



**PATIENT**

Meatball Fitzpatrick

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered male

**AGE**

10 years

**WEIGHT**

34 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores Veterinary  
Emergency Center

**REFERRING VET**

Dr. Miller

**INVOICE**

97965

**DATE**

3/31/22

**PRESENTING CLINICAL SIGNS**

History: Presented at our hospital for AUS. Presented for FB sx 3/18/22, sock was found in the stomach, rest of the GI system was run and was clear. Never seemed to bounce back after sx. Still NE/ND (owner syringing water and food), very lethargic, mucous from eyes, very watery/explosive foul-smelling dh. Gagging a lot. Previous Health Concerns: ear infections, food allergies Current Medications: none Appetite/When did they eat last: syringed baby food this afternoon  
Abnormal PE/Chem/CBC/UA Results: mm icteric Dehydrated, depressed, weak Abdominal: soft/tender cranially Musculoskeletal: several sq lumps/ bumps; Lumbar/ hip discomfort; slow to rise  
Preop bloodwork 3/18/22: PHOS 5.2; GLU 146; ALT 189; ALP 178; LYM 0.41; HGB 21.3; HCT 57.8; pH 7.349; Lactate 3.09 Rdm bloodwork 3/24/22: HCT 60.5; MCHC 29.1; RDW 14.3; NEU 12.9; MONO 2.42; TP 5.1; ALKP 377; TBIL 1.7; AMYL 492

**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 was noted. Ureteral papillae were normal.

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. The right kidney measured 7.71 cm. The left kidney measured 8.2 cm. A slight, hyperechoic infarct was noted in the caudal pole of the left kidney, this is stable.

**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 2.97 x 0.6 cm at the cranial pole and 0.65 cm at the caudal pole.

**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**

Meatball Fitzpatrick

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. 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**

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The **stomach** was empty in this patient. A 3.0 cm wide portion of dilated intestine was noted in the midabdomen. This is consistent with dilated cecum and transverse colon. However, the exact position of the intestinal dilation cannot be completely ascertained. The colon was dilated with fluid.

**AGE**

10 years

**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.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

Acute hepatic insult is likely.

Dilated intestine.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend 24 hour n.p.o., IV fluid support and treatment for gastrointestinal upset/Typhlitis. Structurally the liver appears unremarkable. Leptospirosis titers are indicated. A recheck sonogram is recommended after 24 hour n.p.o. status.

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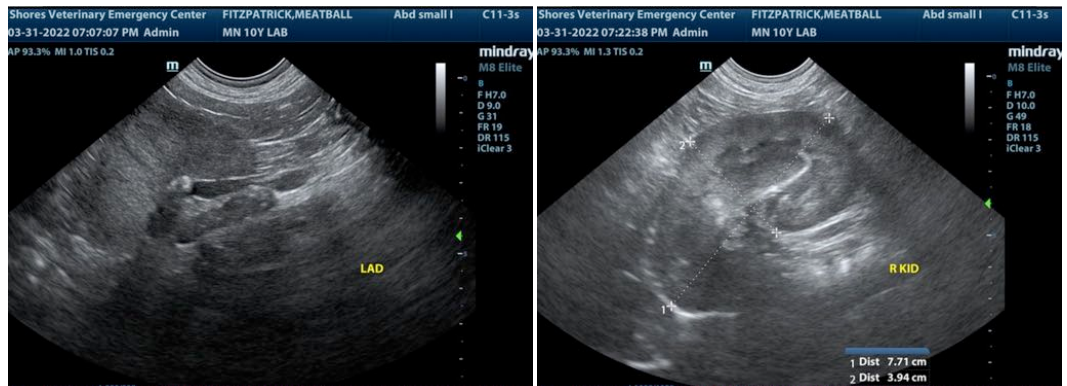
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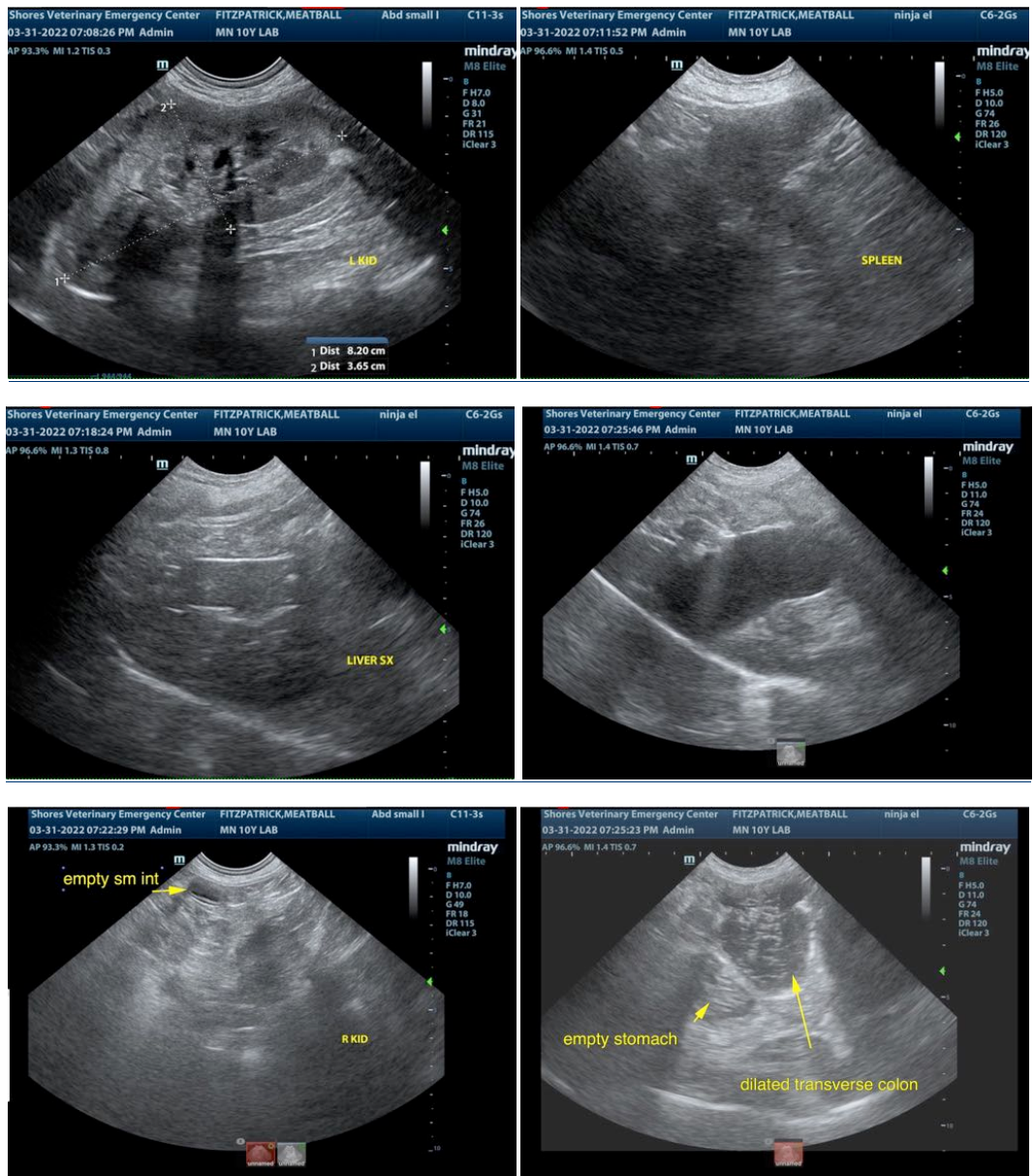
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com