

PATIENT

Shelby Conner

SPECIES

Canine

BREED

Cavachon

SEX

Spayed Female

AGE

2 Years 2 Months

WEIGHT

23.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Hallihan

INVOICE

17222

DATE

9/9/22

PRESENTING CLINICAL SIGNS

History: Vomiting and anorexia.

Abnormal PE/Chem/CBC/UA Results: Mild monocytosis, platelets sl. low but clumped and adequate, all else wnl.

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 were noted. Ureteral papillae were normal.

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 right kidney measured 4.15 cm. The left kidney measured 4.19 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 1.41 cm x 0.29 cm at the cranial pole and 0.28 cm at the caudal pole. The right adrenal gland measured 1.38 cm x 0.74 cm at the cranial pole and 0.45 cm at the caudal pole.

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 **upper gastrointestinal tract** was empty and unremarkable. Soft stool was noted in the cecum. A slight linear structure was present in the cecum, this does not appear obstructive. It may represent grass or similar. Colonic wall thickening is also present.

Pancreas


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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.

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Free Abdomen

The mesenteric and other **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia. An example of lymph node size measured up to 3.73 cm x 0.83 cm.

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Cavachon

ULTRASONOGRAPHIC FINDINGS

- Enterocolitis/Lymphadenitis pattern

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, dietary intolerance, occult parasitism, enterotoxins are all possible. Transiting foreign matter is possible, however, any shadowing material appears to be in the cecum and colon. 24-hour NPO, IV fluid support, antiparasitic protocol and fecal test are all indicated. Ultrasound guided mesenteric lymph node FNA, cytology and culture could be considered for further definition. If clinical signs are persisting over the next 24-48 hours, then recheck sonogram is indicated.

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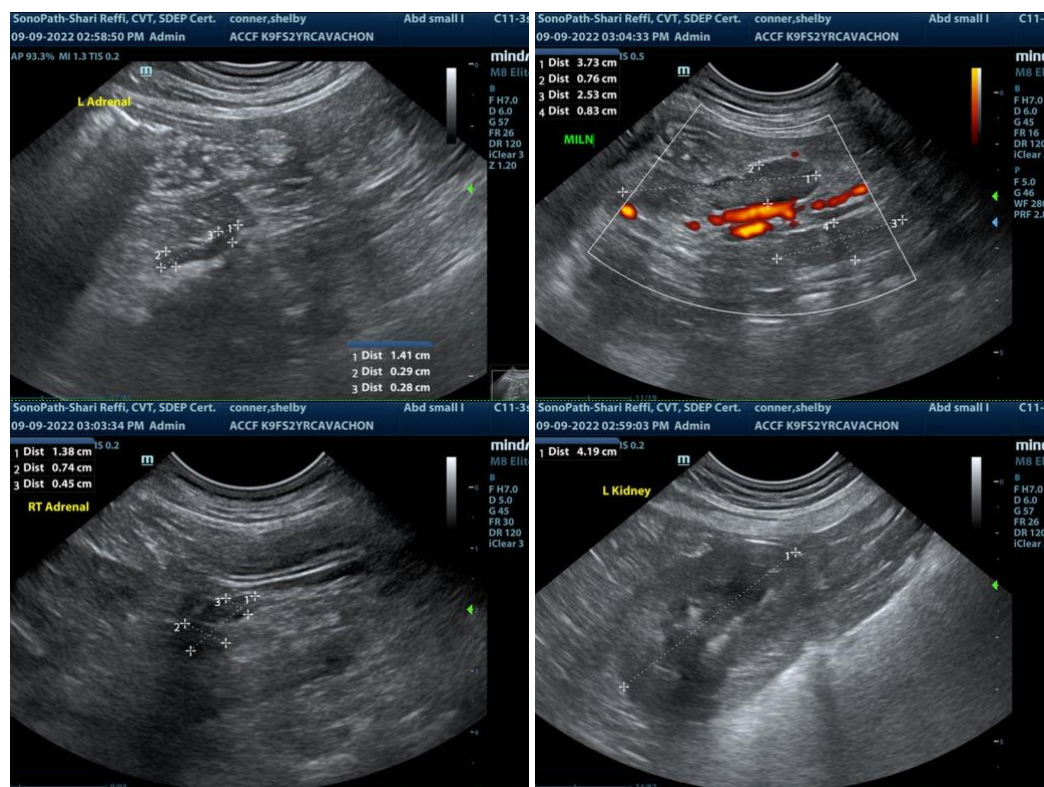
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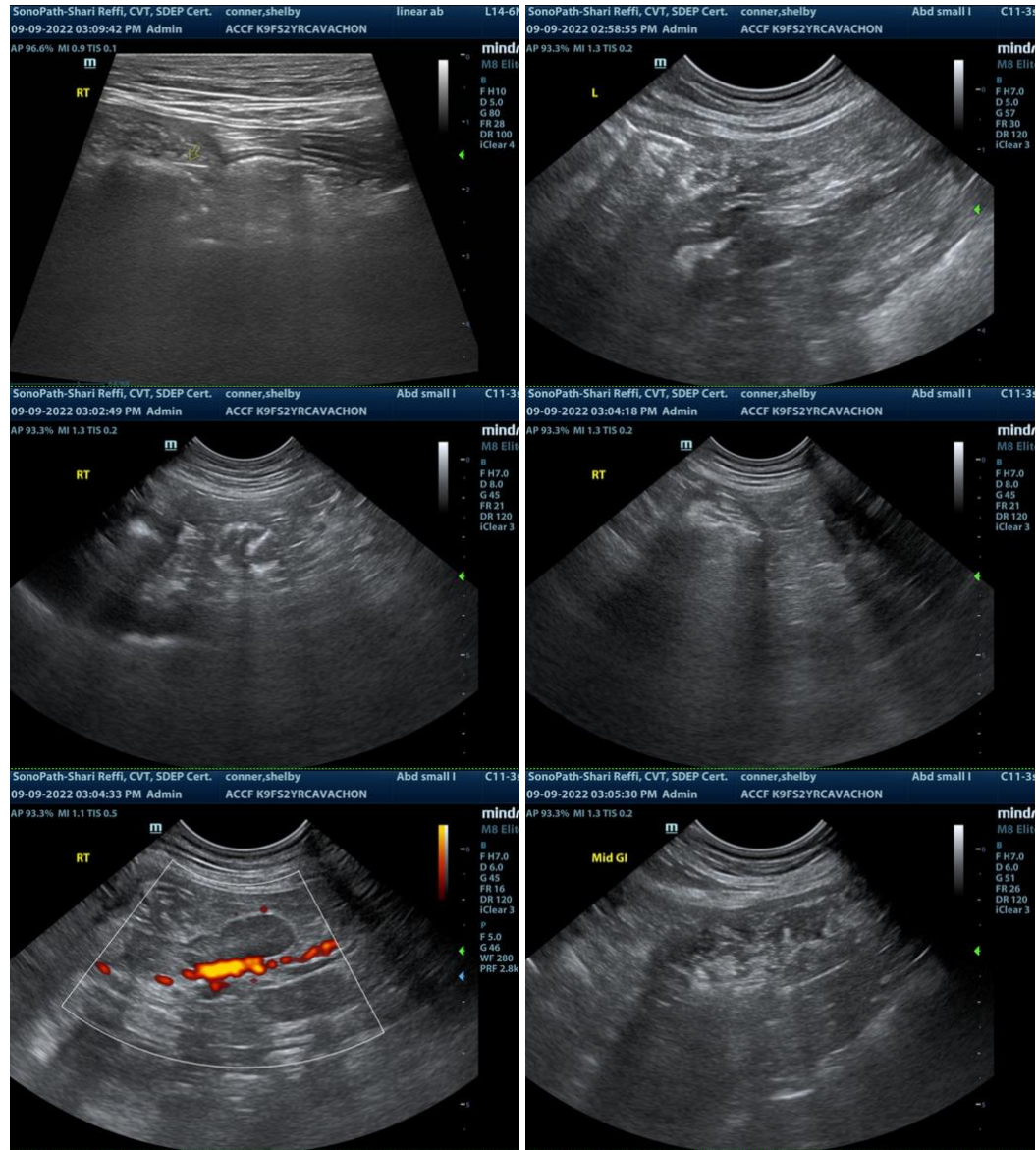
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, CEO of SonoPath.com
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