



**PATIENT**

Roxy Newell

**SPECIES**

Canine

**BREED**

Staffordshire Terrier

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

25.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Harmon

**HOSPITAL NAME**

Wilvet South

**REFERRING VET**

Dr. Harmon

**INVOICE**

42213

**DATE**

1/18/23

**PRESENTING CLINICAL SIGNS**

History: Acute onset vomiting and diarrhea starting this am at 9, vomiting undigested food, then profuse watery diarrhea (no blood) history of eating socks. No obvious risk for anaphylaxis (was inside and didn't get into anything per owner) BP normal to high, mm pk, mst CRT < 2 sec, strong pulses on intake

Abnormal PE/Chem/CBC/UA Results: CBC-HCT 58.5%, WBC 19.12, plt 93, pltcrit 0.11 CHEM- ALT 1758, (ALKP, T Bili, GGT normal) EPOC - HCT 58, remainder WNL cPL 50.3 normal

**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.

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. Both kidneys measured 6.0 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 0.5 cm. The region of the right adrenal gland was imaged with no evidence of pathology.

**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** revealed coarse architecture with increased portal markings and edematous gallbladder. The gallbladder wall measured 1.0 cm. The gallbladder presented acceptably thin walls with primarily anechoic content. A slight amount of free fluid was noted around the liver lobes. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



**PATIENT**

**Gastrointestinal**

Roxy Newell

The **stomach** was over distended with gas and fluid. Minor fluid filled intestinal lumen is also noted. Hyperperistaltic small intestine was present. There was no overt obstruction.

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**Pancreas**

The **pancreas** was edematous, hypoechoic and irregular.

**BREED**

Staffordshire Terrier

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Gastroenteritis.

Spayed Female

Cholangiohepatitis, acute on chronic presentation with pancreatic edema.

**AGE**

3 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

25.9 kg

There was no obvious evidence of foreign body obstruction, yet some gastric stasis is present. Leptospirosis or similar acute on chronic insult is present. Portal hypertension is likely given the minor free fluid. Leptospirosis titers are warranted. Bile acid profile is recommended as well as ultrasound-guided FNA of the liver. Treatment for gastritis/gastroenteritis with GI protectants are indicated. Ultrasound-guided FNA of the liver is indicated. Treatment for gastritis/gastroenteritis with GI protectants are indicated. Ampicillin, IV fluid support and plasma expanders are all indicated. The prognosis is guarded. Eventual cholecystocentesis with culture can be considered. However, the gallbladder is edematous, yet not very over distended. Therefore, obtaining a sample may be difficult. The prognosis is guarded. Liver biopsy may be appropriate.

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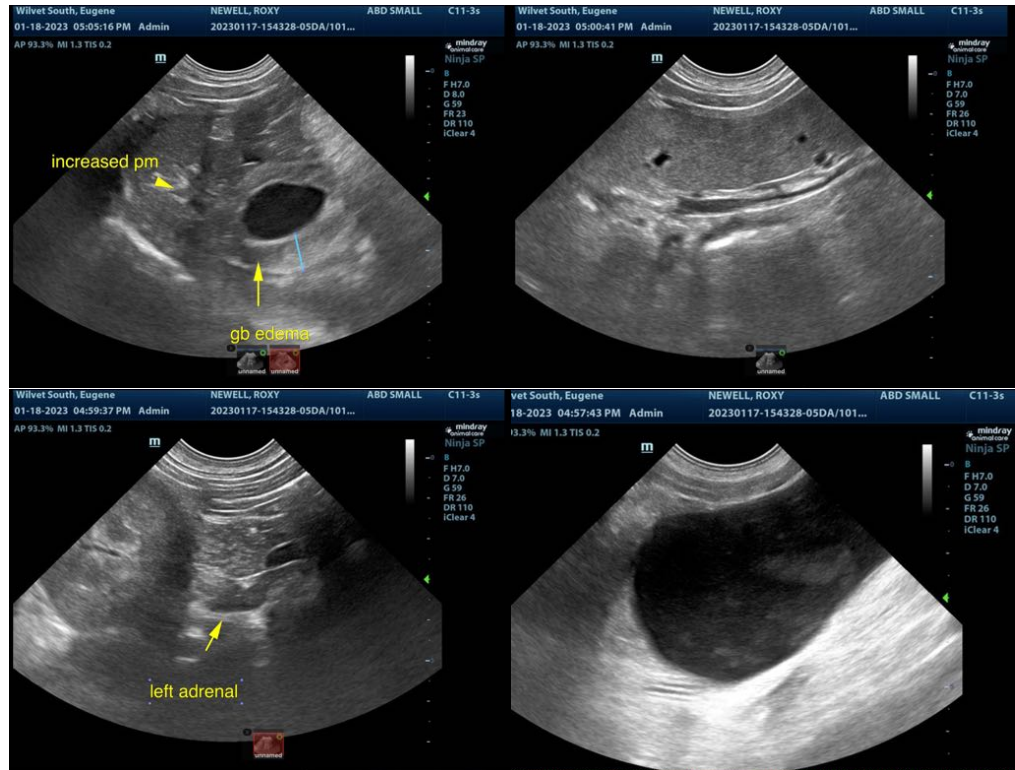
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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