



## PATIENT

Kevin Woods

## SPECIES

Canine

## BREED

German Shepherd

## SEX

Neutered Male

## AGE

4 Years

## WEIGHT

68.8 pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Meghan Bray

## HOSPITAL NAME

Taylorsville Veterinary  
Clinic

## REFERRING VET

Dr. Elizabeth Stiefvater

## INVOICE

14536

## DATE

03/23/26

## PRESENTING CLINICAL SIGNS

- Originally found in Texas in 2023.
- Hx of resolved Heartworm disease and a previous skull fracture, also resolved.
- On 3/19/26 Kevin presented for vomiting (on 3/16 and 3/17, none since then), anorexia and lethargy since 3/17. PE revealed significant dehydration and cranial organomegaly on abdominal palpation.
- Kevin was admitted for IVF therapy and was also treated with IV metronidazole and IV Cerenia.
- Kevin returned on 3/20 for continuation of IVF and medication, as he had not eaten at home the previous evening.
- Kevin seemed to do well on 3/20, his hydration became significantly improved and he ate EN Savory Selects lamb while he was here. No V/D, urinations were normal.
- Kevin was sent home for the weekend on oral Cerenia, metronidazole, and Denamarin, along with EN food.
- Owner was told that if Kevin was not doing well by Monday that an AUS was the next step.
- Owner reports over the weekend Kevin was very PU/PD, urinating through belly bands. He did not eat over the weekend and is still lethargic.

PE revealed significant dehydration and cranial organomegaly on abdominal palpation. Labs revealed a WBC count of 17000, mostly neutrophilia. Liver values were significantly elevated. ALT = 745, ALP = 1247, and Tbili = 3.1.

## 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 left kidney measured 8.0 cm in length. The right kidney measured 6.8 cm in length.

### Adrenal Glands

The **left adrenal gland** was visualized and recognized as having normal shape, size (yet at the upper limits of normal), 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 0.87 cm width.

The region of the **right adrenal gland** was unremarkable.

### Spleen

The **spleen** presented mildly enlarged and uniform.

### Liver



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The **gallbladder** was over distended and inflamed with mildly echogenic slight free fluid and reactive mesentery surrounding the gallbladder. The liver was unremarkable.

### Gastrointestinal

Much of the upper **gastrointestinal tract** was obscured.

### Pancreas

Much of the **pancreas** was obscured.

### Free Abdomen

A large amount of abdominal free fluid was present. A large amount of coalesced omentum was noted around the upper gastrointestinal tract and the pancreas.

### ULTRASONOGRAPHIC FINDINGS

- Inflamed gallbladder mucocele.
- Heterogenous spleen.
- Coalesced omentum around the upper GI tract/pancreas.
- Large amount of free fluid in the abdomen.

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend ultrasound guided abdominocentesis of the free fluid in this patient to assess if this is consistent with bile peritonitis as leakage from the gallbladder may be an issue, however, an underlying neoplastic event with an incidental gallbladder mucocele can also present in this fashion. I cannot rule out an upper GI or pancreatic pathology as the source. Direct exploratory surgery may be the best option in this patient depending upon abdominocentesis findings with expectations towards cholecystectomy and debridement of tissue in the cranial abdomen. Prognosis is open yet this is an acute abdomen that necessitates an all likelihood of surgical intervention.





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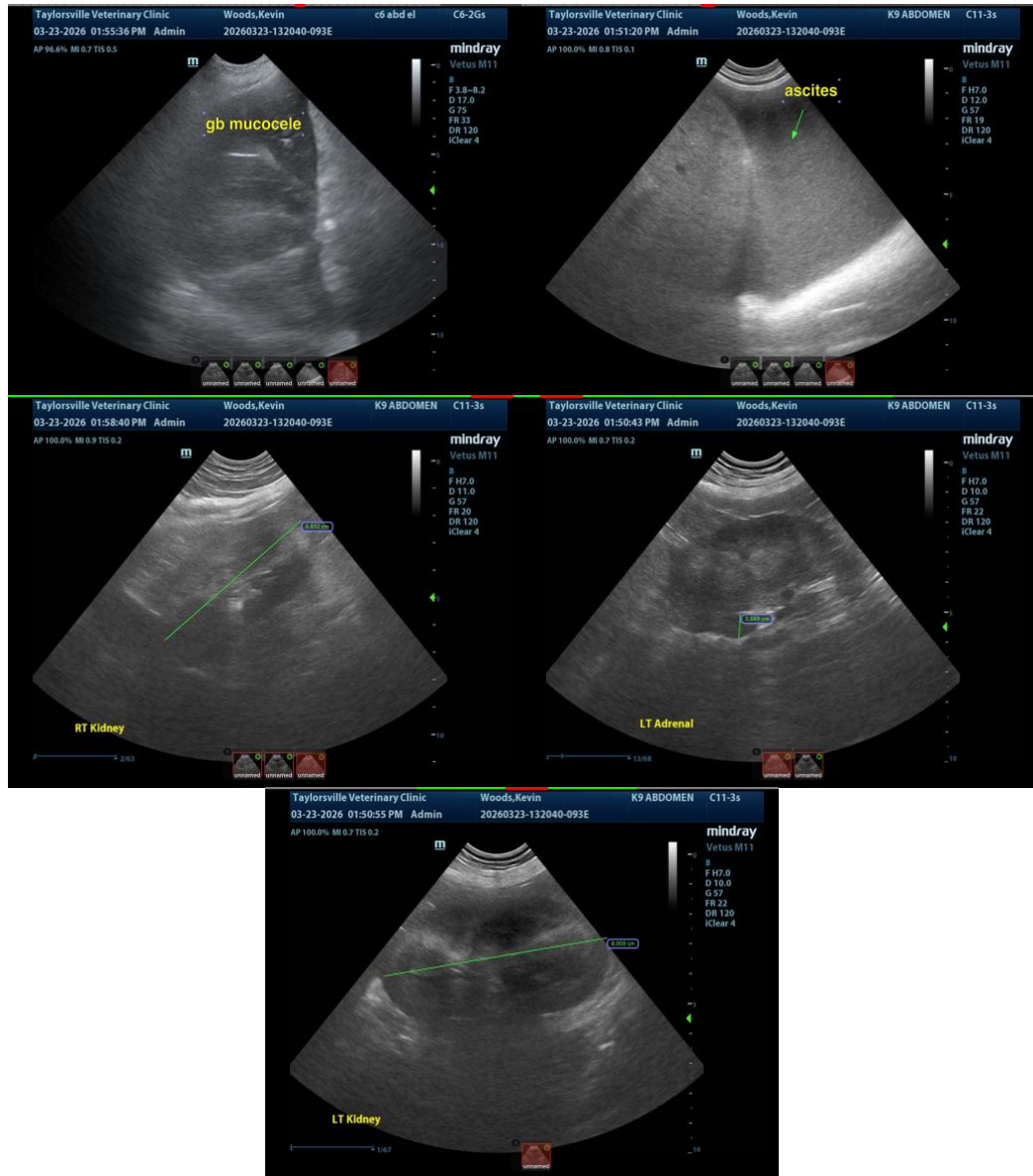
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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