



PATIENT PRESENTING CLINICAL SIGNS

Jackson Swift

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

7 years

WEIGHT

39.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

45335

DATE

11/4/22

History: Patient presents with vomiting for the last 3 days. The patient is interested in his food, but has been throwing up the food undigested. The patient has also been throwing up bile. Owner is unsure if he has had a bowel movement because she has not cleaned the yard recently. Patient has a history of eating things he is not supposed to and the owner is concerned he may have gotten to a diaper (he has eaten a diaper in the past) or gotten into the kids candy from Halloween.

Abnormal PE/Chem/CBC/UA Results: CBC: HCT 52.1, WBC 12.73, Basophils 0.11, PLT 260 Chem10 + Tbili: Creat 1.0, BUN 8, TP 7.3, Alb 3.7, ALT >1000, ALP 201. Tbili 0.5 ALT dilution: 1250 EPOC: pH 7.548 (H), Na 145, K 3.6, Cl 114, Lact 2.32, BUN 9, Creat 0.9 Radiographs: Gas in the cecum and portions on the small intestines, not distended. Rest of small intestine is normal in size and soft tissue in appearance. Formed feces in the colon. Stomach has soft tissue material and gas in it. Kidneys appear normal in size and shape. Bladder is moderately sized with intact walls. Liver on left lateral image the caudal boarder is rounded and extending past ribs slightly. Gastric axis is normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 7.0 cm. Blood flow to the kidneys appears to be adequate.

Adrenal Glands

Both **adrenal glands** are visualized obliquely. The left adrenal gland measured 0.7 cm. The right adrenal gland measured 0.6 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** 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



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normal volume with no evidence of congestion. The gallbladder revealed a coalesced dependent debris, without overt distension.

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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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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

Structurally unremarkable abdomen.

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Acute hepatic insult is suspected.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis or toxin exposure should be considered. Hepatic FNA is indicated. IV Ampicillin, nutraceuticals and IV fluid support are all indicated. Leptospirosis titers are recommended. Supportive care should prove effective. GI protectants are indicated.

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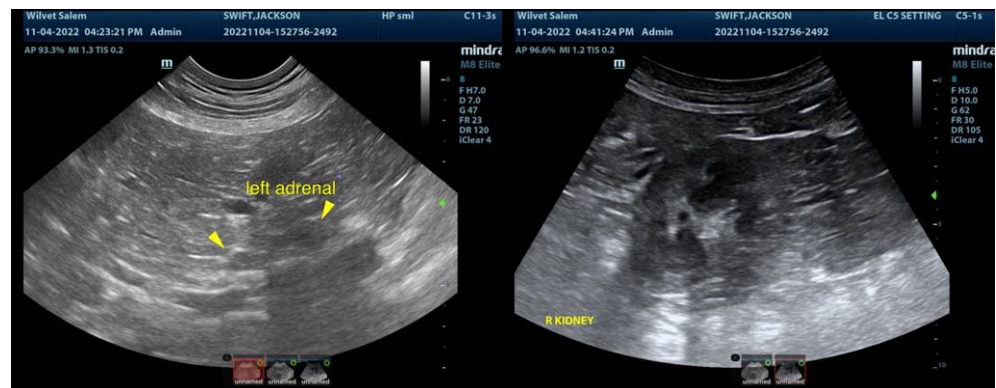
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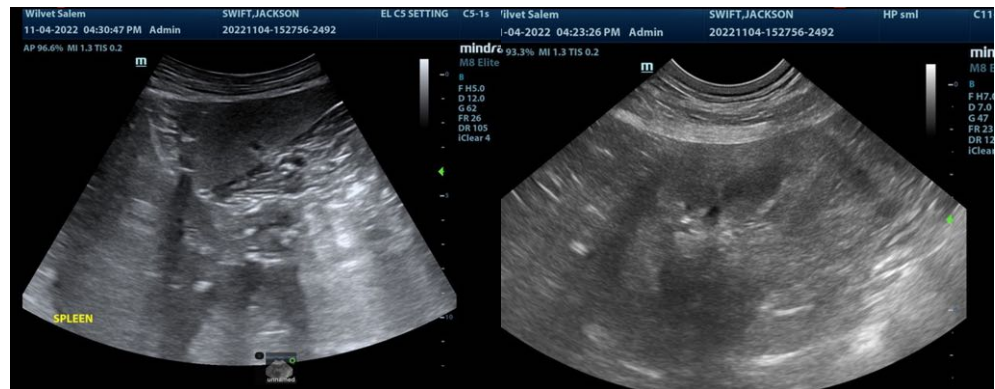
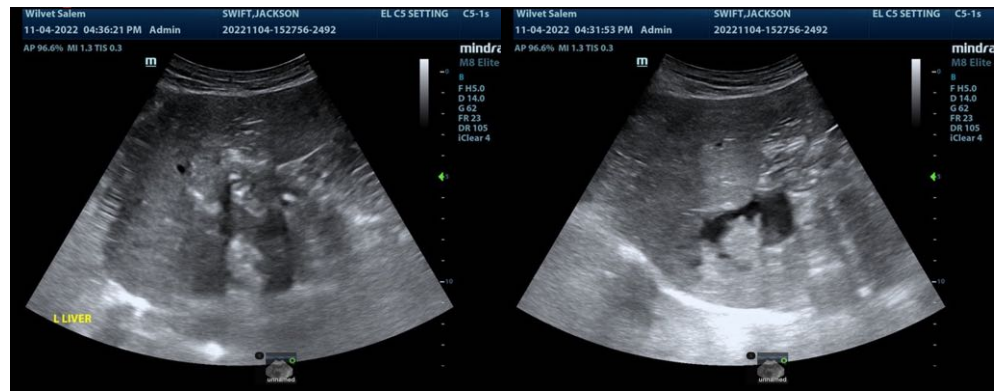
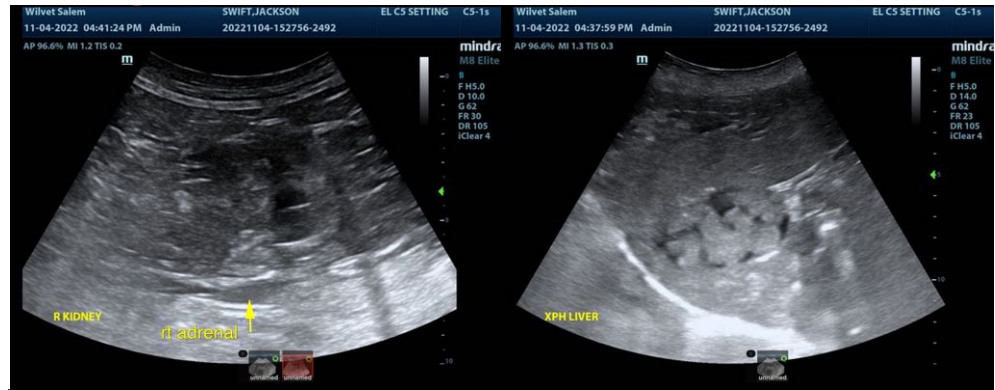
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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