



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Sho Miller  
**SPECIES** Patient vomiting blood, anorexic and lethargic x 3 days. Presented weak and laterally recumbent. Hematochezia in hospital with a 1"x 3/4" Piece of wood after hydration initiated. During Ultrasound, profound lethargy noted, BG checked 24; Dextrose therapy initiated

**BREED** Canine  
 Abnormal PE/Chem/CBC/UA Results: CBC- RBC 10.09 M/uL: HCT 67.8% Hemoglobin 24.2 g/dL Reticulocytes 121.1 K/uL: Monocytosis 3.63 K/uL: Eosinopenia 0.02 K/uL Chem 17- Creat- did not run - Dilution in progress BUN 51 mg/dL Phosphorus 14.3 mg/dL TP 8.7 g/dL Globulin 5.0 g/dL ALP- 544 U/L EPOC- pH 7.342 Hyponatremia 139 mmol/L Hypochloremia 105 mmol/L Hypocalcemia 0.94 mmol/L Lactate 4.47 mmol/L BUN- 44mg/dL (H) Creat 2.61mg/dL (H) HCT 65%

**SEX** Yorkshire Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX** Neutered Male

**Urinary System**

**AGE** 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.

9

**WEIGHT**

6.08

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 4.27 cm. The right kidney measured 4.33 cm.

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**Adrenal Glands**

The **right adrenal gland** was mildly heterogeneous and measured 0.88 cm at the cranial pole and 0.75 cm at the caudal pole.

The **left adrenal gland** was not visualized.

**IMAGING PERFORMED BY**

Dr. Crystal Ebert

**Spleen**

**HOSPITAL NAME**

Wilvet Salem

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.

**REFERRING VET**

Dr. Crystal Ebert

**Liver**

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The **liver** was mildly enlarged with slight coarse architecture and increased portal markings. The gallbladder and common bile duct were unremarkable.

**DATE**

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**Gastrointestinal**

The **stomach** revealed edematous wall, fluid filled lumen, and thickened submucosal layer continuing into the small intestine. No evidence of foreign body or neoplasia. Small intestine was mildly edematous and slightly thickened. Some reactive mesentery noted associated with the small intestine.



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**Pancreas**

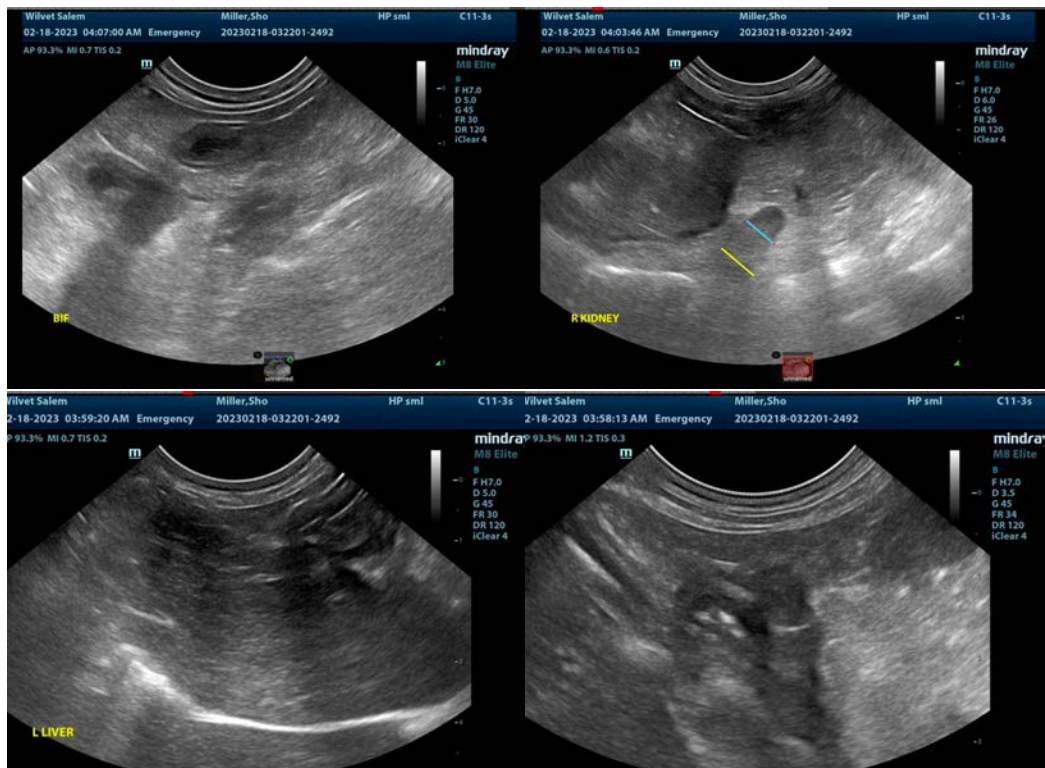
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Acute on chronic gastroenteritis, chronic inflammatory bowel likely
- Mildly heterogeneous right adrenal gland

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Enterotoxin, parasites, acute on chronic inflammatory bowel all potentials in this patient. No evidence of neoplasia. Plasma expansion, treatment for enterotoxins and parasites indicated. Recheck sonogram min 48-72 hours if the patient is not improving.





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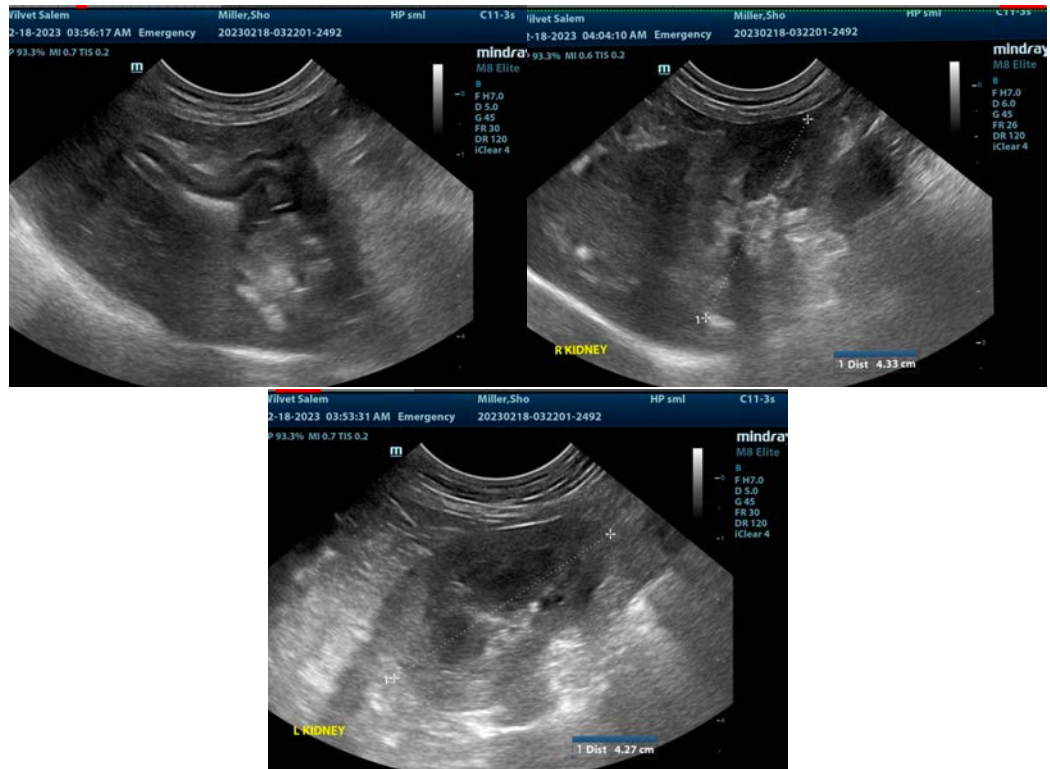
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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