

PATIENT

Rupert Scheuerer

PRESENTING CLINICAL SIGNS

History: thrombocytopenia, elevated Ca
Platelets 8, Ca 12.0

SPECIES

Canine

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.

BREED

Mix

The **kidneys** presented mild, irregular contour and ill-defined corticomedullary definition. Slight granular appearance was noted with micronodular renal cortical appearance. This may be an age related change. However, given the patient's history emerging neoplastic process is possible. If present then it would be at an early stage. The left kidney measured 7.24 cm. The right kidney measured 8.12 cm.

SEX

Neutered male

AGE

9 years

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 3.65 x 1.04 cm at the cranial pole and 0.79 cm at the caudal pole. The left adrenal gland measured 3.19 x 0.71 cm at the caudal pole and 0.54 cm at the cranial pole.

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** was mildly enlarged with hypoechoic, granular appearance.

IMAGING PERFORMED BY

Diane McFadden, RVT

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

HOSPITAL NAME

Blairstown AH

REFERRING VET

Dr. Clegg

Gastrointestinal

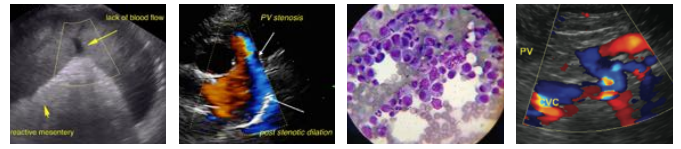
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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

DATE

8/10/23



PATIENT *Pancreas*

Rupert Scheuerer

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.

SPECIES

Canine

Free Abdomen

BREED

Mix

Slight free fluid was noted between the spleen and liver. The cause is unclear. This may be owing to the cranial splenic fold.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Mildly heterogenous splenic and renal changes.

Slight free fluid.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of hypercalcemia is not overtly evident. However, underlying emerging neoplasia cannot be ruled out. Sampling is not possible given the thrombocytopenia, at least 70,000 platelets would be necessary. Plasma transfusion may be appropriate. Chest radiographs, anal gland palpation, spinal radiographs and hypercalcemia panel are all warranted. Recheck sonogram is recommended in 10-14 days to assess if any emerging pathology is more evident in the abdomen.

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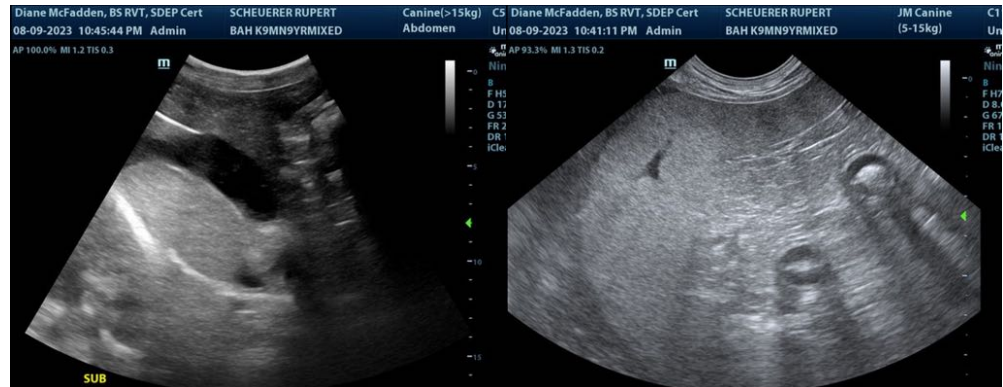
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PATIENT

Rupert Scheuerer

SPECIES

Canine

BREED

Mix

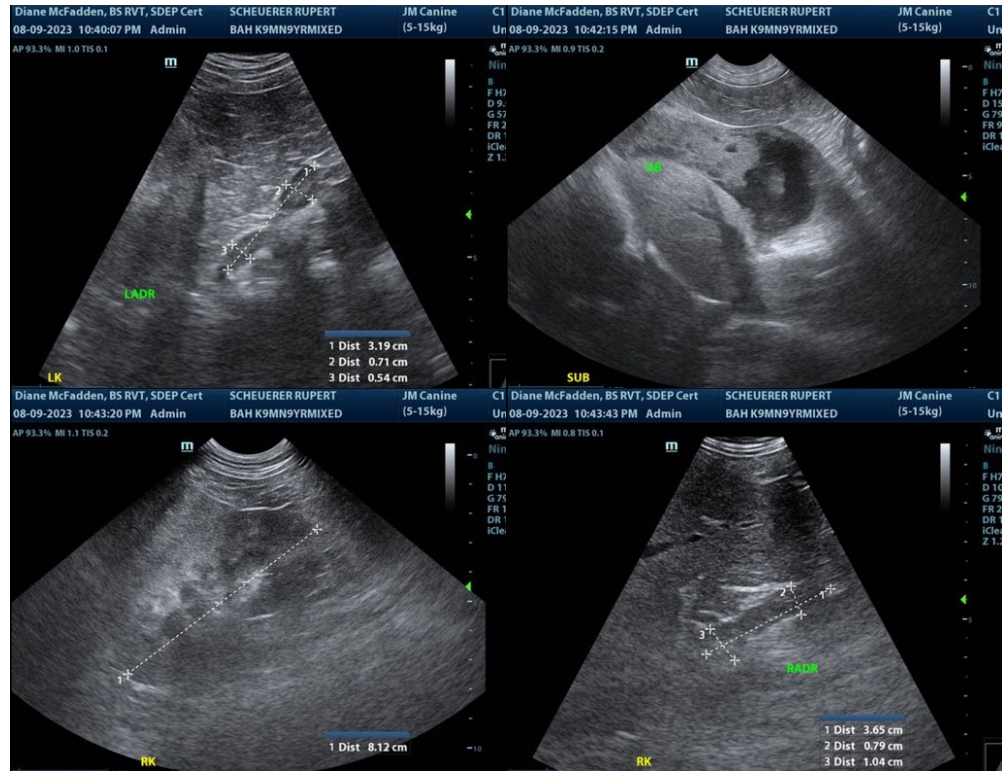
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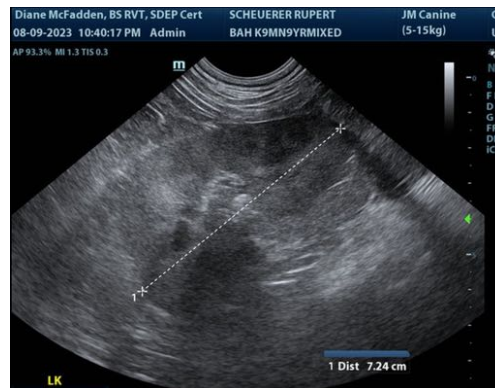
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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