

DATE PRESENTING CLINICAL SIGNS

4/18/23

Referred for bite wounds from Pit Bull; rDVM concerned for flail chest, penetrating abdominal or chest wound, and/or diaphragmatic hernia. rDVM transported w/flow-by oxygen
Current Medications: Unasyn, Ondansetron, Methadone.
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed By: Rachel Brillhart, RDMS.

PATIENT

Teddy Weber

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

4/17/15

WEIGHT

17.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Animal Emergency
Hospital

REFERRING VET

Dr. Martinoli

INVOICE

43852

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 residual prostate measured 0.5 cm.

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 right kidney measured 4.73 cm with slight pinpoint mineralization. The left kidney measured 4.77 cm.

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 1.83 x 0.72 cm at the caudal pole and 0.59 cm at the cranial pole. The right adrenal gland measured 1.61 x 0.53 cm at the caudal pole and 0.77 cm at the cranial 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.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The portal vein to vena cava ratio was 1:1 with no evidence of portosystemic shunting. Slightly increased portal markings were noted in the liver with minor, irregular swelling. The gallbladder and common bile duct were unremarkable. The diaphragm was not cleanly intact. Pleural effusion was noted with areas of lung consolidation. This is consistent with hemothorax.

Gastrointestinal

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.

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.

Heart

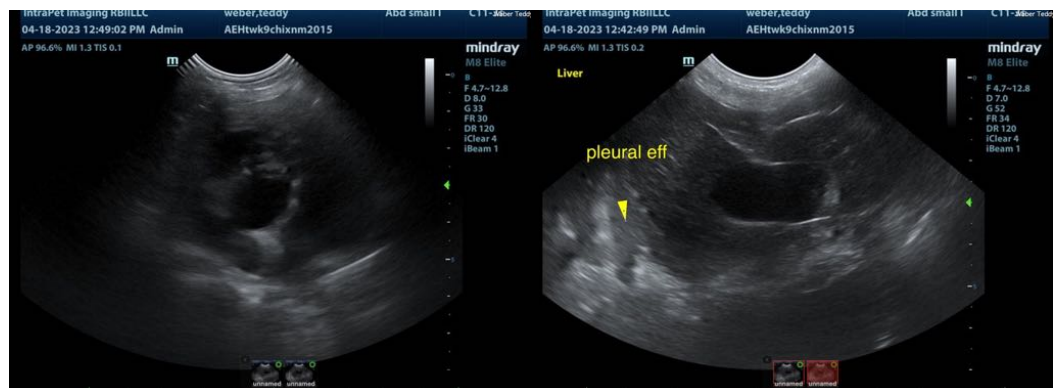
Rapid view of the heart revealed no evidence of pathology. There was no evidence of pericardial effusion. Pleural effusion was noted and is not cardiogenic. There were variable areas of lung consolidation noted.

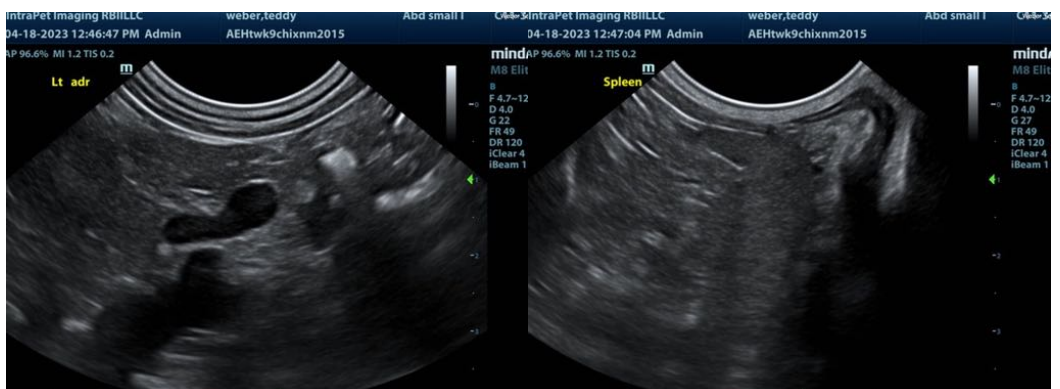
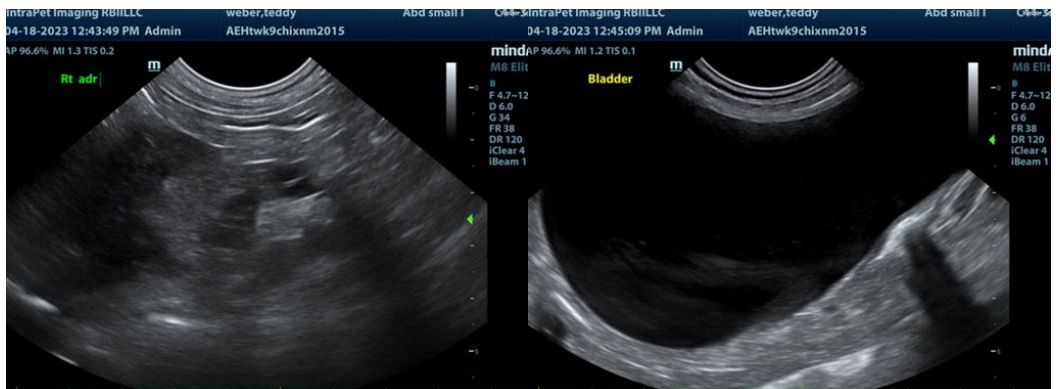
ULTRASONOGRAPHIC FINDINGS

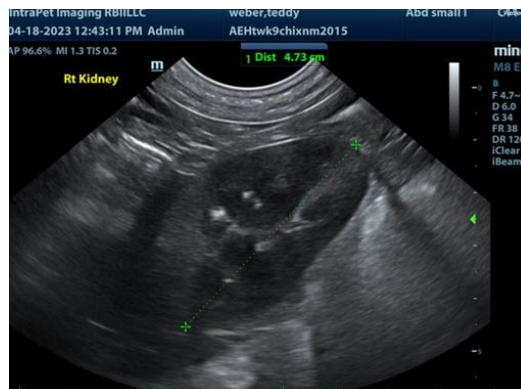
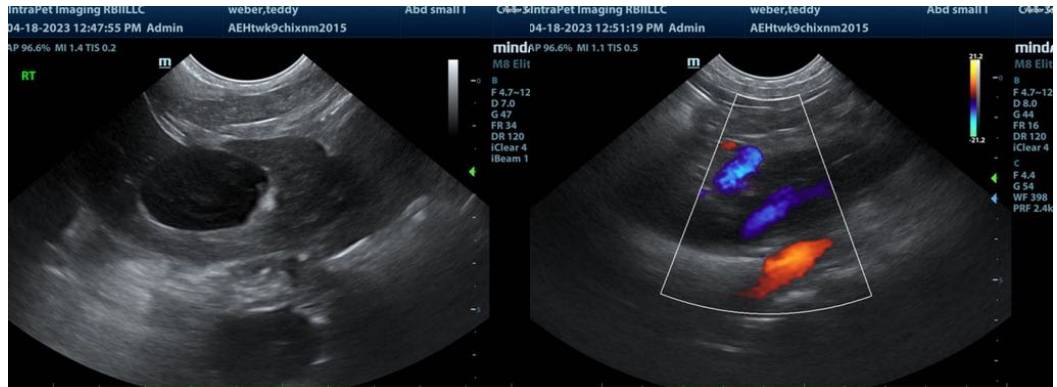
Non-cardiogenic pleural effusion, likely owing to trauma, lung contusions. Concurrent inflammatory hepatopathy, yet likely secondary to systemic inflammation and reactive hepatopathy or hepatic contusion.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Neoplasia cannot be completely ruled out, but would not fit with the history. Chest CT would be ideal in this patient with contrast. Supportive care, stabilization, pleurocentesis +/- chest tube may be appropriate. Further approach based on CT results. I cannot rule out a diaphragmatic hernia; however, it cannot be completely confirmed either.







The information and recommendations provided are based on the images presented by the referring veterinarian. 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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