



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Remi Shank

**SPECIES**  
Canine

**BREED**  
Pitbull Mix

**SEX**  
Intact male

**AGE**  
5 years

**WEIGHT**  
27.4 kg

**INTERPRETED BY**  
Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**  
Erin Wicks

**HOSPITAL NAME**  
Shores VEC

**REFERRING VET**  
Dr. Lupole

**INVOICE**  
94775

**DATE**  
12/21/21

Presented at our hospital for sudden onset of D+, not wanting to eat, vomiting and staggering. Owner came home and let K9 out to go potty, had soft stool, then had D+ ~3x with blood in it, urinated himself, and vomited in the house. Per son K9 was walking like he was drunk and ultimately fell over right after vomiting large amount. Per O K9 has a cut above one ear that he thinks is from the outdoor kennel they sometimes put K9 in. Previous Health Concerns: Allergies and Littermate has epilepsy from anesthesia9 seizure occurred months after seizure- explained to owner not anesthesia related most likely)  
Abnormal PE/Chem/CBC/UA Results: : rad- general lack of detail abdomen; no large gas distension/ foreign objects noted; pre-surg- BUN 66 (H) Cr 1.8(H) EPOC- Na 137 (L) K+ 5.8(H) NA:K 23.6 BUN 58 (H) Cr 1.96(H) HCT 25% ( manual 40 %) base cortisol 2.4(N)

**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** were mildly swollen with slightly increased cortical echogenicity, yet this is non-specific. The left kidney measured 7.18 cm. The right kidney measured 8.37 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 2.62 x 0.51 cm at the cranial pole and 0.5 cm at the caudal 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. 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.



**PATIENT** *Gastrointestinal*

Remi Shank 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*

Minor heterogenous pancreatic changes were noted.

**SEX**

*Free Abdomen*

Intact male

A large amount of free fluid was noted in the abdomen. Slight iliac lymphadenopathy was noted.

**AGE**

5 years

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of ascites was unclear in this patient. Abdominocentesis and cytospin is recommended to assess for underlying cause. There was no evidence of perforation or passive congestion. If the albumin levels are less than 1.5 then third spacing of fluid can be considered. Spontaneous hemorrhage owing to coagulopathy is a possibility in this patient. I recommend coagulation panel as well as abdominocentesis and assessment of the nature of the free fluid. However, structurally the abdomen is largely unremarkable except for minor degenerative renal changes. Diagnosis is open.

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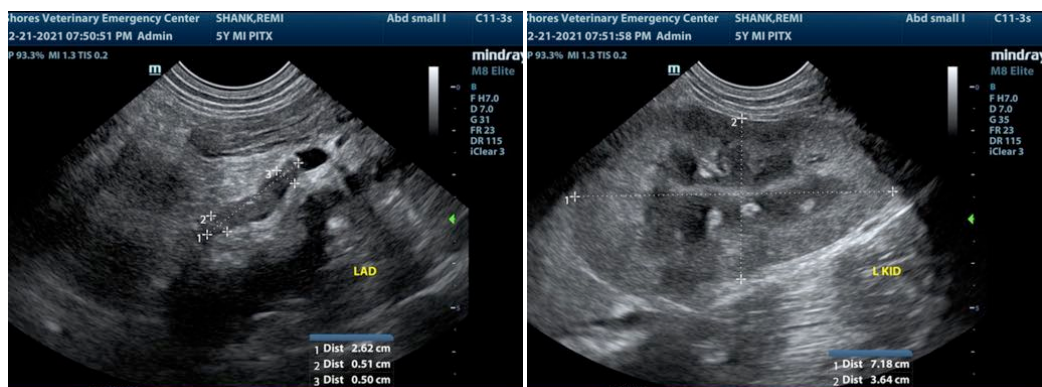
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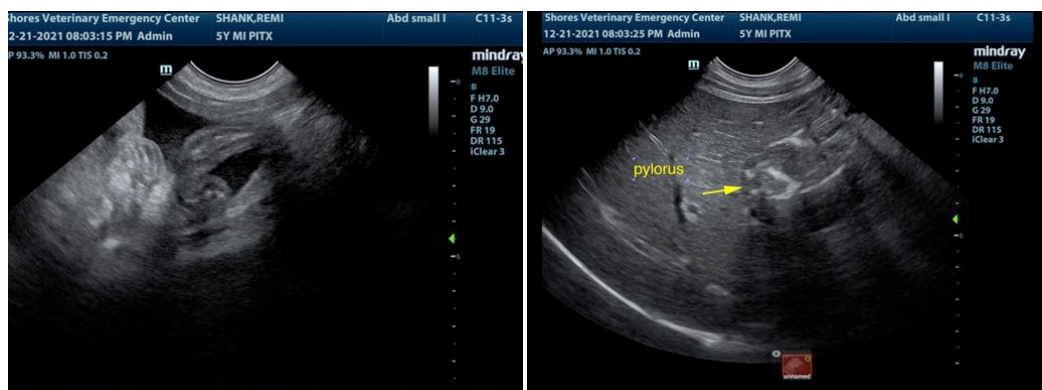
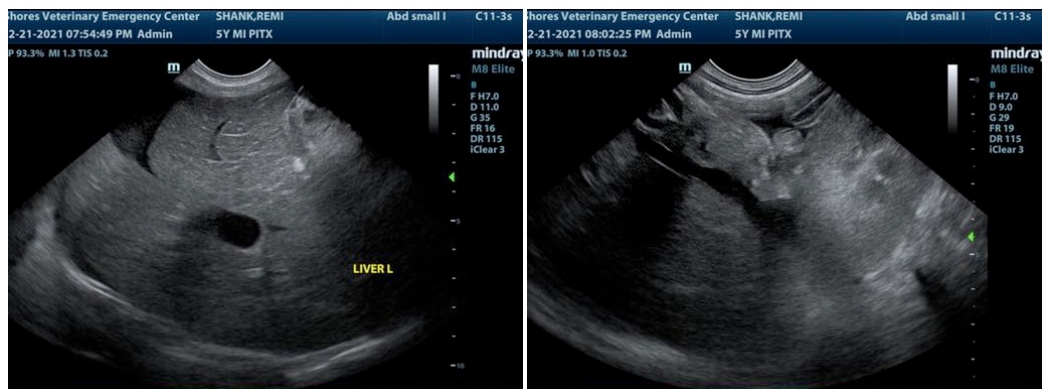
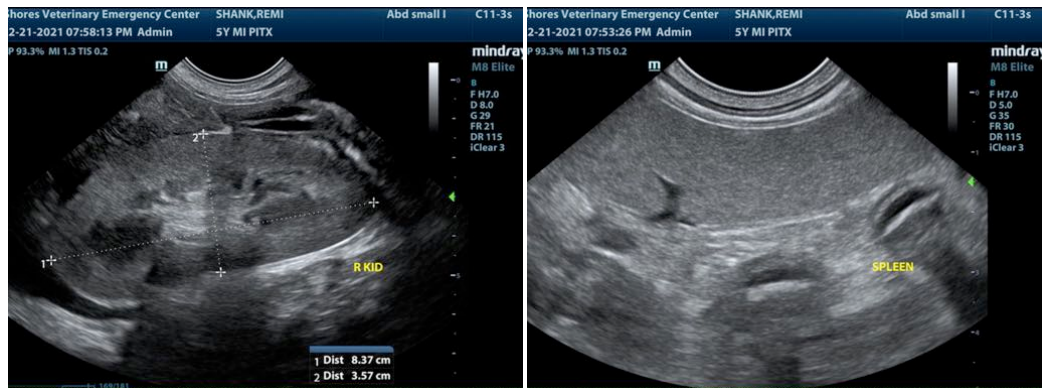
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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



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info@SonoPath.com

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