



|                             |  |
|-----------------------------|--|
| <b>PATIENT</b>              | <b>PRESENTING CLINICAL SIGNS</b>   |
| Cruiser Pollock             | Presented at our hospital for vomiting, diarrhea, and lethargy. Symptoms started last Thursday. Owner thought it was due to a recent food change or consuming a piece of chicken found along the road. Patient was having projectile vomiting. Owner says vomit has been mostly food he has tried to consume. Patient has also had blood liquid diarrhea. Owner says patient is panting all the time and very weak. Patient struggles to get up and has lost a good bit of weight. Owner says he has also been trembling a lot. Previous Health Concerns: elbow dysplasia Current Medications: Galliprant 60mg PRN Appetite/When did they eat last: not wanting to eat as much and vomits back up what he eats |
| <b>SPECIES</b>              |  |
| Canine                      | Abnormal PE/Chem/CBC/UA Results: Abdominal: s/tender rads- chest- NR ; abdomen; extensive TL vertebral spondylosis; no obvious fb/ obstruction; ingesta in stomach; no bladder/ kidney stones; no overt effusions. BW- CBC- slight leukocytosis( 17.41) with stress leukogram; flex 4- neg x UA- abundant rod bacteria( cysto) (+++) blood (++) leukocytes; sp q 1024 Chem-BUN 66.6(H) Glucose 137(H) EPOC: Na 129(L) cl 95(L) Ica 1.00(L) BUN 57(H) Cr 2.21(H) Lactate 4.16(H)  |
| <b>BREED</b>                |  |
| Labrador Retriever          |  |
| <b>SEX</b>                  | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| Neutered Male               | <b>Urinary System</b>  |
| <b>AGE</b>                  | The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.   |
| 11 Years                    | Prostate (neutered) is normal in size, echotexture and echogenicity for a neutered male.   |
| <b>WEIGHT</b>               | The right kidney is normal in size (6.91 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.  |
| 26 kg                       | The left kidney is normal in size (6.54 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.   |
| <b>INTERPRETED BY</b>       | <b>Adrenal Glands</b>  |
| Beth Johnson, DVM<br>DACVIM | The right adrenal gland is normal in size (2.3 cm long x 1.1 cm at the cranial pole and 0.8 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.   |
| <b>IMAGING PERFORMED BY</b> | The left adrenal gland is normal in size (2.3 cm long x 0.58 cm at the cranial pole and 1.0 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.   |
| Erin Wicks                  | <b>Spleen</b>  |
| <b>HOSPITAL NAME</b>        | The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.   |
| Shores VEC                  | <b>Liver</b>   |
| <b>REFERRING VET</b>        | The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypochoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.   |
| Dr. Miller                  |  |
| <b>INVOICE</b>              |  |
| 35399                       |  |
| <b>DATE</b>                 |  |
| 2/3/22                      |  |



**PATIENT**

Cruiser Pollock

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**Gastrointestinal**

**SPECIES**

Canine

The stomach is moderately distended with a soft acoustic shadowing, echogenic density, which inhibits complete evaluation of the far wall. Near wall is normal in thickness with normal layering.

**BREED**

Labrador Retriever

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

**SEX**

Neutered Male

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**AGE**

11 Years

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**Free Abdomen**

**WEIGHT**

26 kg

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

- Acoustic shadowing density causing moderate distention of the stomach – This could be a mixture of normal ingesta and gas, but soft foreign material cannot be ruled out.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given this patient's critical clinical status and laboratory changes combined with its reported bacteriuria, recommendations include a urine culture followed by hospitalization for IV fluids, IV antibiotics, and supportive care. If this patient has eaten in the past 24 hours, recommendations are to completely NPO him for 24 hours and then recheck the stomach with either abdominal radiographs or ultrasound. If the patient has not eaten in the past 24+ hours, more concern is given to a possible gastric foreign body, and gastroscopy or surgical laparotomy could be considered. However, patient stabilization is recommended prior to anesthesia either way.

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

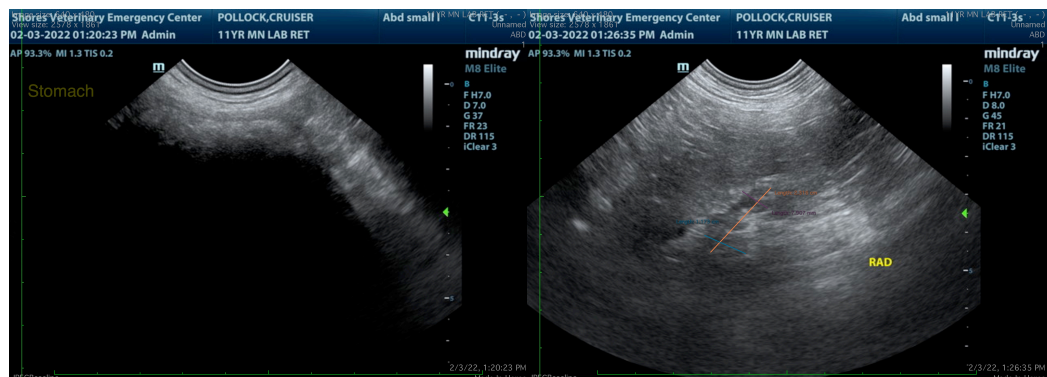
Dr. Miller

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**PATIENT**

Cruiser Pollock

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

26 kg

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

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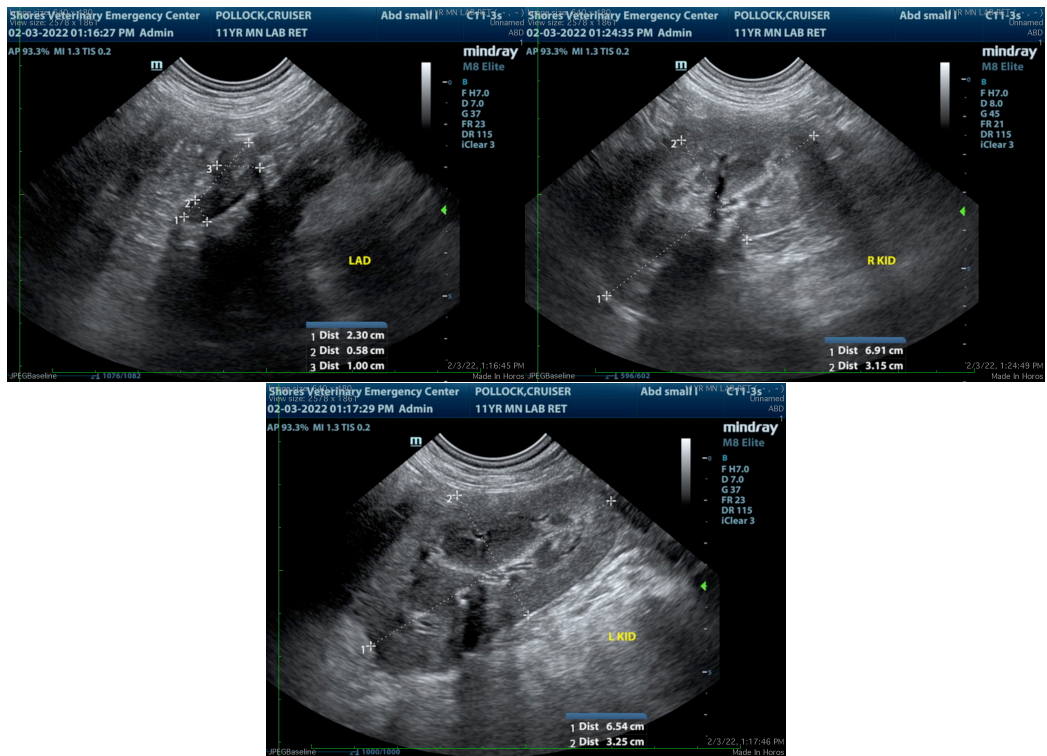
Dr. Miller

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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.

**Beth Johnson, DVM, DACVIM**  
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