



**PATIENT**

Duke Champaign

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Neutered male

**AGE**

6 years

**WEIGHT**

79 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Caughman

**HOSPITAL NAME**

Dogwood AH

**REFERRING VET**

Dr. Caughman

**INVOICE**

95065

**DATE**

1/10/22

**PRESENTING CLINICAL SIGNS**

Lethargic and PU/PD for one month. Weight loss Today presented lateral recumbency  
Abnormal PE/Chem/CBC/UA Results: BG 379, Sodium 138, chloride 105, ATL 128, AST 65, ALP 861  
Ketoacidotic

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** revealed concentric wall thickening with dorsal bladder wall fold owing to minimal amount of urine present, yet concentric thickening was evident. Assessment for urinary tract infection is indicated.

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 right kidney measured 8.14 cm. The left kidney measured 6.25 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 0.4 cm. The right adrenal gland measured 0.54 cm.

**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** was diffusely hyperechoic to the falciform fat with attenuating sound beam. The gallbladder and common bile duct were unremarkable.

**Gastrointestinal**

The **stomach** was over distended with fluid.



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**Pancreas**

Duke Champaign

The right limb of the **pancreas** revealed mixed, hypoechoic parenchymal changes with trace free fluid and enhanced surrounding mesentery. This is consistent with pancreatitis

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**ULTRASONOGRAPHIC FINDINGS**

Gastric stasis.

**BREED**

Right limb pancreatitis.

American Bulldog

Gastric stasis, likely owing to metabolic ileus.

**SEX**

Diffuse hepatopathy, possible suppurative hepatitis given the patient's history. Diabetic nephropathy.

Neutered male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

Bile acid profile, IV fluid support, broad spectrum antibiotics and treatment for pancreatitis +/- hepatic FNA after coagulation panel. Full urinary work-up/assessment for UTI is indicated. If adrenal gland disease is suspected then further imaging of the adrenal glands would be recommended.

6 years

**WEIGHT**

**Potential Causes of Diabetic Dysregulation**

79 lbs

This is a suggestive checkoff list when faced with an unregulated diabetic patient:

**INTERPRETED BY**

UTI

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Dietary indiscretion/intolerance

**IMAGING PERFORMED BY**

Pancreatitis

Dr. Caughman

Hyperthyroidism/hypothyroidism

Exogenous steroids (including topical eye meds)

**HOSPITAL NAME**

Cushing's

Dogwood AH

Acromegaly

Owner compliance

**REFERRING VET**

Insulin quality issues

Dr. Caughman

Antibodies to insulin

**INVOICE**

Underlying Neoplasia

95065

Diffuse liver disease

**DATE**

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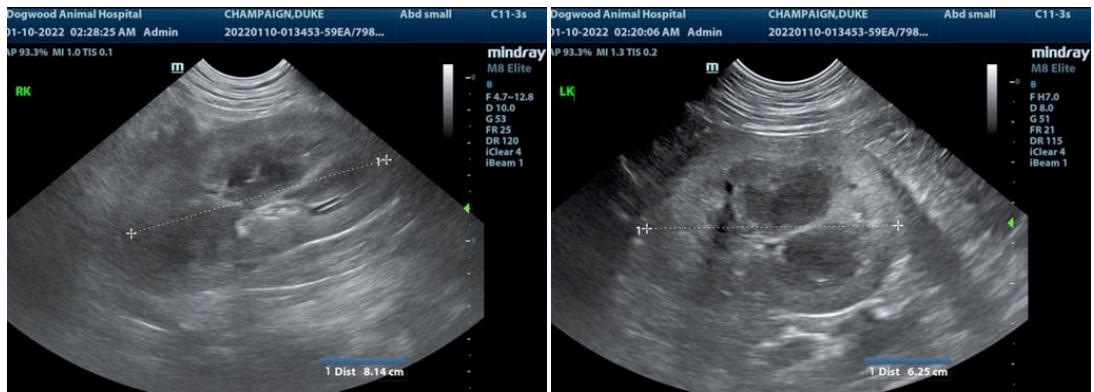
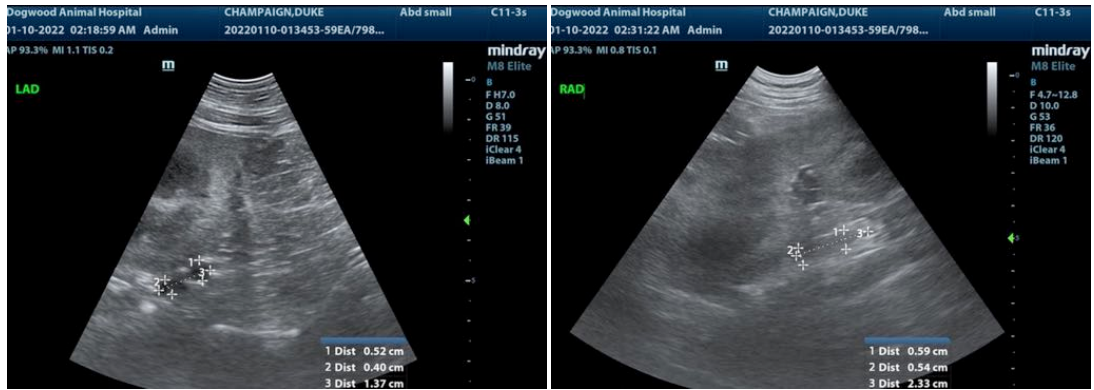
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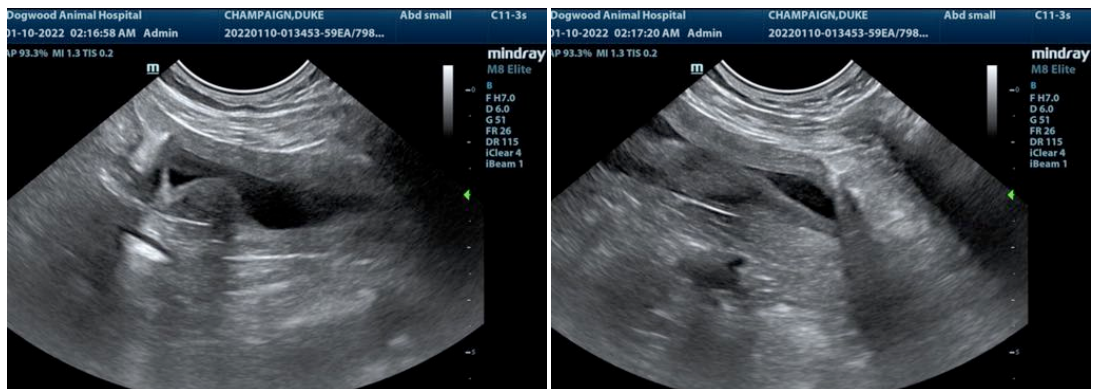
Dr. Caughman

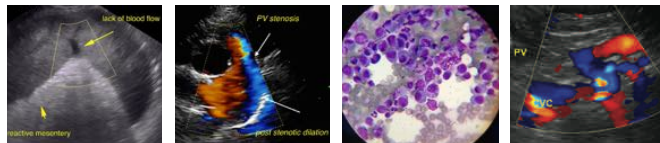
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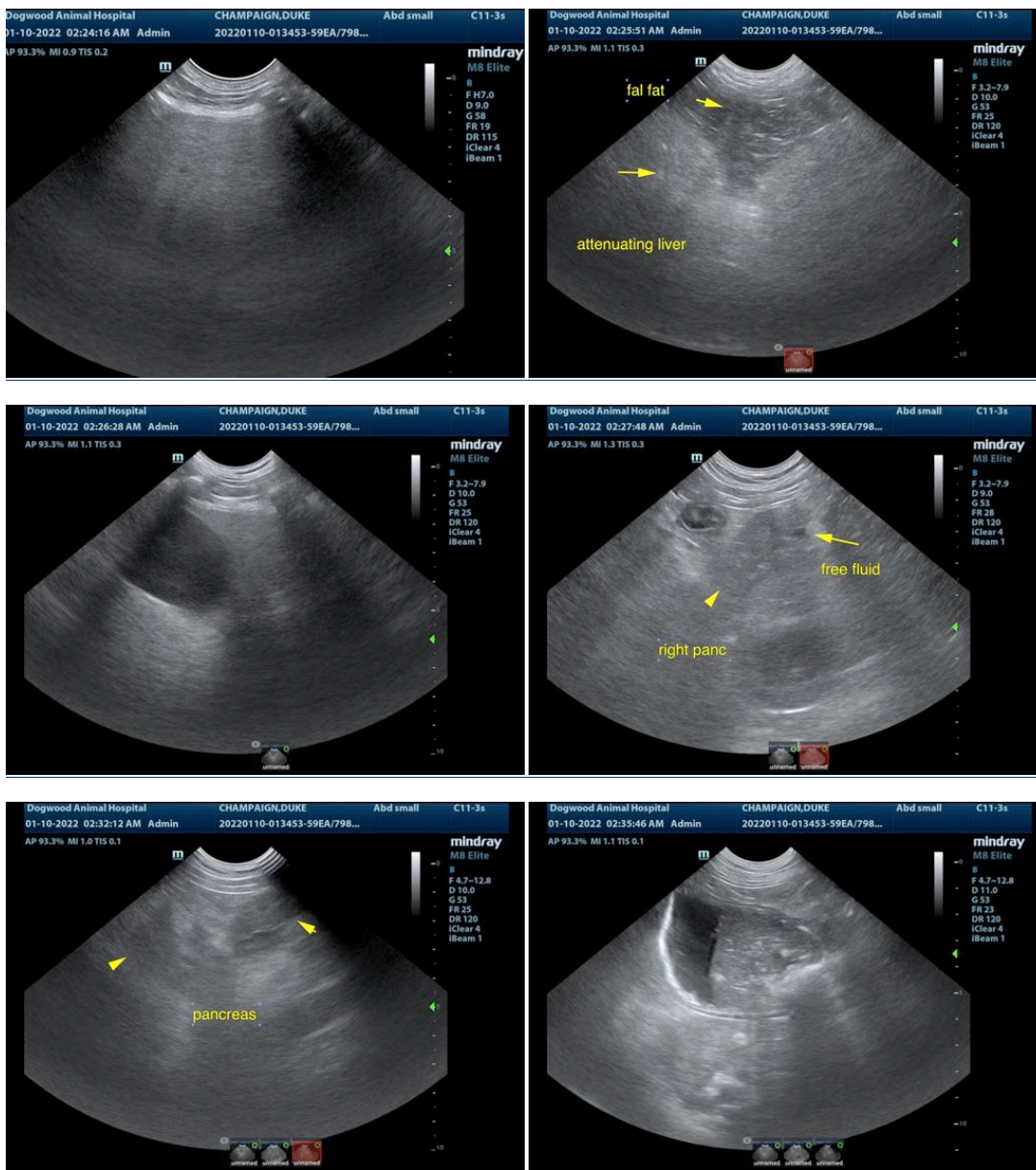
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com