



PATIENT

Aspen Good Karma
Rescue

SPECIES

Canine

BREED

Hound Mix

SEX

Intact male

AGE

12 weeks

WEIGHT

12 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Hartwick

INVOICE

94594

DATE

12/14/21

PRESENTING CLINICAL SIGNS

History: Vomiting/diarrhea/anorexia x 2 days since transported up from Tennessee. Gave DA2PPV #3 on 12/13/21 a.m. when arrived. Fcal pending, Parvo PCR pending. Current meds: IVF with Bvits, famotidine, Cerenia, ondansetron, metronidazole, Unasyn, endrosyn, carafate - plan to add Reglan. Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL. Fecal IH, Parvo snap faint (+) - assume interference from DA2PPV vax.)

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. The right kidney measured 6.05 cm. The left kidney measured 4.95 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 1.98 x 0.35 cm at the caudal pole and 0.39 cm at the cranial pole. The left adrenal gland measured 1.7 x 0.38 cm at the caudal pole and 0.33 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 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. The portal vein to vena cava to aortic ratio was 1:1:1 with no evidence of extrahepatic portosystemic shunt. 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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Gastrointestinal

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The upper **gastrointestinal tract** revealed areas of luminal fluid accumulation and hyperperistalsis. The descending colon was thickened in this patient with an empty lumen. The curvilinear patterns were maintained, yet prominent. Colonic folds were noted. The mesenteric lymph nodes were reactive and measured 2.0 x 1.0 cm. The epigastric lymph nodes were slightly enlarged.

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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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Intact male

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis/colitis pattern.

AGE

12 weeks

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

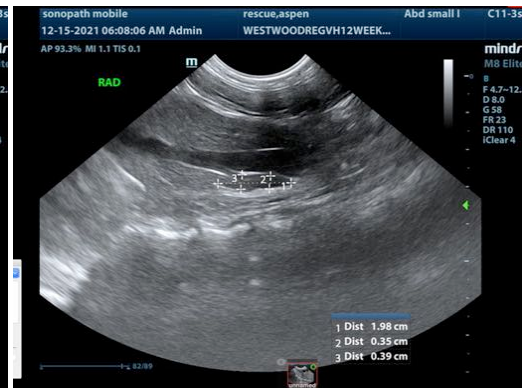
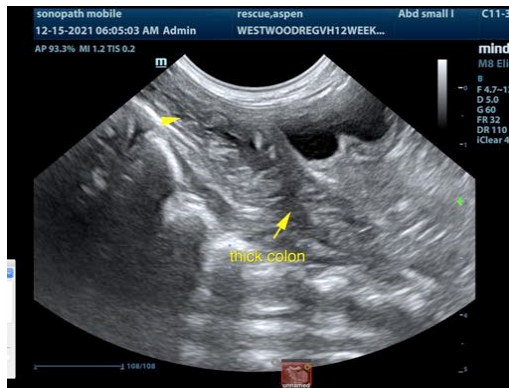
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There was no evidence of obstructive or congenital disease. IV fluid support, broad spectrum anti-parasitic protocol is indicated. Treatment for enterotoxins is recommended. I recommend a fresh fecal smear and fecal floatation analysis.

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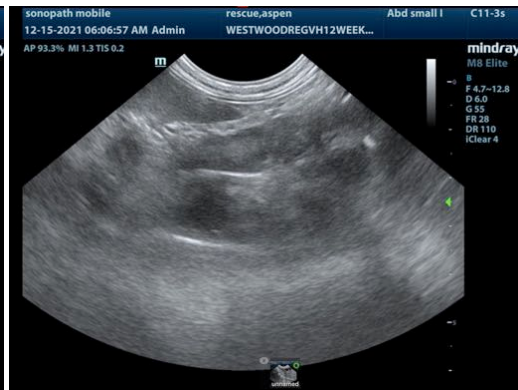
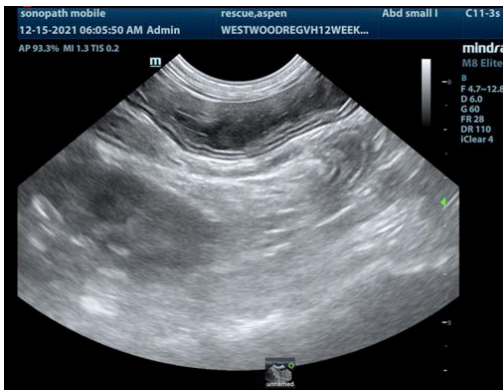
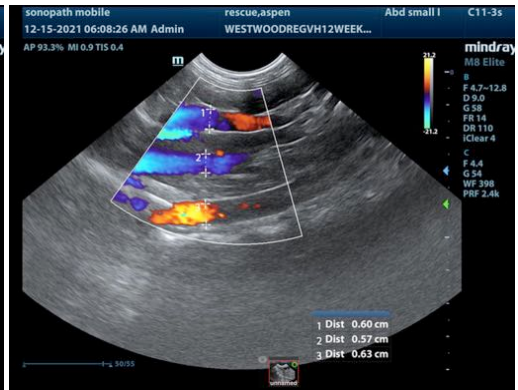
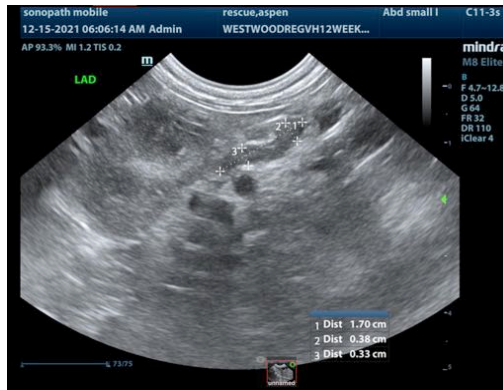
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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