



PATIENT PRESENTING CLINICAL SIGNS

Butch Irahetajuarez

SPECIES

Canine

BREED

Shepard

SEX

Neutered male

AGE

7 years

WEIGHT

44.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

96408

DATE

3/26/22

History: Transfer from VCA Keizer for suspect ITP with hematemesis. Increased lethargy and anorexia on Prednisolone initially 40mg q12h. 2 week hx appetite waxing and waning with no V/D. Past hx of Anaplasmosis not positive on 4DX and L hind partial ACL tear 1 year ago. Current meds- carprofen since 2/9/22 d/c 2 weeks ago. Started Prednisolone 40mg BID. Simparica trio monthly. Gabapentin last given 2 weeks ago. **HISTORY:** 2 week hx off/on appetite, originally no vomiting/diarrhea. hx L partial ACL tear - 1 year ago. started gaba/carprofen jan/dec bc more painful. hx Anaplasmosis - low platelets at that time. at least 2 years ago. resolved on 4dx. lacerated front paw 6 years ago. otherwise healthy. vomited twice today - digested food, red blood, grass. more lethargic recently. no diarrhea, melena. ate dinner last night, not this morning. didn't receive his pred this morning **CURRENT MEDICATIONS/SUPPLEMENTS:** carprofen since at least 2/9/22, stopped 2 weeks ago. and started prednisolone 40mg po bid. simparica trio monthly. gaba last given 2 weeks ago
Abnormal PE/Chem/CBC/UA Results: IMHA/ITP BW on 3/21 at VCA - CBC - HCT 51%, WBC 9.9, PLT 6k w/few platelet clumps seen. T 4 - 2.5, UA - USG 1051, pH 5, trace protein, 2+ blood, 1+ bili, RBC 11-20, WBC 0-1, ca ox di crystals 4-10, no bacteria seen Chem - TP 5.6, ALB 3.1, Glob 2.5, Mg 1.4 *L, CPK 44*L, normal liver enzymes, normal kidney enzymes Rads - not submitted to specialist. per rdvm no evidence of mets, enlarged spleen, no mass effect FAST scan - per rdvm enlarged liver/spleen, no masses, no free fluid Sent home on prednisone 40mg PO BID Recheck on 3/25 due to hematomesis- BW (in house) WBC 27.9*, Neu 25*, HCT 38%, PLT 0, slide evaluation minimal clumping 3/25 WilVet Snap 4dx test - all negative CBC select + path review - pending to Idexx PCV 40%, TS 5.2 g/dL EPOC - pH 7.464*, Na 147, K 4, Cl 113, Ca 1.22, Glu 183, Lac 4.82*, BUN 13, Crea 0.72, HCT 29% Blood type - positive manual platelet q24h - performed this morning at primary care

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was over distended and partially visualized.

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 5.0 cm. The right kidney measured 5.0 cm with slight pyelectasia.

Adrenal Glands

The left **adrenal gland** was 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 was 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 was noted.



PATIENT

Liver

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The visible **liver** was unremarkable and uniform. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **stomach** was over distended with fluid. The remainder of the gastrointestinal tract was unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

44.2 kg

Unremarkable abdomen based on the image set provided.

Gastric ileus.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of primary disease. GI protectants are warranted. CBC path review +/- bone marrow aspirate is recommended.

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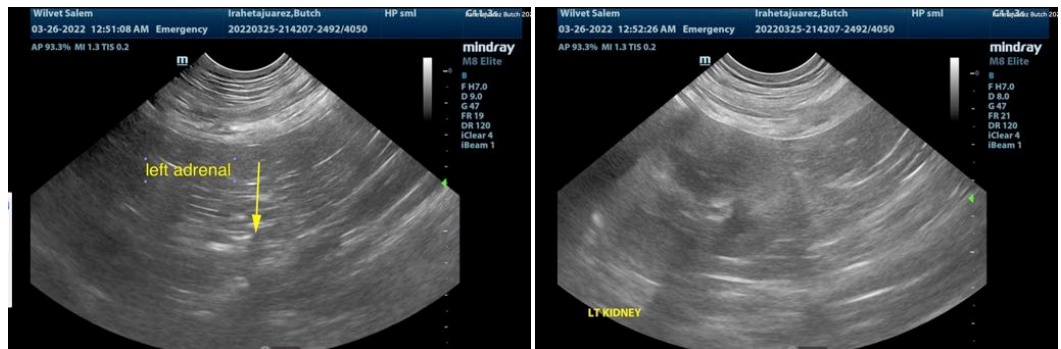
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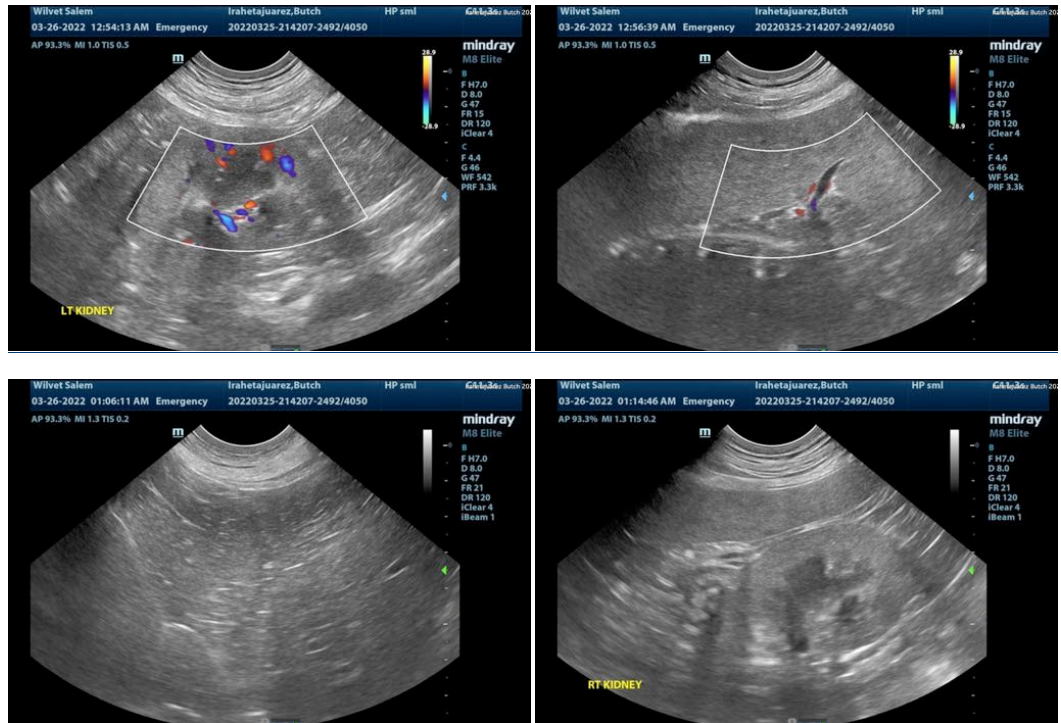
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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