



PATIENT

Casey Goree

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

10 years

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Salem AC

REFERRING VET

Dr. Crane

DATE

11/16/21

Invoice
93149

PRESENTING CLINICAL SIGNS

History: Hemorrhagic diarrhea, decreased appetite, low Na/K ratio, resting cortisol <2 r/o Addison's vs gastroenteritis 1. Hemorrhagic diarrhea - improving 2. Decreased appetite
Abnormal PE/Chem/CBC/UA Results: hx of low Na/K ratio, Hyperkalemia 8 - K normal today

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 6.61 cm. The left kidney measured 6.06 cm.

Adrenal Glands

The **adrenal glands** are slightly prominent. The left adrenal gland measured 2.53 x 0.59 cm at the cranial pole and 0.61 cm at the caudal pole. The right adrenal gland measured 2.51 x 1.53 cm at the cranial pole and 0.68 cm at the caudal pole.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Occasional, hypoechoic, non-disruptive nodule was noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is



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consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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Gastrointestinal

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The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. There was mild hypertrophy noted in the pyloric outflow, yet there was no loss of mural detail. No obvious neoplastic patterns were noted and luminal content as unremarkable.

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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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ULTRASONOGRAPHIC FINDINGS

WEIGHT

Geriatric abdomen.

60 lbs

Benign hepatopathy.

Minor intestinal thickening without loss of mural detail.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of specific disease process. Supportive care for GI upset should prove effective. Likely chronic inflammatory bowel, occult parasitism and food intolerance is all possible. There was no evidence of significant disease. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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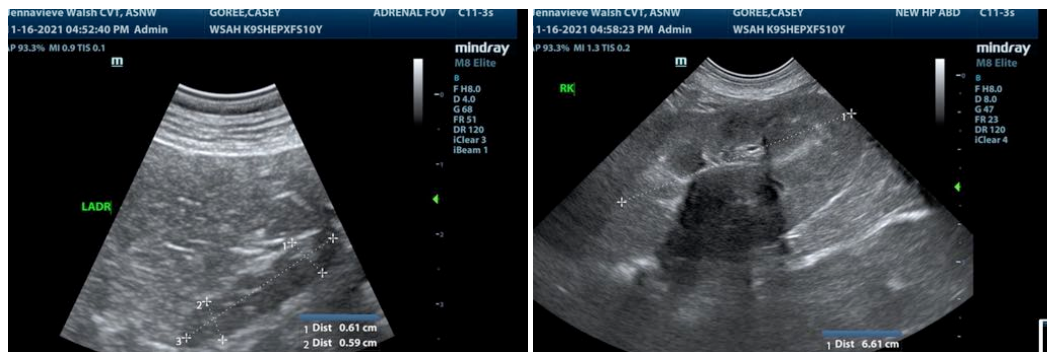
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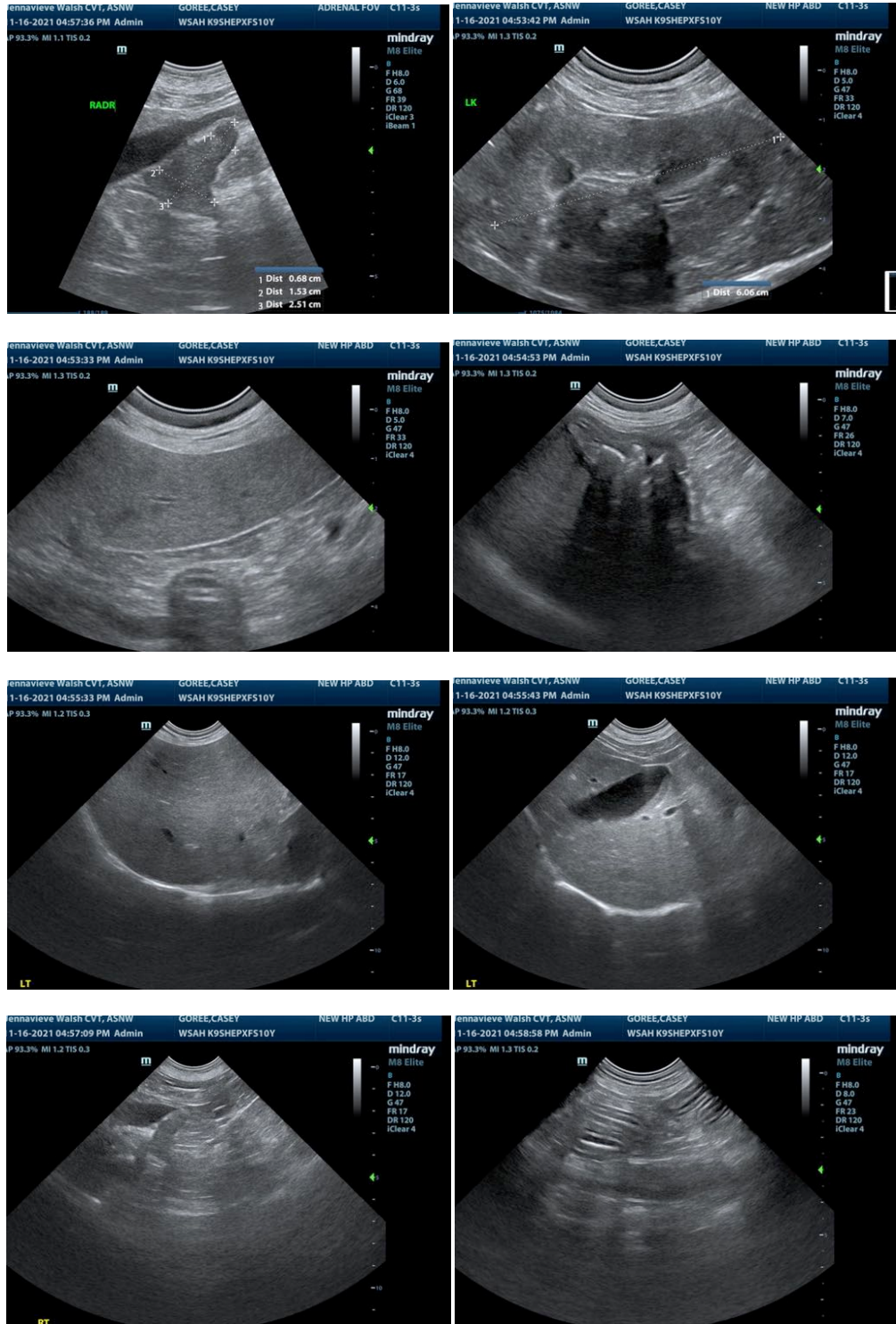
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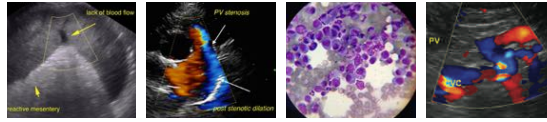
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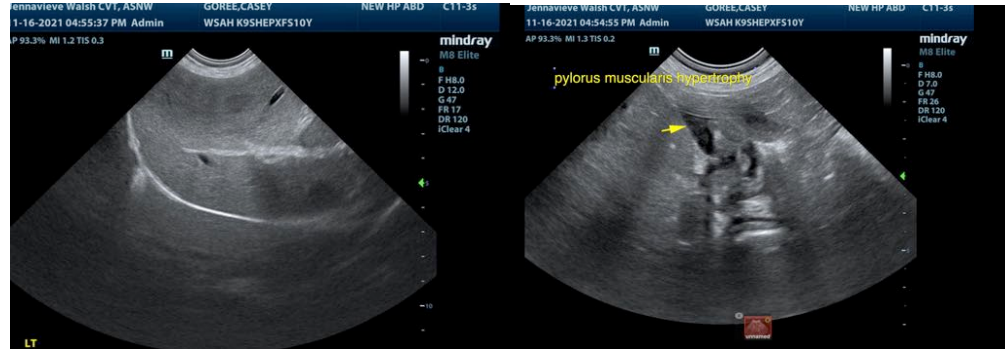
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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