Getting deeper clinical insights during the initial physical exam can expedite care timelines, improve outcomes and give clients more peace of mind. Handheld ultrasound systems have helped many veterinarians achieve these goals.

In this Q&A, we speak with Katie Moore, Veterinary Clinical Product Specialist at Butterfly Network, to learn more about how point-of-care ultrasound (POCUS) can help clinics of all sizes.

Q: How can the physical exam, as typically practiced, fail veterinarians?
A: Palpation can be an inconsistent source of information. If an animal is tense, you’re not going to feel anything other than a rock-hard abdomen, meaning an animal could have a mass that goes completely undetected.

Let’s say a tense dog comes in; you conduct your physical exam, and you’re not able to palpate a 10cm mass that’s on their spleen, because their abdomen’s too tense. That mass won’t show up on lab work either. So this dog will leave your practice, go home — and could collapse when that splenic mass ruptures. Suddenly, that dog is in a critical state, and it may be too late for surgical intervention.

Q: What does incorporating ultrasound into a physical exam look like?
A: You’re still using your eyes to conduct external evaluation. You’re still using your stethoscope to listen to the heart and the lungs. But you’re taking out the palpation procedure; instead of gripping at the animal, you put the animal into an appropriate recumbency, and scan through the abdomen’s four quadrants. The cranial: liver, spleen and stomach. Left lateral: kidney, left adrenal, retroperitoneal space (this quadrant is where we can detect possible renal disease). You then fan through the caudal abdomen, the urinary bladder and the reproductive tract, then circle back to the right kidney, where you’d also visualize an abnormal pancreas to detect potential pancreatitis. This can all be completed in 3-5 minutes.

When you’re imaging instead of palpating, you get more insights earlier, and more actionable ones. For example: is that an enlarged kidney? Or just a filled colon? If you’re able to have more information upfront, then your client isn’t spending all their money on diagnostics — there’s something left to actually treat your patients.

Q: What about POCUS makes it more well-suited for the physical exam than traditional ultrasound?
A: It’s all about accessibility. POCUS devices are easier to learn than traditional cart-based devices, and far more affordable. Most veterinary clinics can’t afford to spend $50,000 on a traditional ultrasound machine. But $3,000 is much more doable. With POCUS, you can afford to introduce new technology into your practice.

Q: Should ultrasound examination be standard of care in veterinary practice?
A: It should always be the standard of care when your patient is in decline, or critical. Image early, see if something acute like a hematoma has grown, which may resolve, or if this is something like a neoplasm, when you have to stage or refer to surgery.

Q: What other benefits could the introduction of POCUS deliver for a veterinary practice?
A: Improving the imaging capabilities within your practice can have a surprising impact on your relationship with neighboring clinics. By attaining more actionable insights earlier, you avoid unnecessary referrals. Without that confidence, you can fall into a habit of piling your most difficult cases onto neighboring clinics, which are already under duress.
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