



PATIENT

Erte Leggett

SPECIES

Canine

BREED

Miniature Poodle

SEX

Neutered Male

AGE

13 Years

WEIGHT

23.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Couser

HOSPITAL NAME

Willamette VH

REFERRING VET

Couser

INVOICE

14557

DATE

4/4/22

PRESENTING CLINICAL SIGNS

History: Presented for progressive lethargy, diarrhea, vomiting, and anorexia for 4-5 days. Went to rDVM on 4/1, had blood work done (CBC and chem were normal as far as O was told; SNAP cPL was abnormal). Received outpatient GI support. Other history: Episode of pancreatitis approx 5 years ago. Splenectomy, cholecystectomy, & "stomach" mass removal 2 years ago (unknown whether any of these were submitted for histopath and/or whether there the "stomach mass" was a gastric mass vs abdominal mass.) Hx of seizures, on KBr, no seizures for 1.5 years. On presentation today, P was dull/obtunded, extremely weak & dehydrated.

Abnormal PE/Chem/CBC/UA Results: CBC = HCT 35.3%, WBC 12.23k, Neut 10.8k, suspect bands, Lym 0.89k, Eos 0.03k, rest wnl Chem17 = Crea (dilution required) 8.3, BUN 107, Phos >16.1, ALT 162, AMYL 1916 Lytes = all wnl. Na 153, K 5.7, Cl 114 LAC = 1.79 (wnl) UA = USG 1.015, pH 5.0, Pro 30, Glu 50, BLD 250. Sedivue: WBC 5/hpf, RBC 8/hpf, Rods present, suspect cocci. non-squam epi cells 1-2/hpf. Urine culture pending. Lateral rad after NGT placement = incidental finding of metallic foreign objects in cranial abdomen (poss surgical staples from previous abdominal surgery?) * We have seen some improvement in demeanor today since starting IVF, GI support, & enrofloxacin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a slight amount of debris attached to the apical ventral wall. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 5.0 cm.

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 0.6 cm.

The **right adrenal gland** was not visualized.

Spleen

The region of the **splenic fossa** was unremarkable.

Liver

The **liver** was mildly swollen with slight increased portal markings. Minor hepatic remodeling noted. The gallbladder was not visualized. The gallbladder may be out of view or previously removed. Some mineralization was noted near the gallbladder fossa.

Gastrointestinal



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The **stomach** itself was unremarkable. Duodenal spasming noted.

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Pancreas

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The right limb of the **pancreas** was heterogeneous with mixed echogenic changes.

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The epigastric **lymph nodes** were slightly enlarged, measuring 4.0 mm.

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ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Hepatic remodeling
- Right pancreatic remodeling
- Duodenal spasming
- Age-related renal changes. No evidence of significant structural disease and certainly not end-stage. Acute renal insult suspected.
- Urinary bladder debris
- Epigastric lymph nodes enlarged
- No visible gallbladder. Slight mineralization at the region of the gallbladder fossa, this may be residual scarring from the cholecystectomy.
- Unremarkable region of the splenic fossa

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Leptospirosis titers warranted. Urine culture and sensitivity, blood pressure and 72-hour IV fluid protocol warranted.

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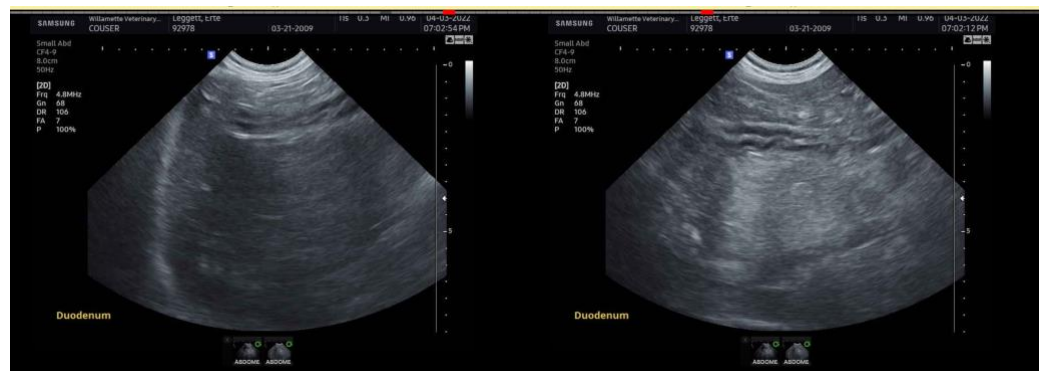
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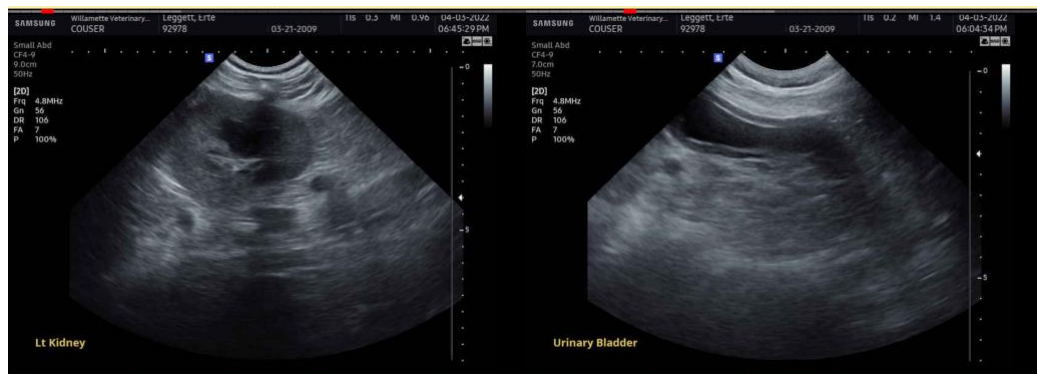
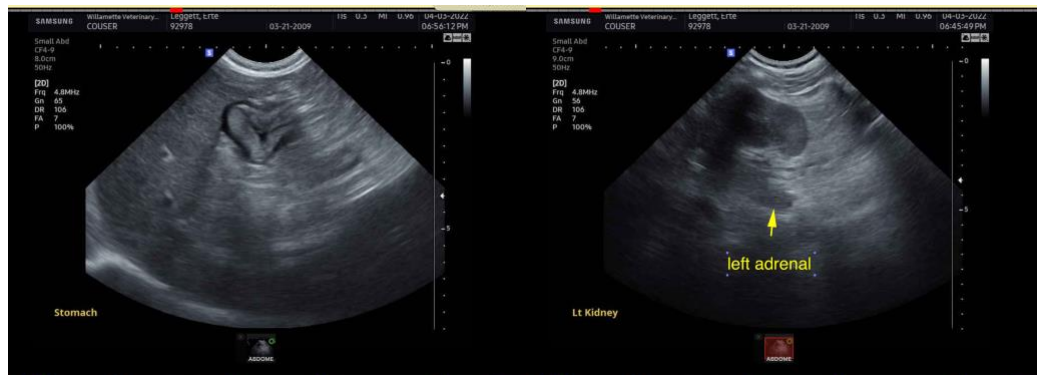
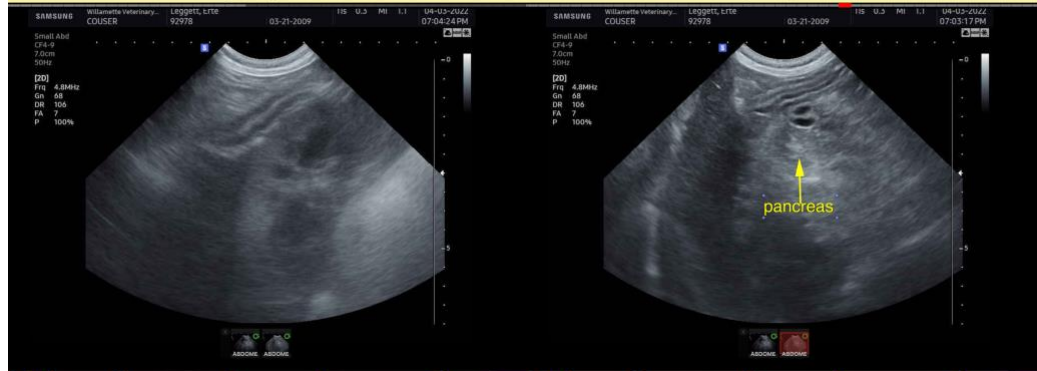
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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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