



**PATIENT**

Lulu Doucette

**SPECIES**

Canine

**BREED**

Chihuahua

**SEX**

Intact Female

**AGE**

4 Years

**WEIGHT**

1.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dave Stasiuk, RDMS,  
RDCS

**HOSPITAL NAME**

Chris Belan VS

**REFERRING VET**

Apline 24/7- Dr. Sasa  
Karagic

**INVOICE**

14005

**DATE**

10/22/21

**PRESENTING CLINICAL SIGNS**

History: V/D. Decreased appetite. Lethargic. Low blood glucose.

Abnormal PE/Chem/CBC/UA Results:

**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 3.34 cm. The left kidney measured 3.02 cm.

**Adrenal Glands**

The regions of the **adrenal glands** revealed no evident 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 were noted.

**Liver**

The **liver** was subnormal in size (2.0 cm width) and revealed slight increased portal markings and slight coarse architecture. The **gallbladder** was mildly over distended with minor suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. regenerative pathology was evident.

**Gastrointestinal**

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. The colon revealed a fluid filled lumen. This presentation is most consistent with gastrointestinal irritation/inflammation without obstruction. Excessive GI gas noted. No obvious foreign body. The pylorus appears patent.

**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.



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**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis presentation
- Mild subnormal liver size

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the hypoglycemia, screening for sepsis warranted. No obvious foreign body, however, could not be completely ruled out. IV fluid support, broad spectrum antibiotics (to treat for sepsis) and GI protectants all indicated. Recheck sonogram in 24-48 hours if the patient is not responding.



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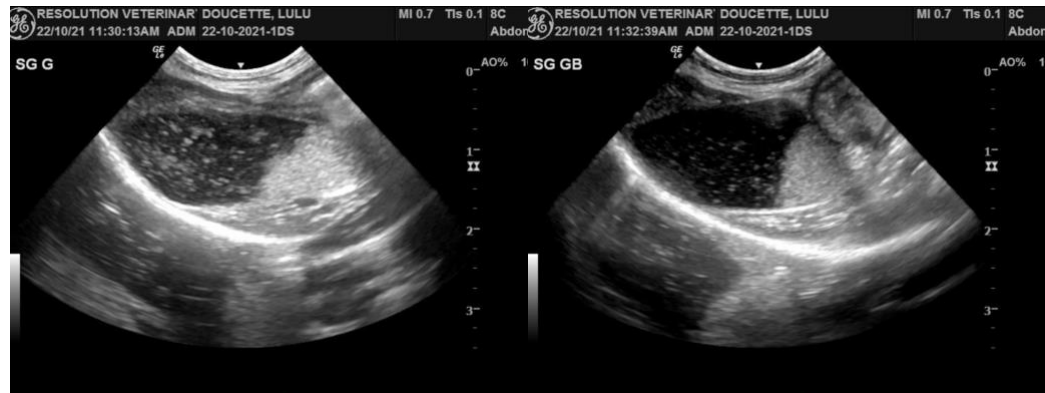
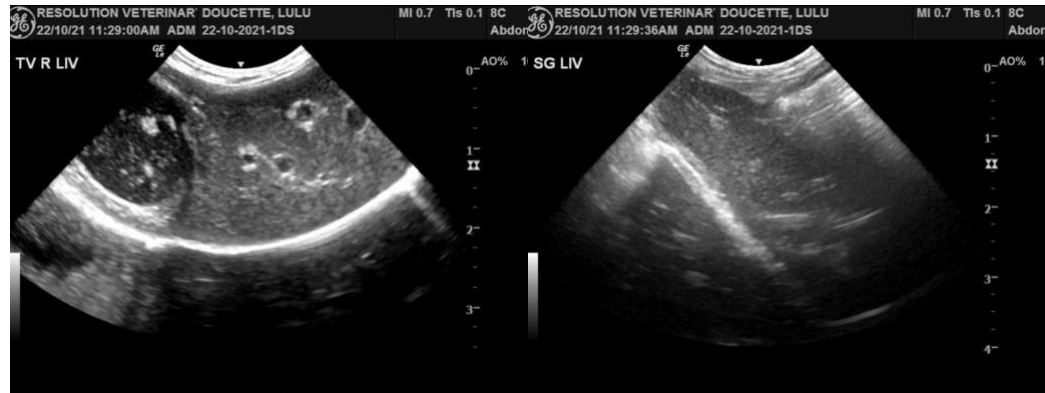
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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