

**DATE**

2/17/23

**PATIENT**

Toph Gammill

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

11/21/19

**WEIGHT**

57.4 Pounds

**INTERPRETED BY**Eric Lindquist, DMV  
DABVP, Cert. IVUSS**HOSPITAL NAME**Animal Emergency  
Hospital**REFERRING VET**

Dr. Kalwa

**INVOICE**

45348

**PRESENTING CLINICAL SIGNS**

Swelling and redness at surgical site. Fell down steps yesterday Surgery 1 week ago. Swelling on sides of abdomen, dramatically increased bw yesterday and today. Swelling hard to touch, looks like saddle bags. Defecated 2x since surgery- both orange. Appetite minimal Drinking water, urinating Hx: - Anxiety-reconcile, clonidine, gabapentin - Allergies- I/D diet, Provable. ATO - Came home last thursday night, sleeping a lot the past 4 days - Took medication, eating when hand fed, not full meal, hit/ miss out of bowl - had 2 small bowel movements, dark brown, saturday morning more normal volume but normal in color, tuesday am orangish color bowel movement - drinking and urinating - Excited and wagging tail - 1 day did not budge - Dog walker has been spending time with her- more tired but happier tuesday; yesterday more awake but not interested - For most part carrying up and down steps- 1 time left gate open and ended up on 2nd floor - Very dog reactive yesterday lunged towards another dog on front porch and fell down 4-5 stairs twice in a row - Not wearing e collar, Os are home with her- has been sleeping, didnt like her e collar, few times tried to groom further back but responded to O calling her. - Does pull on her walks - Did receive antibiotic from rDVM and finished it- today-metronidazole

Current Medications: Gabapentin, Clavamox, Methadone.

Lab Results: See attached.

Radiographs: Linea appears intact, no obvious\* herniation SQ swelling/ cellulitis over incision

Date of Previous IntraPet Ultrasound: No previous.

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: Not requested.

Imaging Performed By: Rachel Brillhart, RDMS.

**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 were 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 6.8 cm. The left kidney measured 6.43 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 2.45 cm x 0.65 cm at the caudal pole and 0.60 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 were 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.

### **Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Reactive fat noted around the stomach. 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.

### **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.

### **Other**

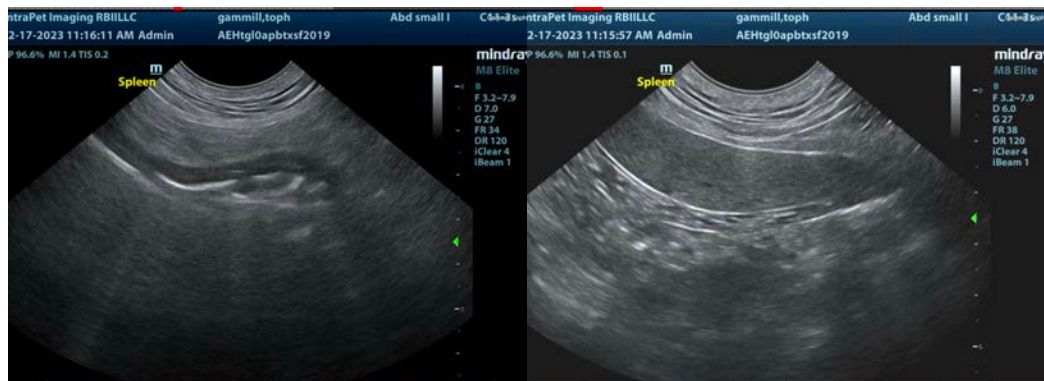
Incision site revealed ill-defined hyperechoic subcutaneous fat with edema pattern/cellulitis. Appears mildly excessive. Slight amount of post-surgical air noted in the abdominal cavity, normal post-surgery.

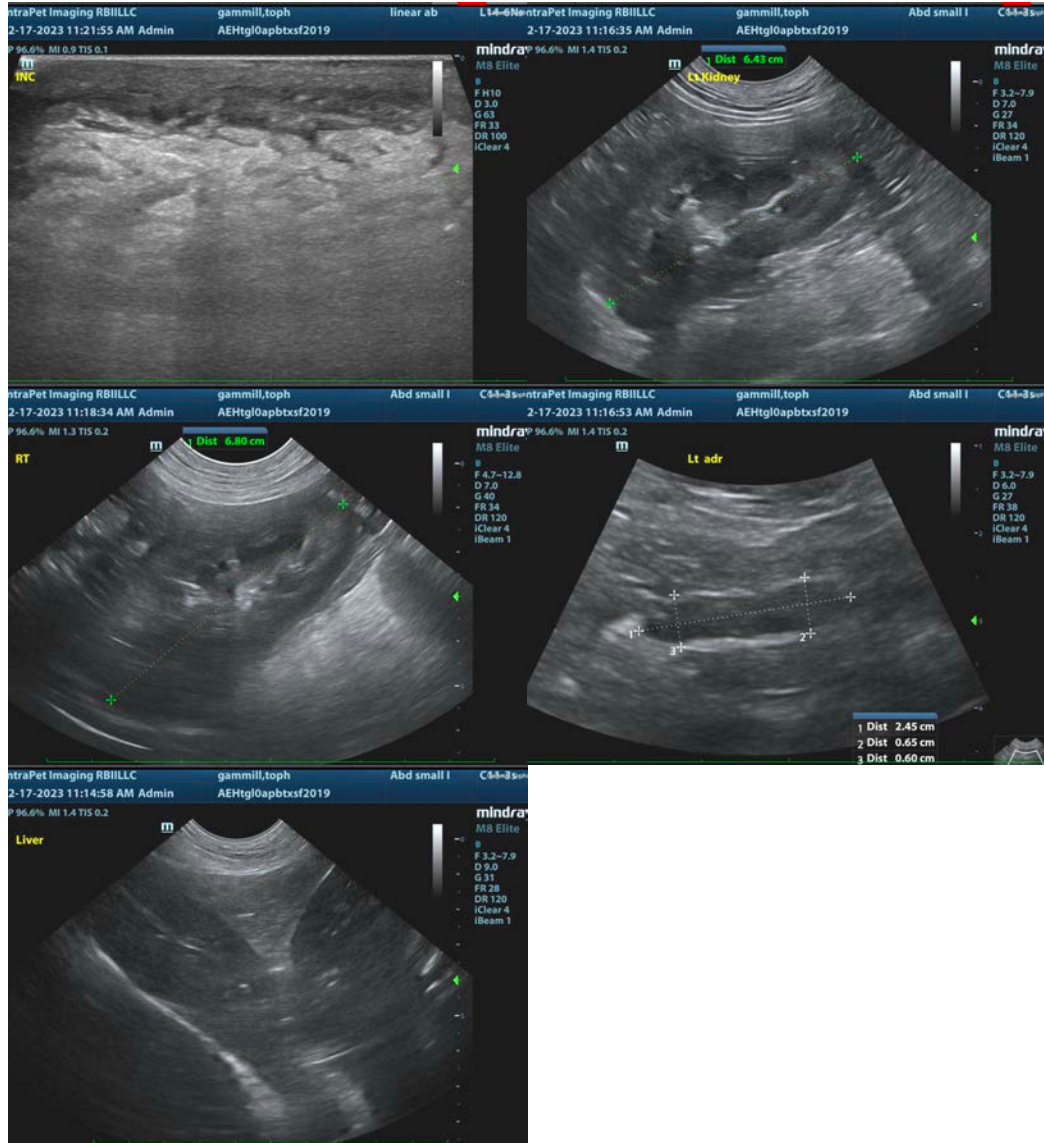
## **ULTRASONOGRAPHIC FINDINGS**

- Cellulitis pattern at incision site

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant internal pathology. Conservative medical management of the incision site and body wall cellulitis pattern recommended with broad-spectrum antibiotics and local therapy. If the patient is not improving, recheck sonogram of the incision site +/- abdominal cavity recommended in 3-5 days depending upon progression or regression of clinical signs. FNA of the cellulitis pattern with aspiration and culture would also be appropriate to assess for bacterial infection.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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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