



PATIENT PRESENTING CLINICAL SIGNS

Otis Morshead

History: P has been having episodes of extreme pain and discomfort since July when they first brought him in. Pain generally occurs every 2 weeks to a month and does not seem to occur after any specific event. Pain generally occurs for 24 hours or less. P will go hide and keep his tail tucked during these episodes. P started having an episode yesterday, but gabapentin did not help. O made an appointment with rdvm who prescribed methocarbamol and carprofen. O did think pain may be localized to behind his penis area. O did take P to Northwest veterinary specialists who did an MRI and a spinal tap and thought it was potentially a slipped disc.

SPECIES

Canine

BREED

Chihuahua Mix

Abnormal PE/Chem/CBC/UA Results: Chem 10 wnl, CBC/manual plt 85,500

SEX

Neutered male

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.

AGE

3 years

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 left kidney measured 4.05 cm. The right kidney measured 3.88 cm.

WEIGHT

12.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 0.6 cm.

IMAGING PERFORMED BY

Dr. Neuhaus

HOSPITAL NAME

Willamette VH

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

REFERRING VET

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Liver

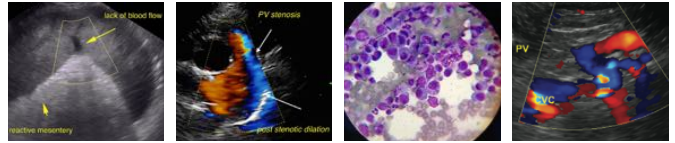
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. 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.

INVOICE

42377

DATE

1/28/23



PATIENT

Gastrointestinal

Otis Morshead

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. The contents of the stomach are most consistent with kibble and chyme. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No

SPECIES

Canine

Pancreas

BREED

Chihuahua Mix

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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Over distended stomach, potential for bloat.

AGE

3 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology other than over distended stomach. This is most consistent with post prandial presentation. Assessment for bloat would be indicated. Depending on when the patient ate prior to the sonogram bloat management may be appropriate and the cause of the clinical signs. This may be post prandial presentation, yet is excessive.

WEIGHT

12.2 lbs

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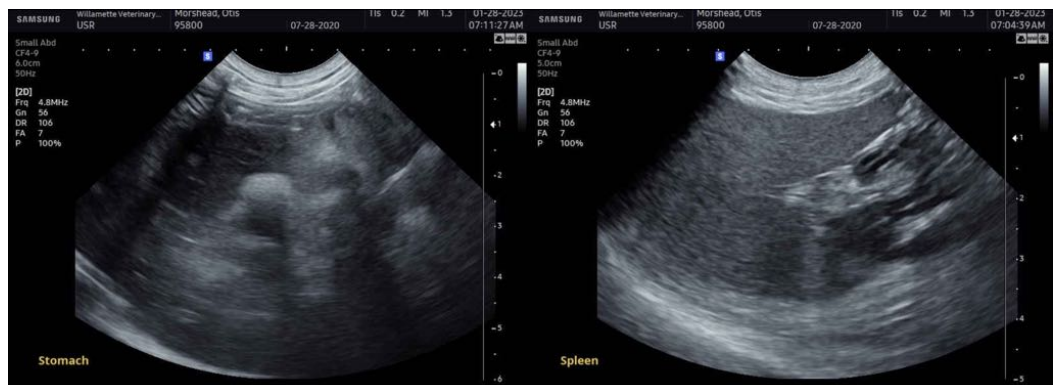
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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