



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Rupert Dixon

History: Patient has been acting lethargic and started to struggle to poop today. He did poop yesterday but today he wandered around the yard and would not go. He has not urinated and is not drinking per owner

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: CBC: lymphopenia, thrombocytosis COMP: NSF EPOC: pO2 69.2, cSO2 93.7, BE -5.6, lactate 3.46 PCV/TS: 43%/8.8g/dL

Canine

**BREED**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Terrier Mix

**Urinary System**

**SEX**

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.

Neutered male

**AGE**

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. Pinpoint mineralization was noted. The right kidney measured 4.9 cm. The left kidney measured 4.8 cm.

**WEIGHT**

9.5 lbs

**Adrenal Glands**

**INTERPRETED BY**

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 0.58 cm.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

**Spleen**

Dr. Kuzimski

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**HOSPITAL NAME**

Animal Emergency  
Hospital Deland

**Liver**

**REFERRING VET**

Dr. Kuzimski

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

43849

**DATE**

4/13/23



**PATIENT**

**Gastrointestinal**

Rupert Dixon

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Canine

**Pancreas**

**BREED**

Terrier Mix

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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**AGE**

11 years

Largely age related changes expected for this age and breed.

**WEIGHT**

9.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend assessment of orthopedic pain/spinal pain, lumbosacral pathology. There is no evidence of visceral disease responsible for the clinical signs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**ABOUT SONOPATH CT SERVICES:**

**SonoPath CT Services** are offered at the SonoPath Imaging and Veterinary Education Center, 141 Main St (rt 206), Andover, New Jersey, a 20-minute drive west on route 80/206 North from the route 80/287 interchange/Parsippany, New Jersey. More information can be found at <https://sonopath.com/resources/sonopaths-teleconsultation-services-and-sdep-certification/sonopath-ct-services>

**IMAGING PERFORMED BY**

Dr. Kuzimski

**HOSPITAL NAME**

Animal Emergency Hospital Deland

**REFERRING VET**

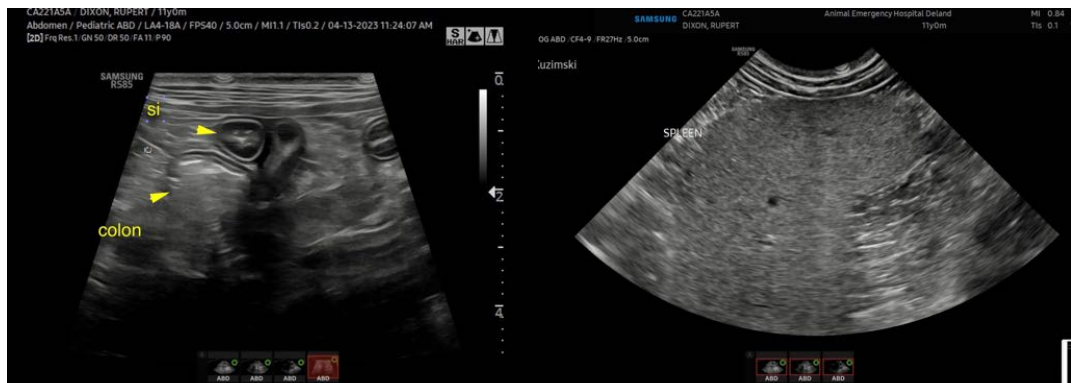
Dr. Kuzimski

**INVOICE**

43849

**DATE**

4/13/23





**PATIENT**

Rupert Dixon

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

9.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Kuzimski

**HOSPITAL NAME**

Animal Emergency Hospital  
Hospital Deland

**REFERRING VET**

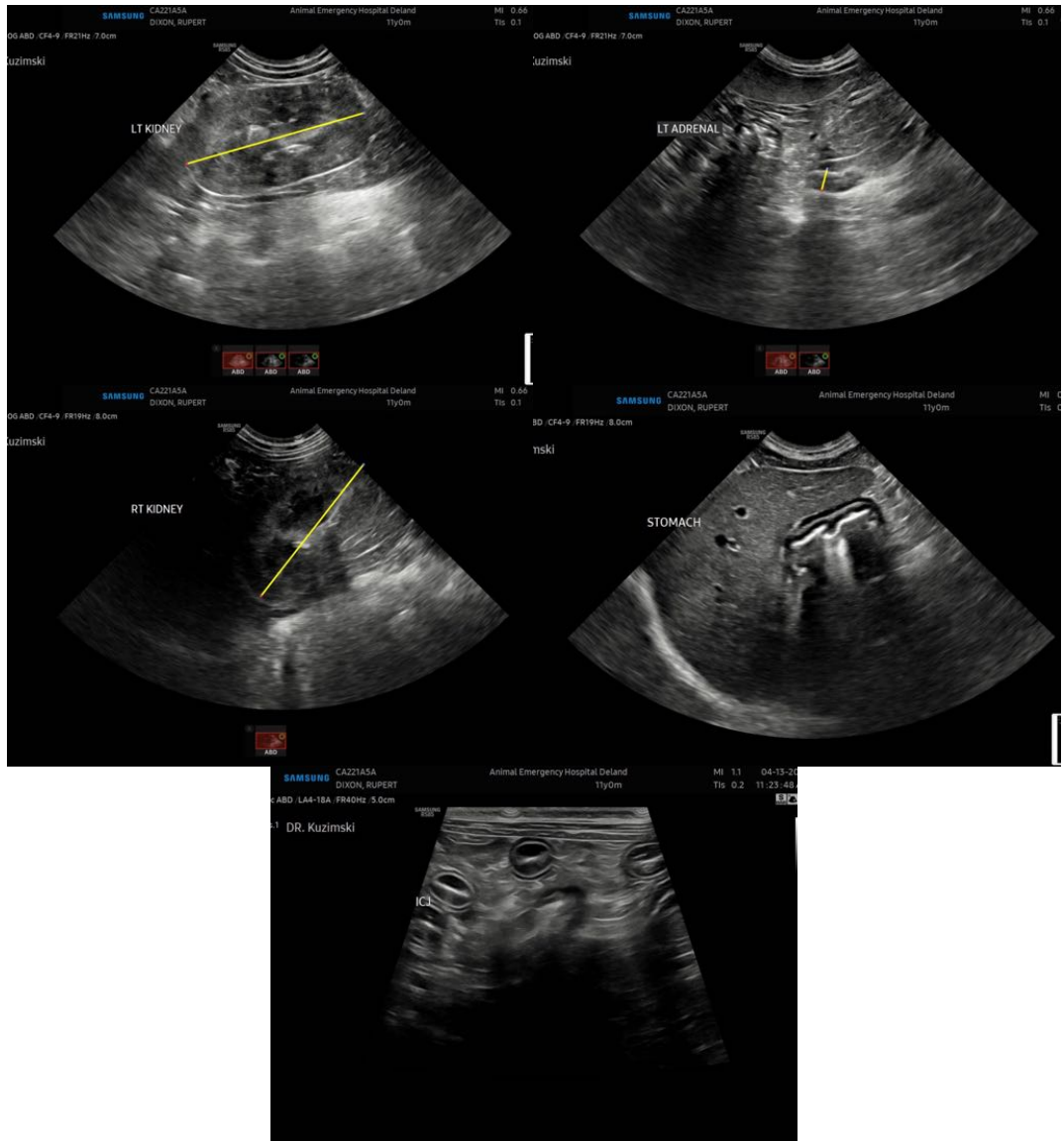
Dr. Kuzimski

**INVOICE**

43849

**DATE**

4/13/23



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