



**PATIENT**

Shelby Maldonado

**PRESENTING CLINICAL SIGNS**

PU/PD, vomiting with diarrhea, anorexia.

WBC 23.4, creatinine 1.8

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

Wheaton

**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.

**SEX**

Female

The uterus was normal and uniform with an empty lumen. The uterus measured 1.0 cm in thickness. The regions of the ovaries were unremarkable.

**AGE**

8 years

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 5.64 cm. The right kidney measured 6.01 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 right adrenal gland measured 1.82 x 0.93 cm at the caudal pole and 0.6 cm at the cranial pole.

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
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**HOSPITAL NAME**

Andover AH

**Spleen**

The **spleen** revealed a 1.7 cm hypoechoic nodule in the mid body.

**REFERRING VET**

Dr. Parker

**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.

**INVOICE**

91874

**DATE**

9/21/21

**Gastrointestinal**

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

**Pancreas**

Canine

The right limb of the **pancreas** was heterogenous with mixed echogenic changes. Pain upon imaging and positive Murphy's sign was noted. The remainder of the pancreas was unremarkable.

**BREED**

Wheaton

**ULTRASONOGRAPHIC FINDINGS**

Minor right limb pancreatitis.

**SEX**

Female

Undefined splenic nodule. Round cell neoplasia, hyperplasia and hemangiosarcoma are all possible.

**AGE**

8 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA or direct splenectomy at the time of ovariohysterectomy is recommended. Clinical support with the following empirical protocol may prove effective.

**Helicobacter/Gastritis protocol**

A clinical trial of **Zithromax** (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment), **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Sucralfate** (0.5-2 g/dog PO) and **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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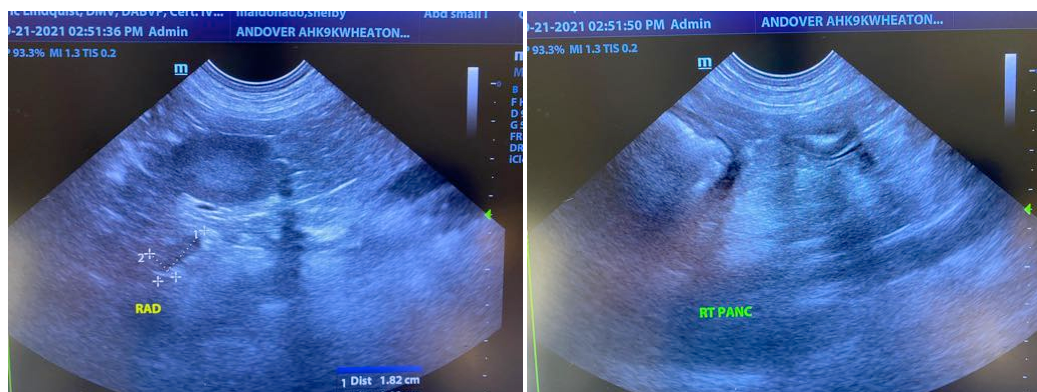
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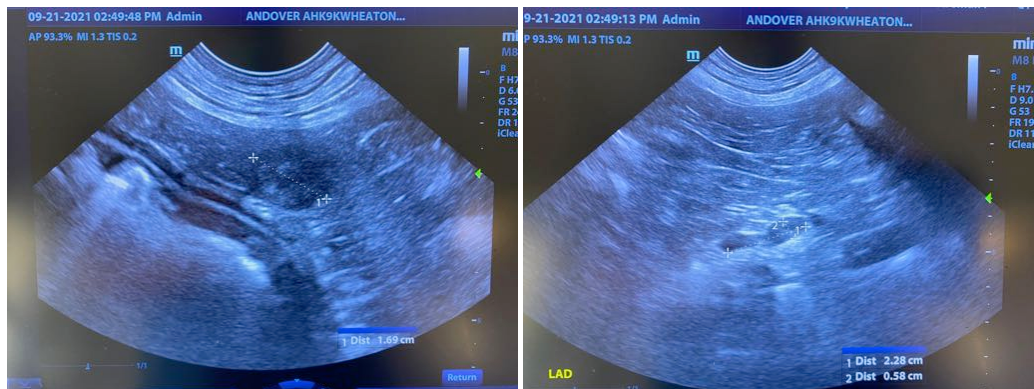
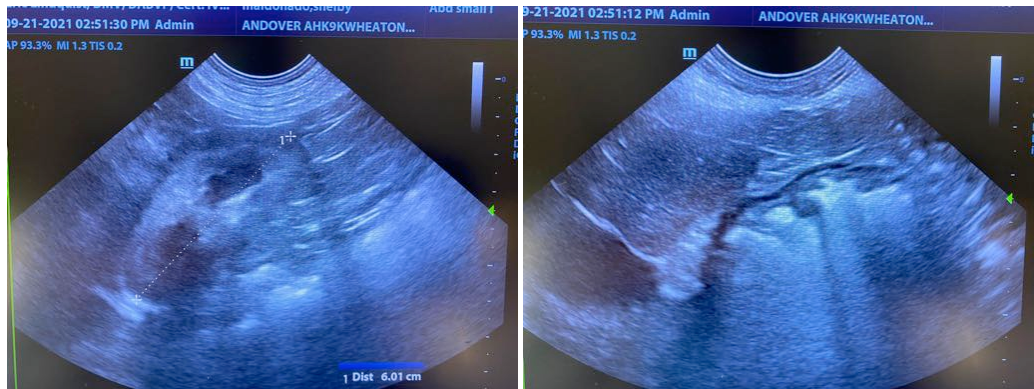
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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