



PATIENT PRESENTING CLINICAL SIGNS

Stella Moore pancreatitis, incontinence. gabapentin 100mg BID, cerenia 24mg SID. Cause of anemia?
Abnormal PE/Chem/CBC/UA Results: anemia (will send copy to Kelly) u/a first morning s.g. 1.010 -
bloodwork attached. Hct 31.9, BUN mildly elevated.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Cocker Spaniel

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 pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

SEX

Spayed Female

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 his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney measured 4.45 cm. The right kidney measured 5.52 cm with minor pyelectasia. Slight cortical infarct in the dorsal cortex of the right kidney also noted.

AGE

13.5 Years

Adrenal Glands

WEIGHT

13 kg

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 2.05 cm x 1.31 cm at the cranial pole and 0.89 cm at the caudal pole. The left adrenal gland measured 1.8 cm x 0.58 cm at the caudal pole and 0.68 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Crystal Hill

Liver

HOSPITAL NAME

Buck Animal Hospital

Minor heterogeneous **hepatic** changes noted. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

REFERRING VET

Dr. Galbraith

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The GI was empty. 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.

INVOICE

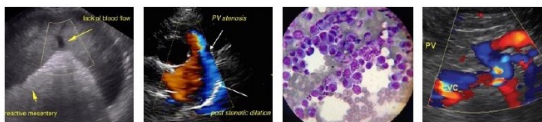
36682

Pancreas

DATE

4/1/22

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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REFERRING VET

Dr. Galbraith

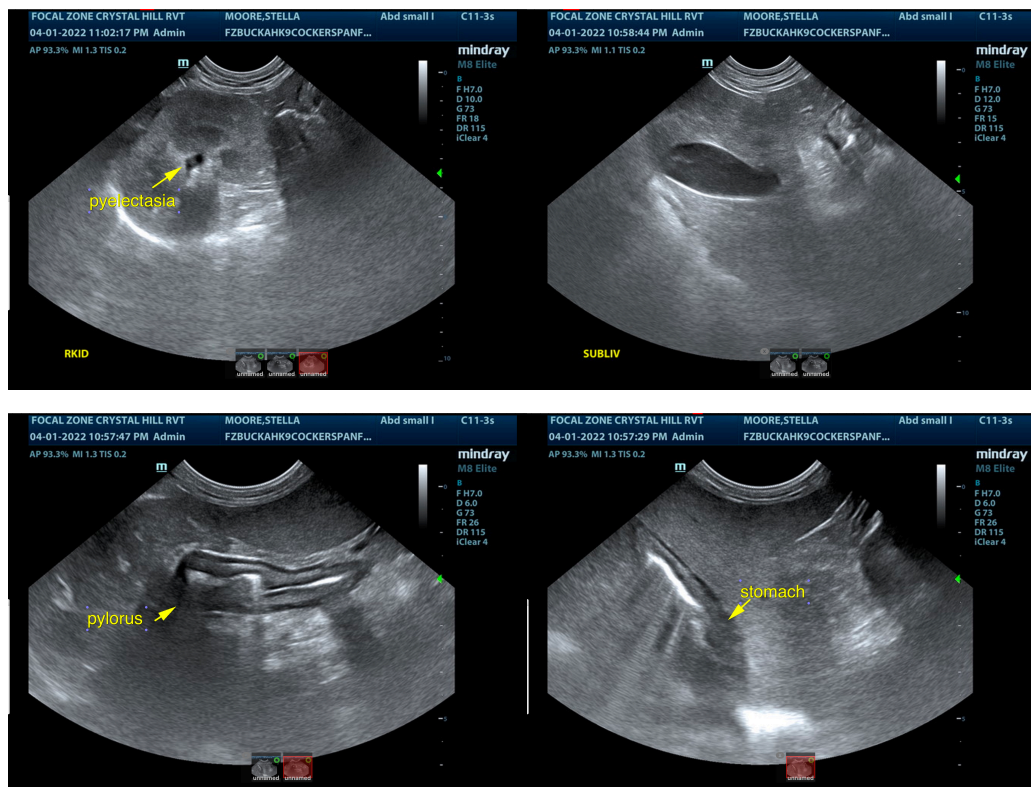
ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen
- Slight cortical infarct and minor pyelectasia right kidney – pyelectasia may be owing to scarring or embedded infection if pyuria is an issue

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of anemia is unclear. Given the elevated BUN and minor anemia, GI blood loss should be considered, even though structurally the GI tract appears unremarkable. The stomach did not reveal any obvious ulcerative changes. However, microulceration could not be completely ruled out. Full urinalysis warranted.

Treatment for occult UTI and medullary washout should be considered. Enrofloxacin trial recommended over a 10 day period with GI protectants and reassessment of the anemia recommended. Kidneys do not appear end stage. Subjectively, they appear approximately 40-50% compromised. Therefore, complicating factors such as UTI, medullary washout, other causes of PU/PD should be considered.

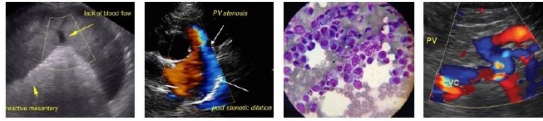


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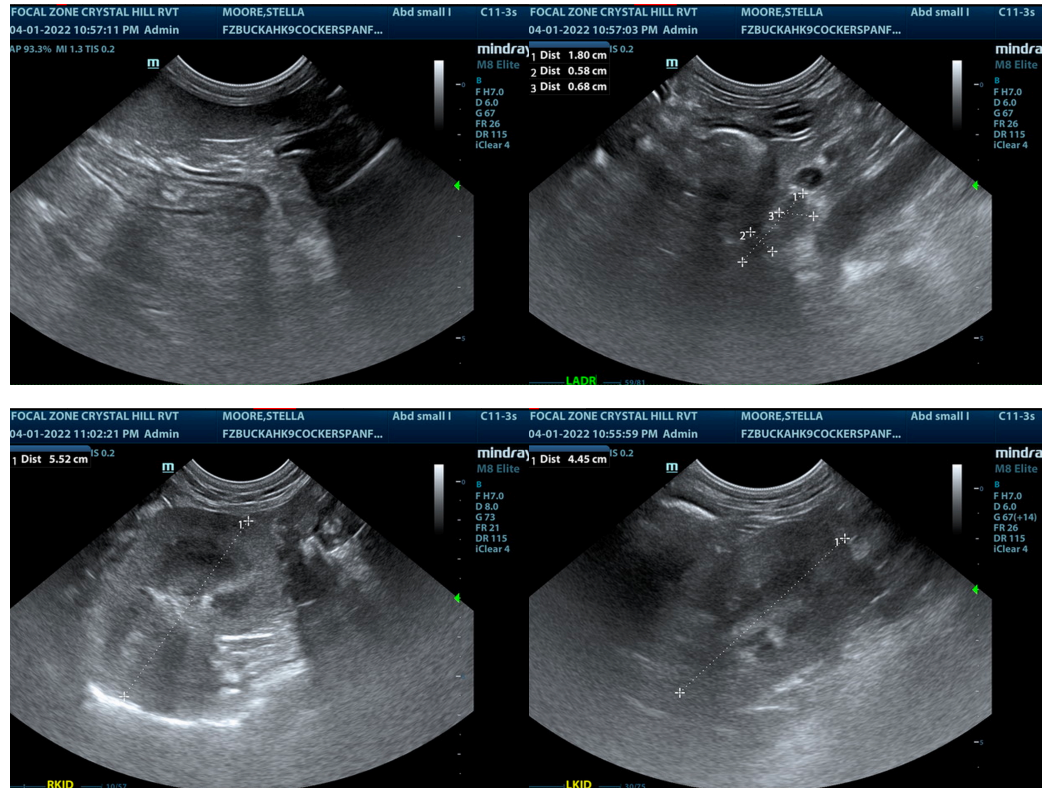
Dr. Galbraith

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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, CEO of SonoPath.com

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