



PATIENT

Dora Boudreau

SPECIES

Canine

BREED

American Bull Terrier
Mix

SEX

Intact female

AGE

5 months

WEIGHT

9.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

94579

DATE

12/14/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for recheck. Seen yesterday for vomiting, diarrhea, lethargy. Still vomiting and diarrhea. Restless overnight. ate small piece of steak and whip cream on 12/10. Yesterday blood work unremarkable and radiographs gas in colon, no obvious foreign body. Previous Health Concerns: gastroenteritis Current Medications: sq fluids, cerenia injection 12/14; cerenia, proviable (no oral meds today)

Abnormal PE/Chem/CBC/UA Results: Abdominal: very tender in cranial abdomen; gassy stomach Radiographs: gas in stomach cecum and colon chem: phosphorus 8.2 H, total protein 5.4 L, glucose 130 H cbc: eos 0.03 L, neu 83.5% H, lym 11.3 % L, eos 0.3% L epoc: WNL

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. 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 left kidney measured 5.17 cm. The right kidney measured 6.48 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 left adrenal gland measured 0.4 cm.

Spleen

The **splenic** parenchyma was unremarkable.

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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Gastrointestinal

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The **stomach** was dilated with fluid. The gastric wall was unremarkable. The duodenum and small intestine were empty. Soft stool was noted in the colon.

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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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Free Abdomen

Slight free fluid was noted in the caudal abdomen adjacent to the spleen at the point of splenic fold.

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ULTRASONOGRAPHIC FINDINGS

Gastroenteritis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. There was no evidence of foreign body. Enterotoxins, occult parasitism and dietary indiscretion are all possible.

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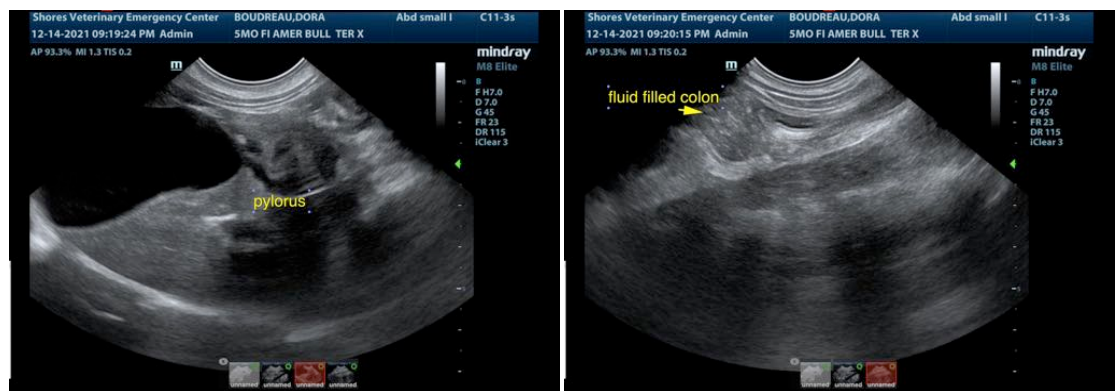
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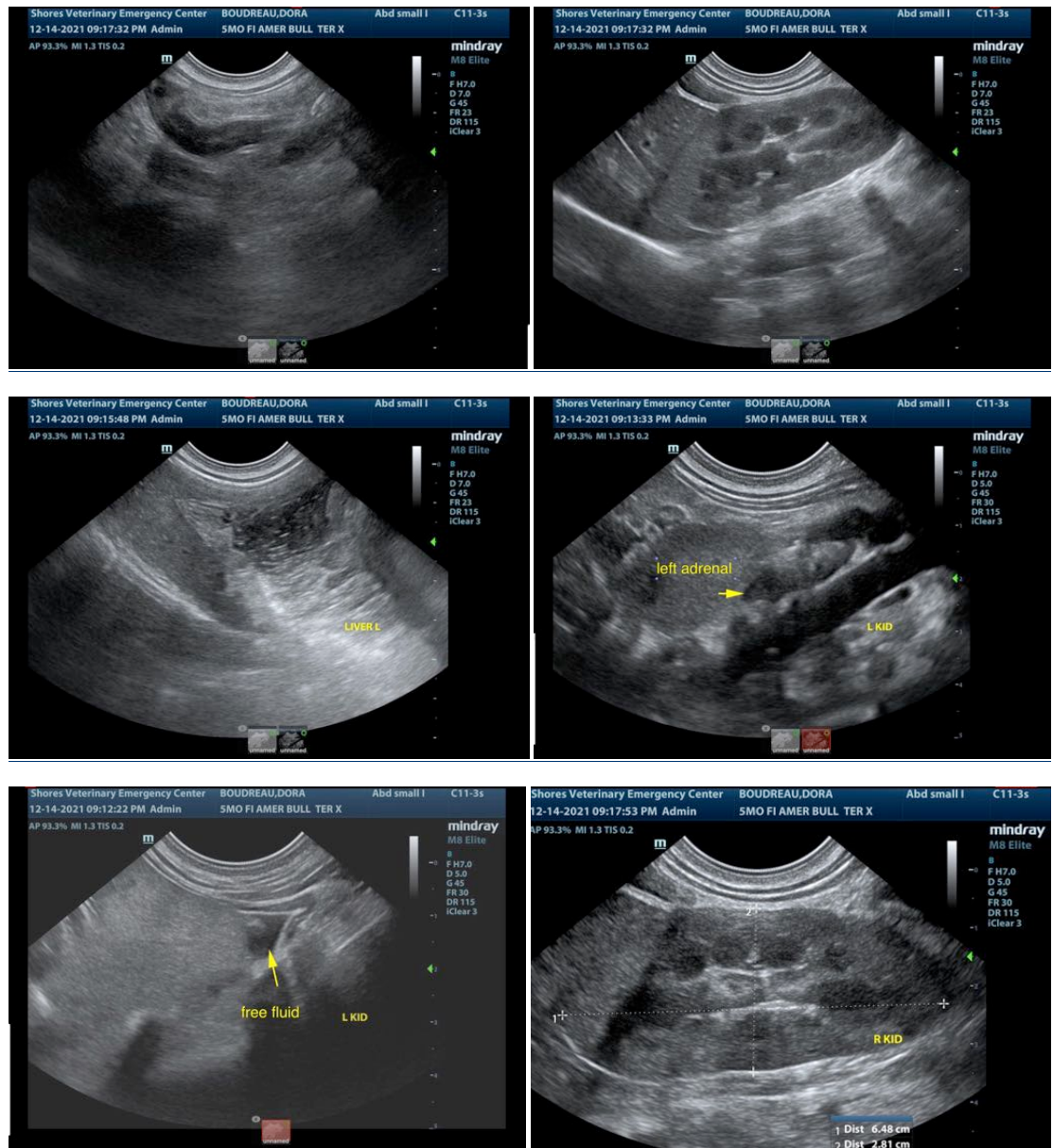
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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