



PATIENT

Shooter Burns

SPECIES

Canine

BREED

Australian Shepherd

SEX

Neutered male

AGE

9 years

WEIGHT

28 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Valeryia Shumskaya

HOSPITAL NAME

Allendale VH

REFERRING VET

Dr. Raum

INVOICE

43645

DATE

3/30/23

PRESENTING CLINICAL SIGNS

History: Chronic vomiting + anemia Current meds: Prilosec 20mg BID/Sucralfate 500mg BID/Cerenia/Simparica Trio

Abnormal PE/Chem/CBC/UA Results: RBC 3.6, HGB 9, Retics 1.6, MCHC 40, NRBC 2, PSL 244, Triglyc 244, T4 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 was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 0.82 cm.

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 4.63 cm. The right kidney measured 4.57 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 1.62 x 0.5 cm at the cranial pole and 0.39 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** 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.



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Gastrointestinal

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The **gastrointestinal** revealed diffuse intestinal thickening with intact, but thickened submucosal layer and uniform muscularis hypertrophy. The intestinal lumen was empty; however, some gastric stasis was present with gas and chyme. There was no evidence of foreign body. There was no overt neoplastic criteria present. This is consistent with chronic inflammatory bowel potentially related to parasitic disease.

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Pancreas

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The **pancreas** was prominent and **hypoechoic with** mild, undulating contour.

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ULTRASONOGRAPHIC FINDINGS

Diffuse inflammatory bowel presentation with potential low-grade pancreatitis.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal test and diet change to a hydrolyzed diet is recommended. Full thickness gastrointestinal biopsies would be ideal in this patient for long term management, but would necessitate surgical approach. Otherwise, endoscopy can be considered with duodenal and gastric biopsies. However, the majority of the pathology appears to be more distal. Low-grade inflammation is possible. Anemia may be owing to GI blood loss. Sampling is strongly encouraged. I cannot rule out that this GI Presentation remains a pre neoplastic state.

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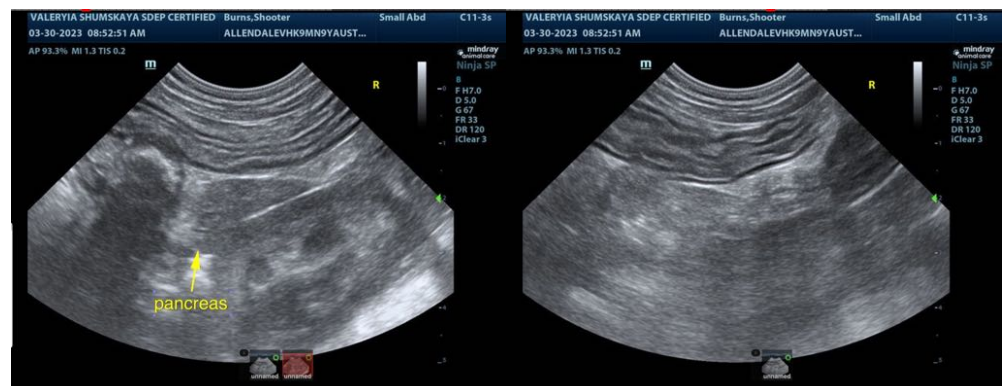
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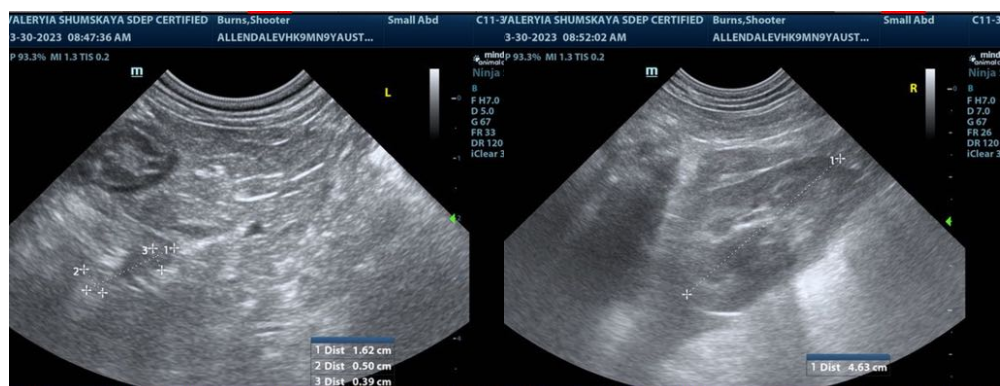
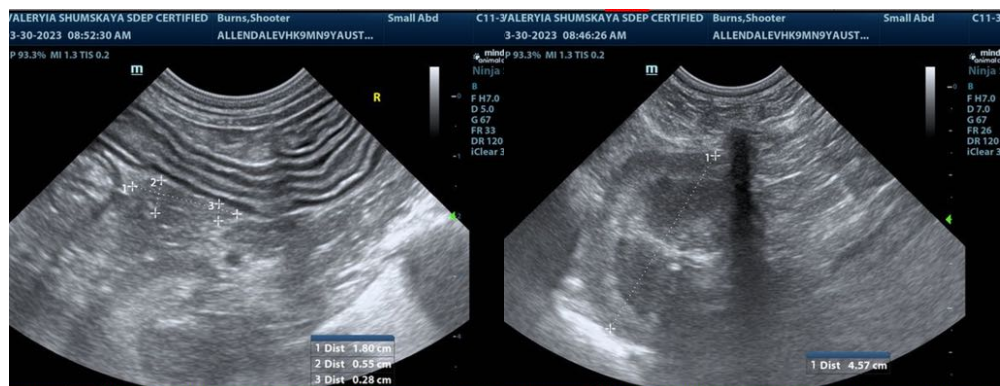
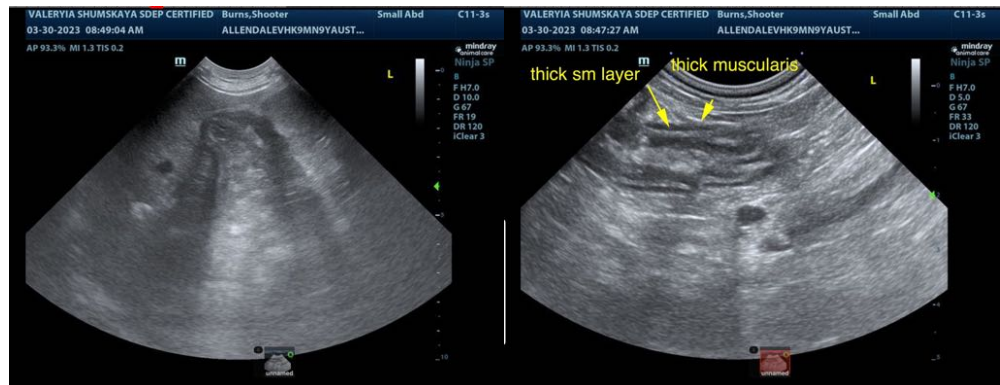
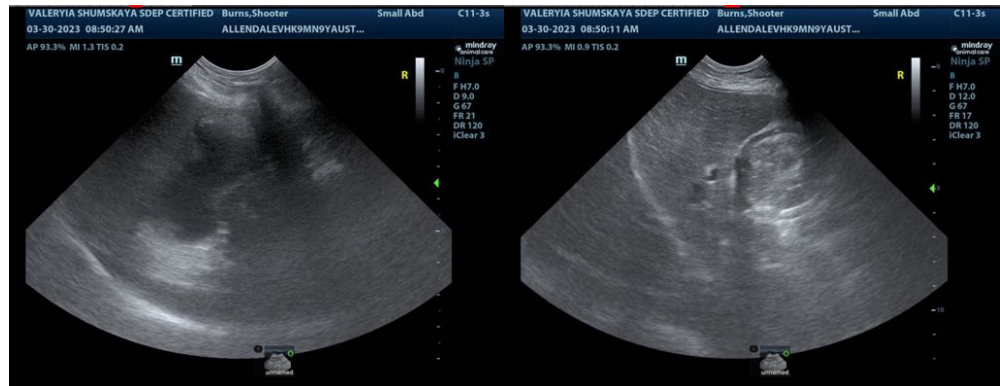
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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