serve ice cream, amber tinted. Ever since she had tummy problems post cicada eating and Dr. Buss treated her, about a month ago, it seems bowel movements have been difficult for her. Meaning that it takes her "forever" to poop when she needs to go. She paces A LOT before actually pooping. For the past three weeks she has been eating Nutro Ultra Adult dog food. O is not aware of anything Lacy could have gotten into. About 5 days ago, the pet walker said she ate a graham cracker outside, but other than that, Lacy is always on a leash and never out and about on her own to get into anything unsupervised.

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 right kidney measured 5.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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 was noted.



PATIENT

Liver

Lacy Milligan

The **liver** revealed slightly increased portal markings with coarse architecture. The liver was normal in size. The gallbladder was slightly thickened with minor polypoid changes. This is subjectively benign.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

SEX

Spayed Female

Pancreas

The **pancreas** revealed heterogenous parenchymal changes at the base of the left limb. This is consistent with remodeling, possible low-grade inflammation.

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9 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

38.7 lbs

Structurally unremarkable gastrointestinal tract.

Low-grade chronic active pancreatitis is suspected.

Hepatic remodeling. History of cholangitis is likely.

Thickened gallbladder with minor polypoid changes.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of neoplasia. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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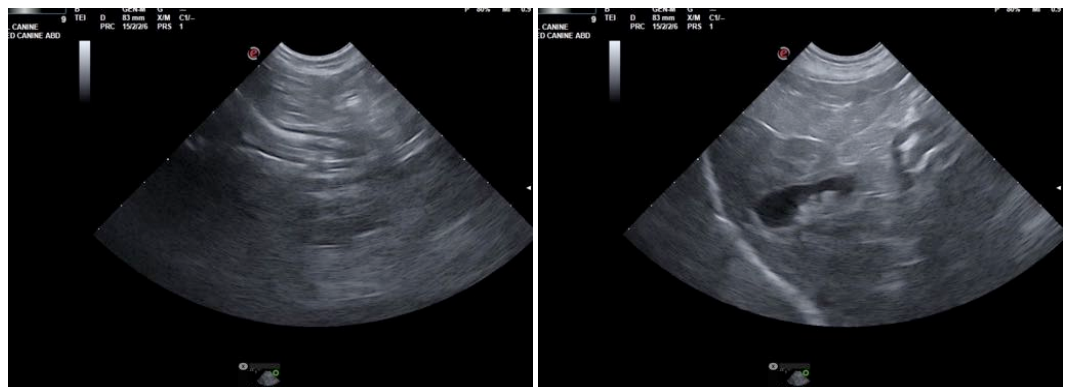
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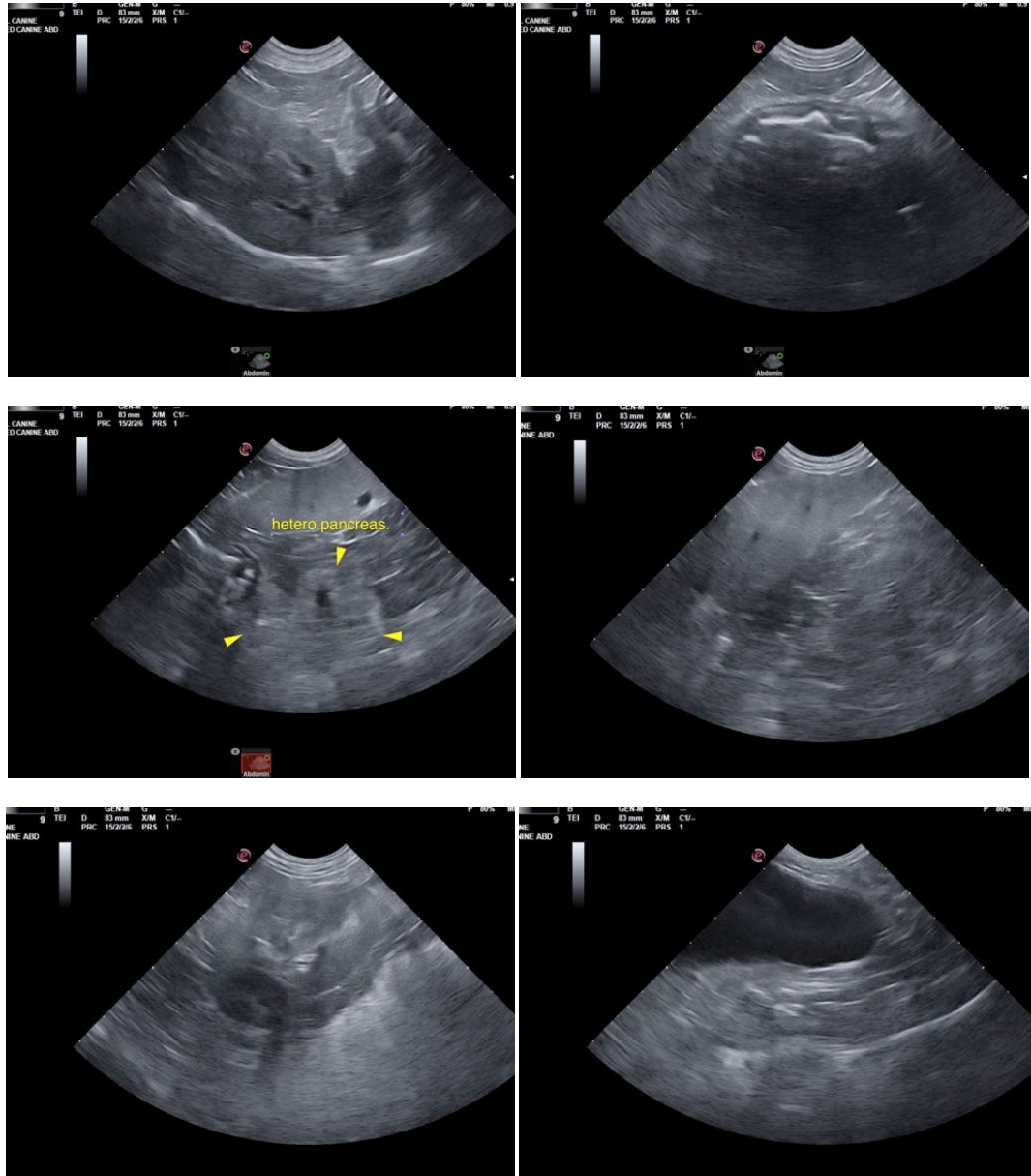
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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