



**PATIENT**

Doogie Waffle

**SPECIES**

Canine

**BREED**

Toy Poodle

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

5.12 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake

**REFERRING VET**

Dr. Waffle

**INVOICE**

94809

**DATE**

12/21/21

**PRESENTING CLINICAL SIGNS**

Hyporexia, vomiting, and diarrhea that began a week ago. Was seen on the 18th. Owner declined work-up at that time. Metronidazole and cerenia dispensed at that time. Owner reports that he was perkier and started eating some at that time, but that he is still not back to normal

Abnormal PE/Chem/CBC/UA Results: HCT - 35.6; WBC - 33.49; Neut - 27.39; Lymph - 3.38; Mono 2.68 PLT 167 GLU - 36; Crea - 0.4; BUN 4; ALB - 2.8; ALT - 81; ALP 672; K+ 2.9; T. bili - 0.9 7% dehydrated; Depressed; possible pain with palpation of liver region; Severe periodontal disease; H/L auscultate WNL Abdominal rads - gastric axis shifted caudally; SI non-distended; Colon - air filled

**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 kidneys each measured 4.0 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 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 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** revealed uniform parenchyma and was normal in size and contour. The gallbladder and common bile duct were unremarkable.



**PATIENT**

**Gastrointestinal**

Doogie Waffle

The **gastric** wall was thickened with anechoic fluid and reactive mesentery. There was some loss of detail noted. There was no evidence of foreign bodies.

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**Pancreas**

The **pancreas** revealed heterogenous parenchymal changes with hypoechoic parenchyma and hyperechoic surrounding fat around the right limb.

**BREED**

Toy Poodle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Gastritis.

Neutered male

Pancreatitis pattern.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Treatment for gastritis and pancreatitis is warranted. If the bilirubin value is persistent then Leptospirosis titers are warranted. Endoscopy would be ideal. There was no overt evidence of neoplasia. However, emerging gastric neoplasia cannot be completely ruled out. 24-hour n.p.o., IV fluid support and GI protectants are all indicated. A recheck sonogram is recommended in 48-72 hours.

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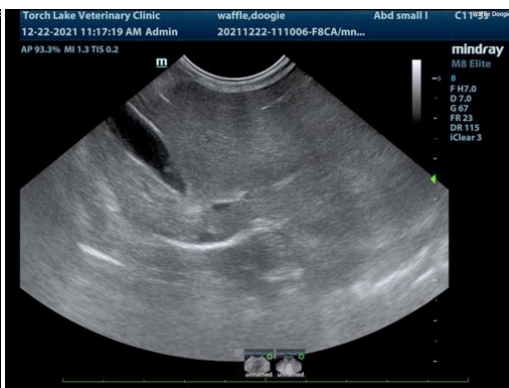
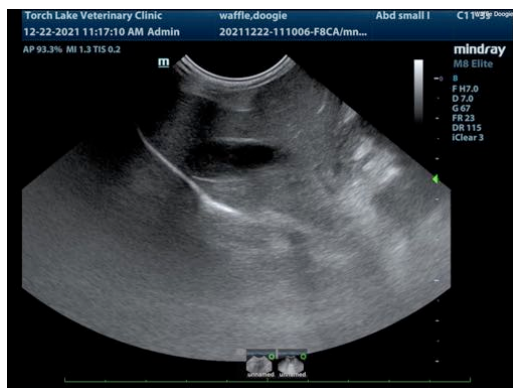
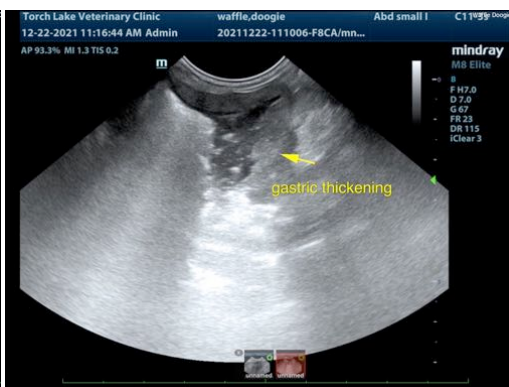
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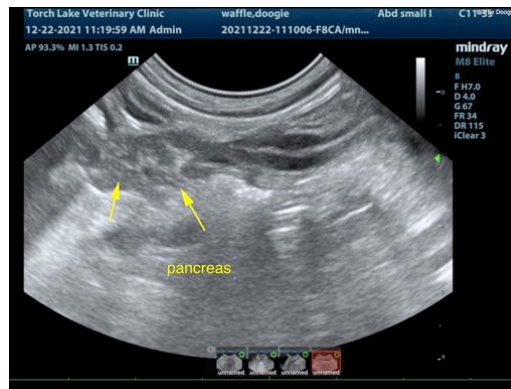
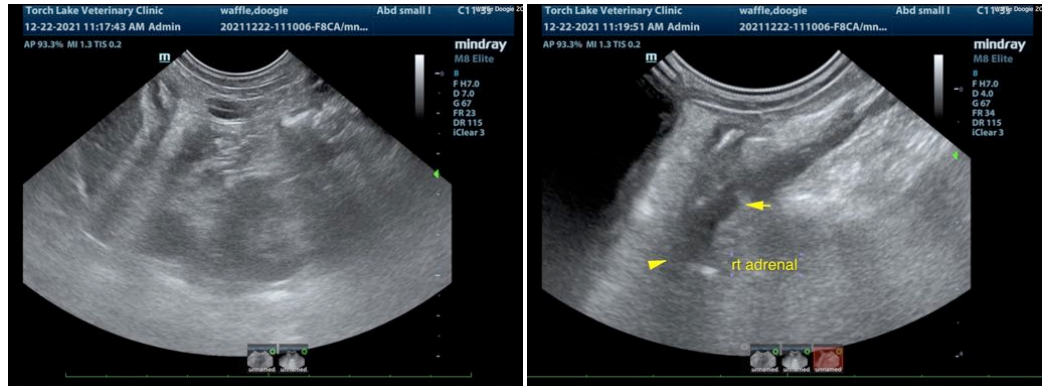
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com