



PATIENT PRESENTING CLINICAL SIGNS

Thor Outo vomiting, diarrhea, anorexia, abdominal splinting since Sunday
Abnormal PE/Chem/CBC/UA Results: HCT 60, pH 68, ALKP 213, BUN 32, Phos 10.6

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Pit Bull

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 were noted. Ureteral papillae were normal.

SEX

Neutered Male

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 6.4 cm. The right kidney measured 6.29 cm.

AGE

5 Months

Adrenal Glands

WEIGHT

22 Pounds

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 2.5 cm x 1.71 cm at the cranial pole and 0.62 cm at the caudal pole. The left adrenal gland measured 2.83 cm x 0.59 cm at the caudal pole and 0.44 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 were noted.

IMAGING PERFORMED BY

Diane McFadden

Liver

HOSPITAL NAME

Newton Vet Hospital

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.

REFERRING VET

Dr. Chun

Gastrointestinal

INVOICE

33675

The **gastrointestinal tract** revealed dilated bowel from the stomach through to the ileocecal junction with suspended chyme. No overt obstruction noted. Reactive mesentery was present. The colon was empty. Mesenteric lymph nodes were enlarged. Spastic bowel also present.

DATE

12/23/21

Pancreas

The **pancreas** was enlarged, edematous and hypoechoic.



PATIENT

Thor Outo

ULTRASONOGRAPHIC FINDINGS

- Aggressive gastroenteritis, parvovirus or similar should be considered

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Plasma expanders, plasma transfusion, broad-spectrum antibiotics, supportive care all indicated. Assessment for potential sepsis in this patient. Recheck sonogram in 24-48 hours depending upon clinical signs. There is no obstructive pattern in this patient, as the GI tract was dilated from the pylorus to the ileocecal junction without evidence of interruption.

BREED

Pit Bull

SEX

Neutered Male

AGE

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HOSPITAL NAME

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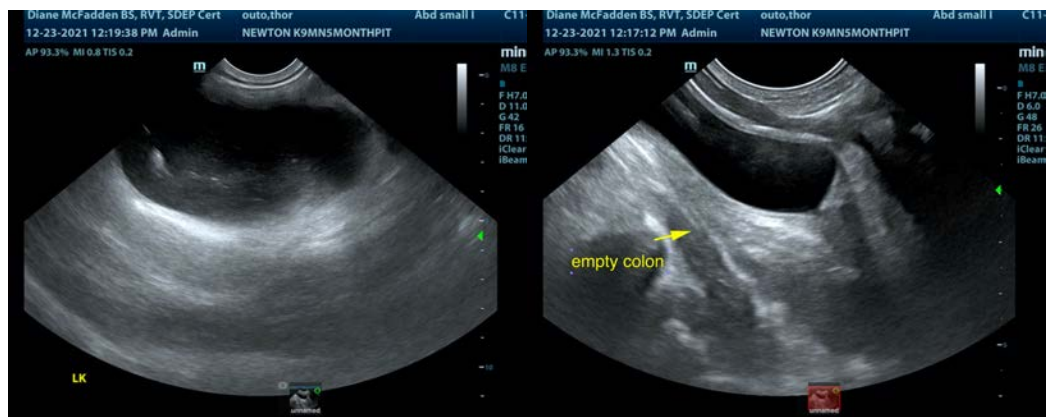
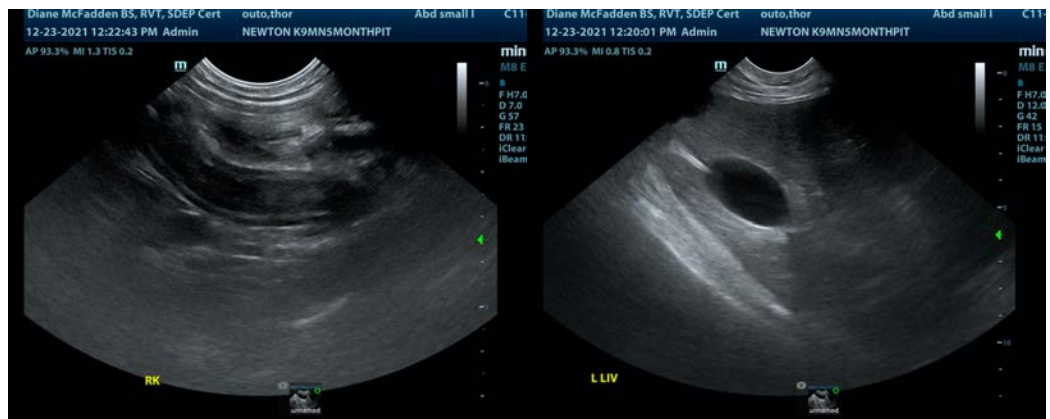
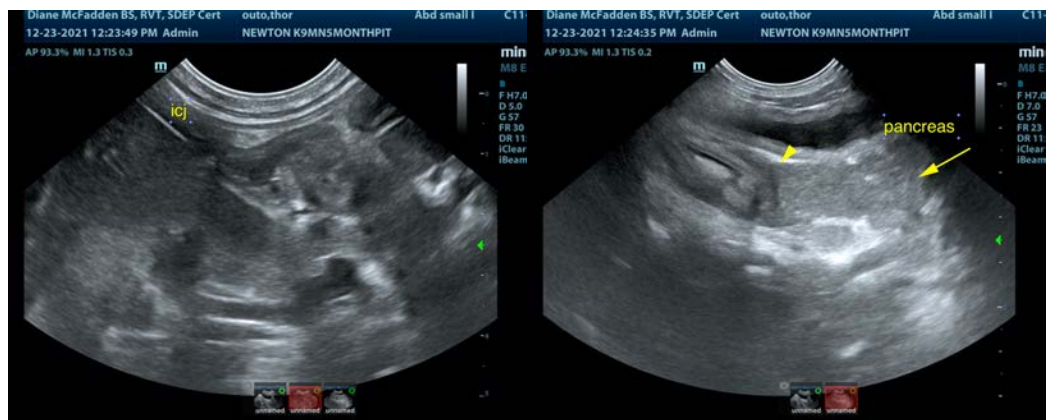
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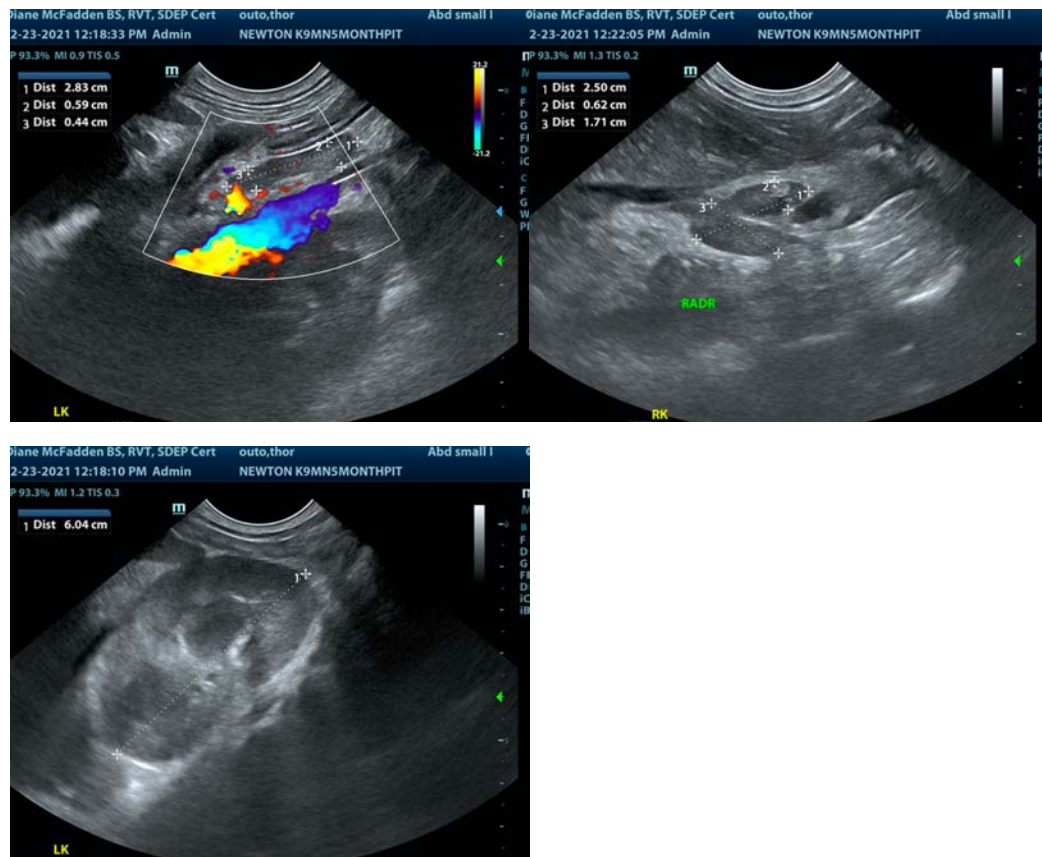
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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