



PATIENT

Tillie Cox

SPECIES

Canine

BREED

Corgi

SEX

Spayed Female

AGE

11 years

WEIGHT

31 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Countryside AC

REFERRING VET

Dr. Cox

DATE

1/11/22

Invoice
95122

PRESENTING CLINICAL SIGNS

Lethargic, panting, vomiting, mild painful abdomen, low grade fever, inappetence
Abnormal PE/Chem/CBC/UA Results: Current Medications Cefazolin, Cerenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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 left kidney measured 5.83 cm. The right kidney measured 6.75 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 right adrenal gland measured 1.97 x 1.39 cm at the cranial pole and 0.61 cm at the caudal pole. The left adrenal gland measured 2.38 x 0.48 cm at the cranial pole and 0.9 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 was noted.

Liver

The **liver** revealed heterogenous parenchymal changes with swollen, irregular contour. Mildly increased portal markings were noted. The gallbladder was particularly small. Comet tail lung pattern was noted through the lung fields. Enhanced mesentery was noted around the liver.



PATIENT *Gastrointestinal*

Tillie Cox Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The duodenum was mildly spastic and edematous. The iliac lymph nodes are mildly enlarged and hypoechoic. The largest of which measured 0.8 cm and was rounded.

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Pancreas

The right limb of the **pancreas** was heterogenous, hypoechoic and irregular.

ULTRASONOGRAPHIC FINDINGS

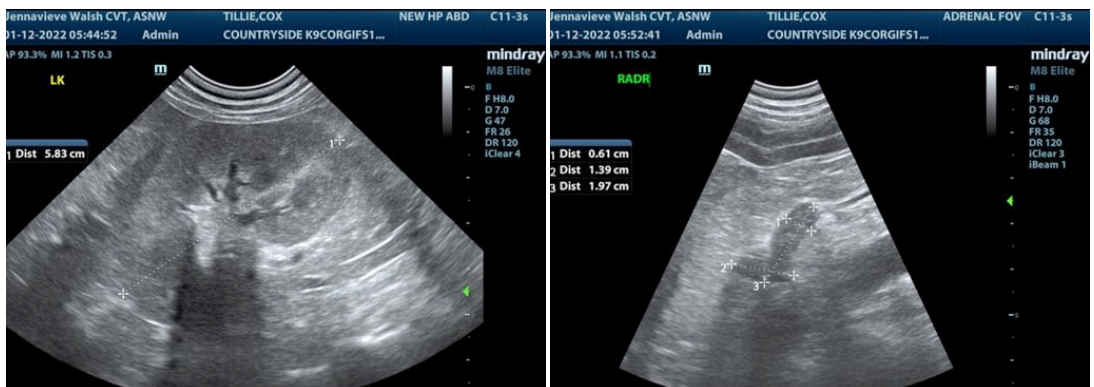
Pancreatitis.

Gastroenteritis.

Cholangiohepatitis liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for liver enzyme elevations is warranted. There was no overt evidence of neoplasia. If liver enzyme elevations are present then leptospirosis titers are indicated. GI protectants, IV fluid support, Ampicillin and Metronidazole or similar combination is recommended with reassessment of the clinical signs.





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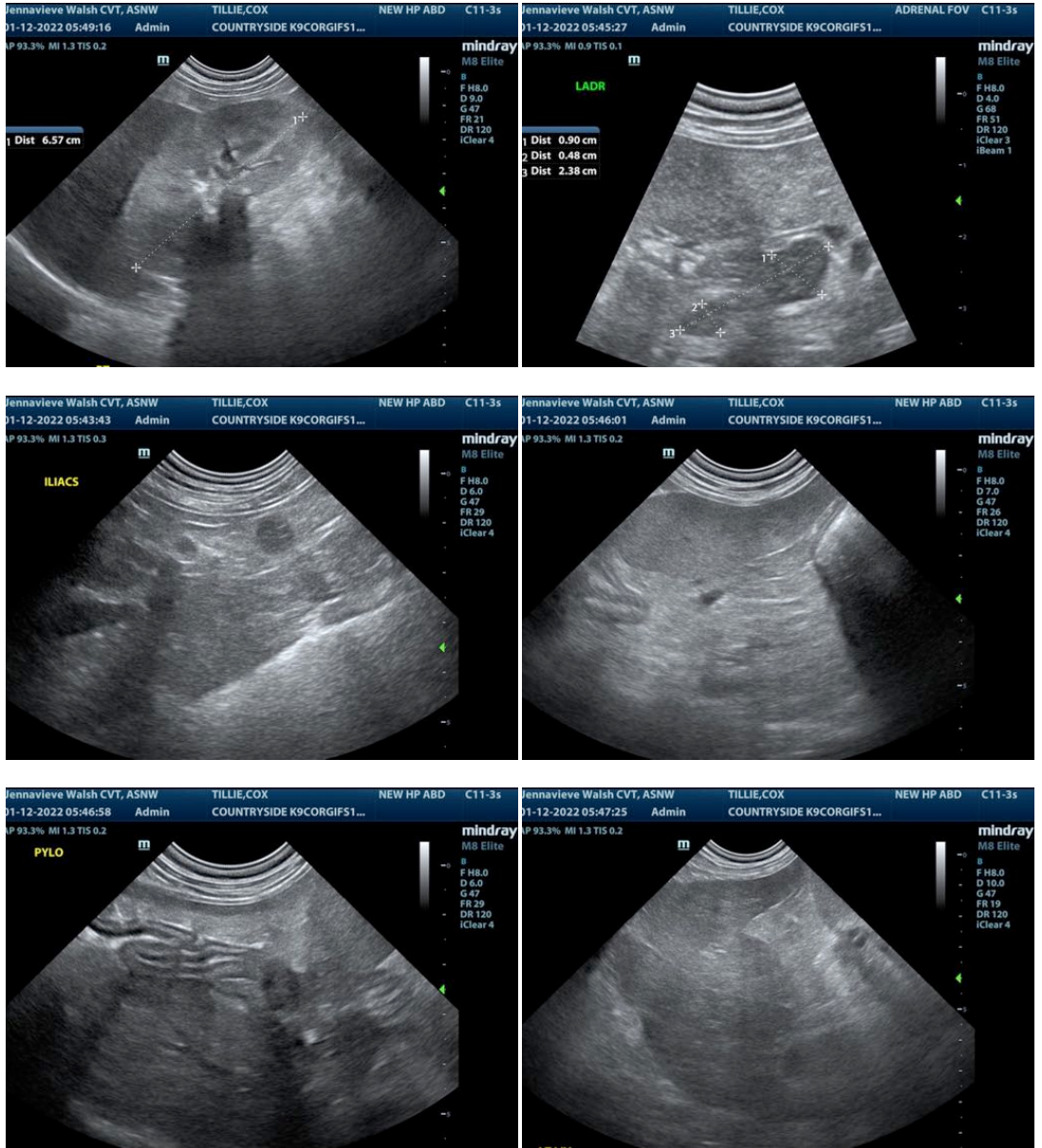
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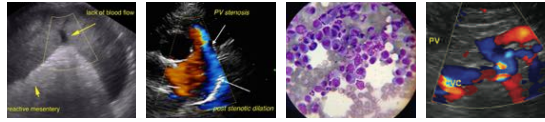
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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