



**PATIENT**

Chewy Sullivan

**SPECIES**

Canine

**BREED**

Schnauzer

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

6.3 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Slenbaker

**INVOICE**

36134

**DATE**

3/13/22

**PRESENTING CLINICAL SIGNS**

Presented at our hospital for diarrhea, vomiting, and sudden lethargy this morning. Previous Health Concerns: glaucoma, addisons Current Medications: Prednisone ¼ tablet, Addisons injection (Zycortal?), eye drops Appetite/When did they eat last: ate last night Diet: purina one chicken and rice Vomiting/Diarrhea: vomited this morning and overnight, diarrhea today  
Abnormal PE/Chem/CBC/UA Results: Temp: 93.5 F Respiration Effort: increased MM/CRT: muddy, >3 Cardiovascular: tachycardia, poor pulse quality Respiratory: BV sounds x 4 quadrants Abdominal: very painful abdomen, cranial abdomen distention Neurological: menace present, very dull, minimal response to noxious stimuli Radiographs: severe gastric distention, no obvious mass or FB EPOC: pH 6.997 L, Lactate 8.05 H, BUN 41 H, Creat 3.06 H, Glucose 288 H, HCT 64H CBC: 23.97 H, PMN 22.10 H, stress leukogram, RBC 9.17 H, HGB 21 H, HCT 59.1 H, Plt 503 H Chemistry: BUN 53.4 H, Creat 2 H, Phosphorus 14.3 H, Calcium 13 H, Total protein 9.7 H, Albumin 4.7 H, Globulin 5 H, Glucose 264 H, ALT 225 H, Total bilirubin 1.2 H Blood pressure (post crystalloid fluid bolus): cuff left front 2.5 cm; 109 / 58 (75); 102 / 57 (77); 100 / 62 (77)

**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** presented normal size and contour. Corticomedullary definition was maintained. The cortical echogenicity was slightly increased, yet expected for this patient. No significant degenerative changes noted. Acute insult suspected. The left kidney measured 4.58 cm with trace pyelectasia noted. The right kidney measured 5.04 cm with trace pyelectasia noted.

**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 0.50 cm.

**Spleen**

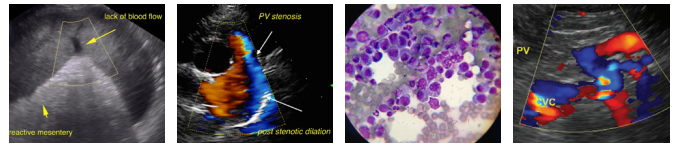
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated 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** was slightly subnormal in size. Mild increased portal markings. The gallbladder and common bile duct are unremarkable. No evidence of post-hepatic disease.

**Gastrointestinal**

The **stomach** was overdistended with chyme. The small intestine and colon were unremarkable. Fluid filled colon noted.



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**Pancreas**

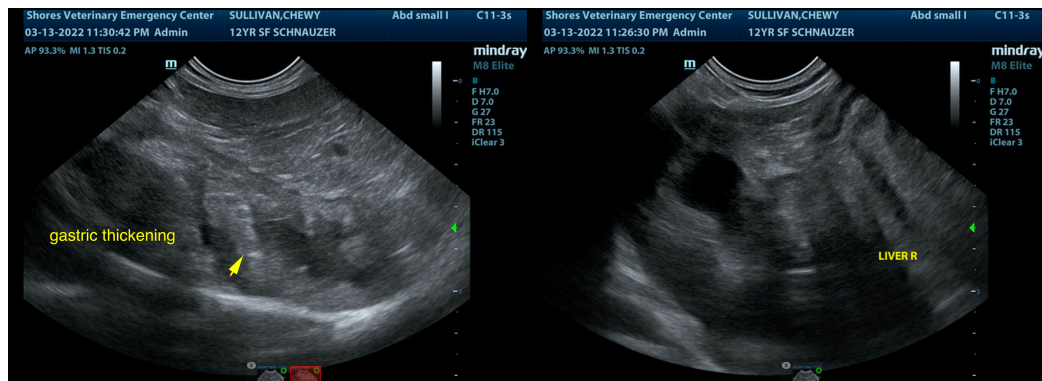
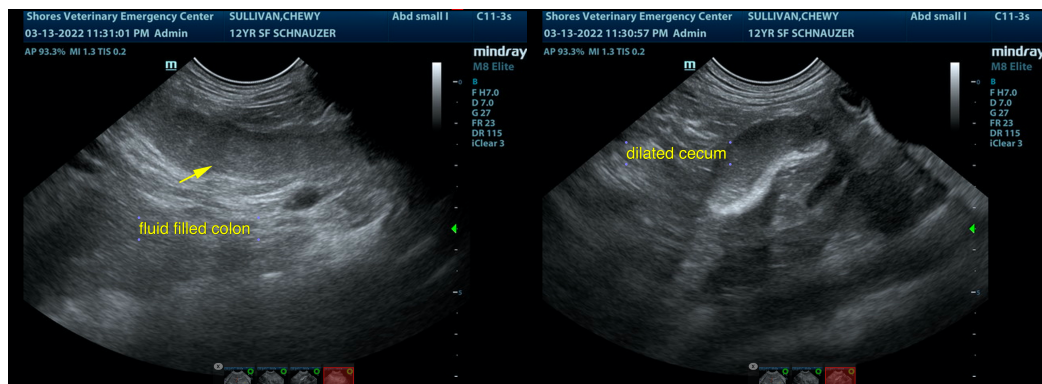
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Resolving gastroenteritis
- Acute hepatorenal insult – suspect Leptospirosis or other similar insult
- Mild gastric thickening

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

24-hour NPO, IV fluid support, Ampicillin/Metronidazole combination recommended with nutraceuticals. GI protectants indicated. Recheck sonogram if clinical signs persist. Leptospirosis titers indicated.





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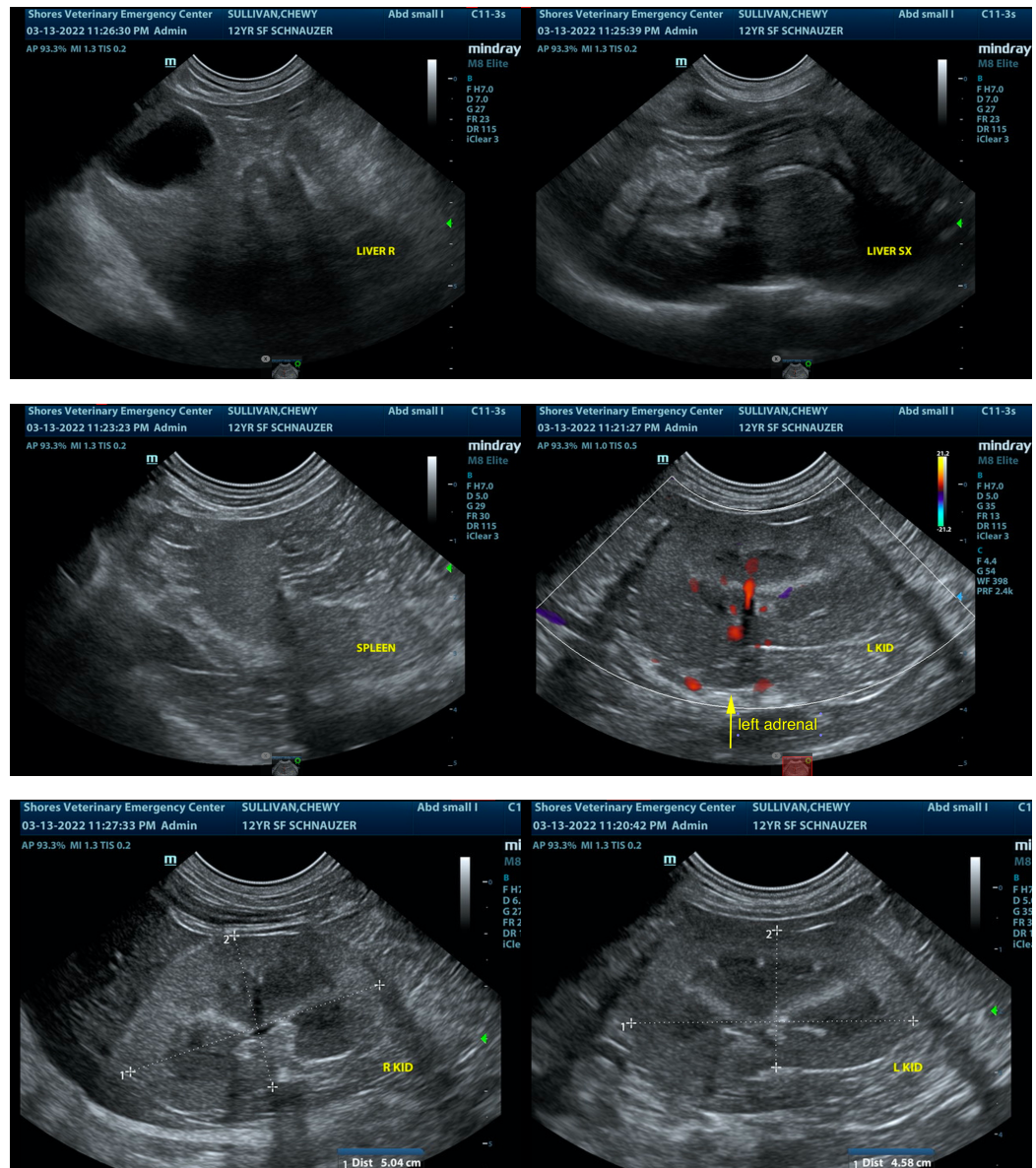
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

[info@SonoPath.com](mailto:info@SonoPath.com)