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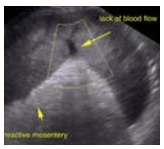
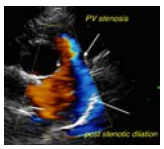
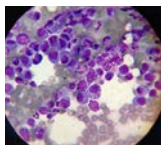
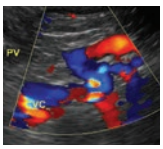

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1-800-838-4268 info@sonopath.com

PATIENT
Leo Schmidt

SPECIES
Canine

BREED
Pit X

SEX
Neutered Male

AGE
3 Years

WEIGHT
49.2 Pounds

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Jessica Bailes

HOSPITAL NAME
All Creatures Great & Small Corvallis

REFERRING VET
Dr. Jessica Bailes

INVOICE
33970

DATE
1/5/22

PRESENTING CLINICAL SIGNS

acute onset vomiting, abdominal pain since Sunday. No known F/B ingestion but patient does have a hx of intestinal obstructions. No known toxin ingestion or dietary indiscretion.
Abnormal PE/Chem/CBC/UA Results: 6% dehydrated, painful cranial/central abdominal palpation, otherwise NSF on PE BW: CHEM 15/lytes: hyperglycemia (154), hyponatremia (137), hypokalemia (2.6), hypochloridemia (101), otherwise WNL CBC: haemoconcentration (62.2) w/ neutrophilia (12.91), otherwise WNL CPL: abnormal Abdominal rads show formed feces in colon, otherwise NSF. Treated w/ SQF and cerenia last night; patient still painful overnight last, ate a small amount of chx/rice but then regurgitated and then urinated on himself. Stable on PE today rechecked CBC/electrolytes this AM: Electrolytes: Hyponatremia (143), hypokalemia (2.8), hypochloridemia (101) CBC: neutrophilia (14.57) w/ monocytosis (1.14) - stress leukogram Started on IVF w/ 40mEq KCL/L; buprenorphine for pain Patient had a BM that was formed initially then diarrhea repeatedly regurgitating bile.

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 were 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. The right kidney measured 6.88 cm. The left kidney measured 6.69 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 right adrenal gland measured 3.07 cm x 0.68 cm at the caudal pole and 0.44 cm at the cranial pole. The left adrenal gland measured 2.46 cm x 0.50 cm at the caudal pole and 0.35 cm at the cranial pole.

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 were noted.

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.

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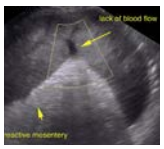
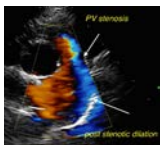
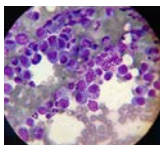
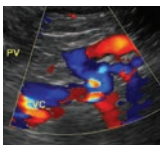

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Gastrointestinal

The **stomach** was overdistended with echogenic chyme. Transit of chyme in the small intestine appeared to be normal. The colon was empty with normal wall thickness.

Pancreas

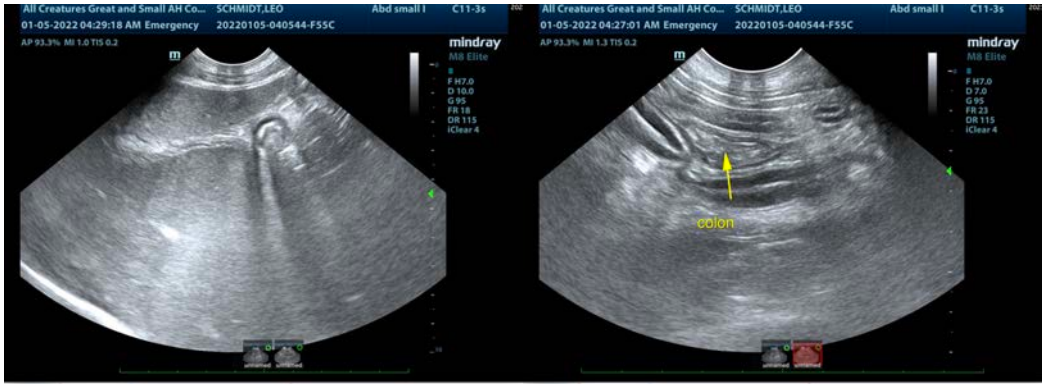
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

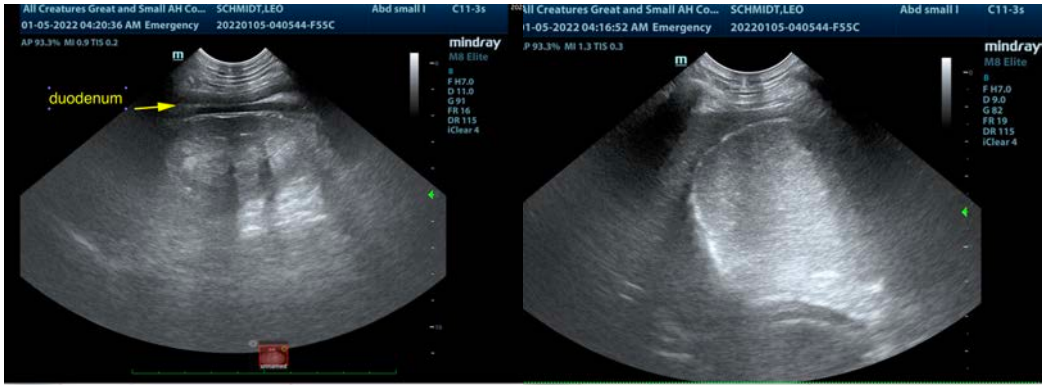
ULTRASONOGRAPHIC FINDINGS

- Delayed gastric outflow

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious foreign body, yet cannot be completely ruled. However, delayed outflow of the stomach noted with concurrent transit of chyme. Recommend medical therapy, 24-hour NPO, hydration, GI protectants, and broad-spectrum antibiotics. Recheck sonogram after 24-hour NPO, primarily of the pyloric outflow.





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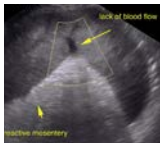
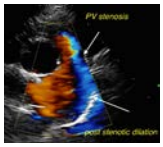
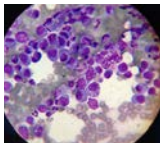
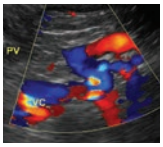

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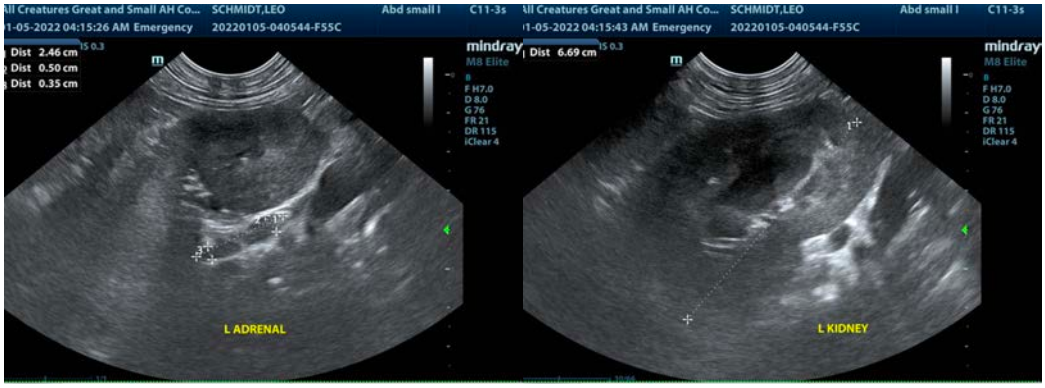

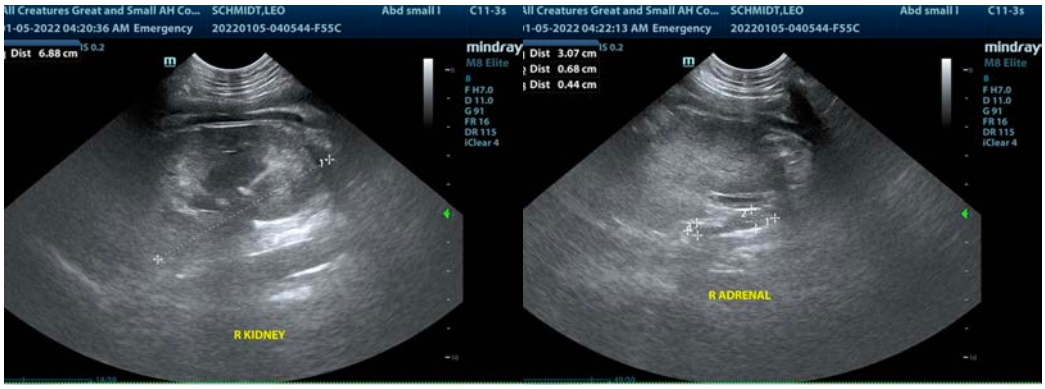

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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