



**PATIENT PRESENTING CLINICAL SIGNS**

Jojo Phillips

History: Brief History: Presented to pDVM 4 days ago for tarry black stool for 3 days and weakness/wobbly a few days ago. Did BW which showed elevated liver enzymes and PCT of 45%. Was sent home on carprofen (O did not give this medication). Presented here yesterday for continued black diarrhea with frank blood as well. No interest in food for 24 hours, BW showed anemia of HCT 19% non regenerative. Concen for possible ulcer or mass. Saline agglutination negative. Received a unit of pRBC which increased PCV to 31/8.0

**SPECIES**

Canine

**BREED**

Boston Terrier

Abnormal PE/Chem/CBC/UA Results: pDVM BW on the 9th: ALP 825 ALT 298 AST 58 BUN 29 PCV 45 CBC - HCT 19%, WBC 21.75\*, Neut 17.44\*, suspect bands, Mono 1.64\*, Eos 0.03\*, PLT 289, retics 90k (not regenerative) Chem - Glu 115, Creat 1.1, BUN 77\*, Phos 6.6, Ca 8.7, TP 5.2, ALB 2.4, Glob 2.8, ALT 53, ALP 141, GGT 5, cholesterol 95\* pH 7.326\*, BE -11.9\*, Na 150, K 4.6, Cl 122, Ca 1.15, Lact 2.18\*, BUN 65\*, creat 1.15, glu 108, HCT 20% PT 11 (normal) PTT 118 (slightly prolonged) Hematochezia + with previous melena Anemia Azotemia - rule out GI bleed vs pre-renal vs renal HX chronic diarrhea HX heart murmur

**SEX**

Neutered male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**AGE**

13 years

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 was noted. Ureteral papillae were normal.

**WEIGHT**

11.73 kg

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cyst was noted. The right kidney measured 5.0 cm.

**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gardner

**Adrenal Glands**

**HOSPITAL NAME**

Wilvet Salem

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 0.5 cm. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

**REFERRING VET**

Dr. Gardner

**Spleen**

**INVOICE**

97102

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 was noted.

**DATE**

3/23/22



**PATIENT**

**Liver**

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The **liver** revealed uniform parenchyma and slightly increased portal markings. The hepatic veins are dilated. This is normal if the patient was under sedation. The gallbladder and common bile duct were unremarkable. These changes are expected for this age patient.

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**Gastrointestinal**

**BREED**

Boston Terrier

The **gastrointestinal tract** revealed an edematous wall and hyperperistalsis with no loss of mural detail. Minor enhanced surrounding fat was noted around the regions of the gastrointestinal serosa. There was no evidence of foreign body or neoplastic criteria. Images from the stomach, small intestine and colon were presented. This is most consistent with gastroenteritis owing to viral, bacterial/endotoxin or possible parasitic disease. There was no overt ulcerative disease noted. However, microulceration cannot be ruled out. Reactive mesentery was noted associated with the GI tract.

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**Pancreas**

Hyperechoic mesentery was noted around the right limb of the **pancreas**.

**WEIGHT**

11.73 kg

**ULTRASONOGRAPHIC FINDINGS**

Gastroenteritis pattern, possible low-grade pancreatitis.

Otherwise, benign abdomen.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Moderate degenerative renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If no significant proteinuria is present then protein loss from the GI tract is likely. CBC path review and bone marrow aspirate is recommended for further definition of the clinical profile. GI protectant protocol, pain management if discomfort is noted and subxiphoid palpation. Neoplastic criteria is not met in any organs in this patient. Some prerenal azotemia is likely. Given the patient's history GI blood loss is likely. However, no overt evidence of macroulcerative disease was noted.

**HOSPITAL NAME**

Wilvet Salem

For an additional charge an internal medicine consult can be utilized through [Sonopath.com](http://sonopath.com). You can select the internal medicine drop down at <http://spa.sonopath.com/>.

**REFERRING VET**

Dr. Gardner

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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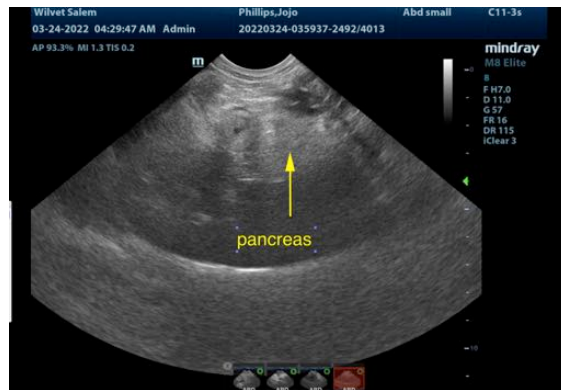
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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