



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Chewy Reynolds

History: Patient has been regurgitating foamy white to clear fluid, today was lethargic and not interested in eating food or treats. Last meal was yesterday. Patient has history of eating numerous inappropriate items and on radiographs stomach has large quantity of food and foreign material. Owners adopted 3 weeks ago and he has also been doing some coughing/gagging the entire time they have had him.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WBC 17 K, eosinophils 2.09 K, ALT >1000 (all other liver enzymes including total bili well within the normal range)

BREED

Pitbull Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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.

AGE

1 ½ years

The residual prostate measured 1.4 cm.

WEIGHT

23.6 kg

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 left and right kidney measured 7.4 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Permenter

Spleen

HOSPITAL NAME

Viking VH

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

REFERRING VET

Dr. Permenter

Liver

The **liver** was structurally unremarkable and normal in size and contour. Mildly increased portal markings were noted along with minor hepatic swelling. The gallbladder and common bile duct were unremarkable.

INVOICE

43681

DATE

4/4/23



PATIENT

Gastrointestinal

Chewy Reynolds

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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

BREED

Pancreas

Pitbull 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

AGE

Subacute hepatic insult.

1 ½ years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

FNA is indicated along with Leptospirosis titers. There was no evidence or suspicion of neoplasia. Other causes of acute insult should be considered.

23.6 kg

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BREED

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Neutered male

AGE

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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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