



PATIENT

Bentley Eubanks

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

8 Years 8 Months

WEIGHT

59

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Ray Caughman

HOSPITAL NAME

Dogwood Animal
Hospital

REFERRING VET

Dr. Ray Caughman

INVOICE

14406

DATE

03/18/26

PRESENTING CLINICAL SIGNS

- Lethargic last 36 hours
- Vomit
- Liquid diarrhea
- Neighbors had cookout few days ago . there is no fence between the neighbors

Abnormal PE/Chem/CBC/UA Results: Anemia, elevated rectal temp 103. Chest rads WNL WBC 39K, BUN 39, Cr 30, Phos 14.3, Cl 99, Lipase4456, Alp 315 Abdominal pain. Dehydrated. Firm mass under left arm 2 softball size with bruising. Needle aspirate revealed infection.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra to a depth of 1.0 cm were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.8 cm in length. The right kidney measured 5.23 cm in length. A cortical infarct was present in the caudal pole of the right kidney. Cortical medullary mineralization was noted.

Adrenal Glands

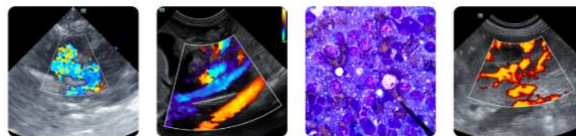
Both **adrenal glands** were not visualized.

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

Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele, but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Reactive mesentery was noted associated with the GI tract. There are portions of dilated bowel as well as an empty bowel, however, significant spastic activity is noted. Cannot rule out a foreign body. Full criteria for obstruction was not present in the image set provided.

Pancreas

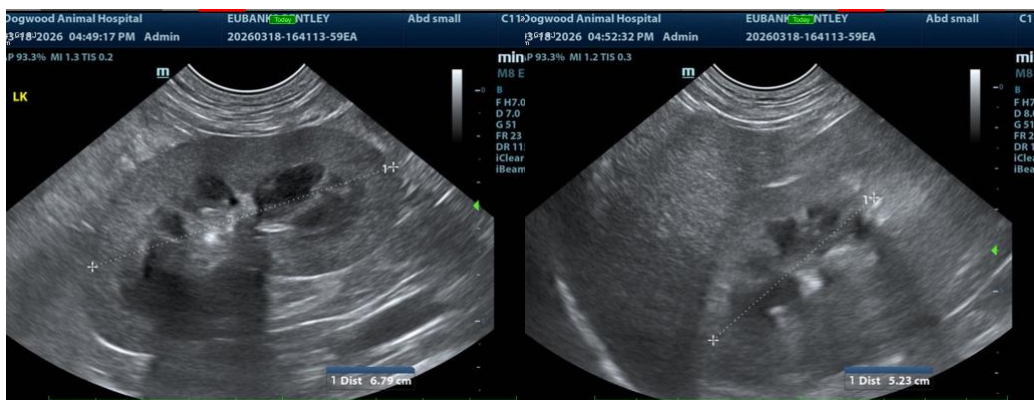
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild urine sediment.
- Vacuolar hepatopathy pattern.
- Suspect gastroenteritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinary work up is warranted with IV fluid support, 24-hour NPO and recheck sonogram after some artifact is resolved. Recommend following intestinal dilation to its finality as to whether it is terminating to the ileocecal junction which would indicate enteritis as opposed to a foreign body obstruction.





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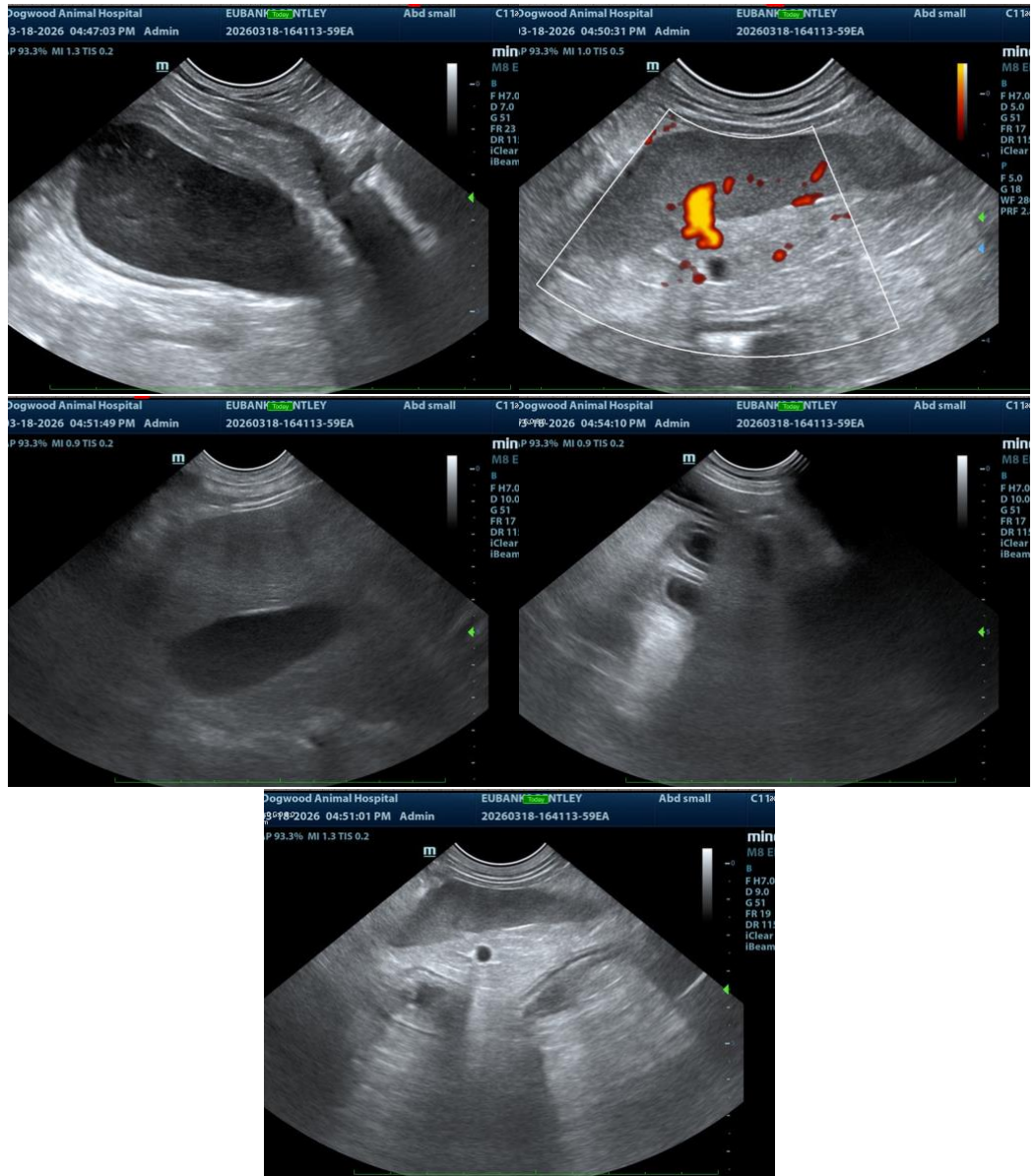
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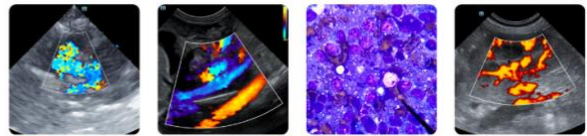
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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info@SonoPath.com



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