



**PATIENT PRESENTING CLINICAL SIGNS**

Jett Dunkin

History: PRESENTED on 4/3/23 FOR: bloody diarrhea. REPORTED SYMPTOMS: Bloody stool for one month. Unable to control bm's, with straining. Diarrhea ongoing for a couple of months. Usually eats a lot, and quickly. Has not been putting on weight. Appetite is decreased, noticed over the last day or so. No improvement since starting metronidazole. Having accidents, which is not like him. Coughing since 3/29/23. VITALS: 43.6 pounds Temperature: 101.8 (normal range is 99.5 F- 102.0 F) Heart Rate: 116 bpm (normal is 70-80) Respiratory Rate: 54 bpm (normal is 15-25) Mucous Membrane Color: pink Capillary Refill Time: <2 CURRENT MEDICATIONS: Started Provable and metronidazole 4/2/23 EXAM FINDINGS: BAR. B/S 4.9. Tacky mucous membranes. Pain is apparent on abdominal palpation with splinting. Normal respiratory sounds ausculted bilaterally. Trachea is sensitive on palpation. No nasal discharge. Previous records from March 30, 2023: reveal zinc sulfate fecal float -NPS. Giardia antigen-negative. Hookworm, whipworm, and roundworm antigens negative. IDEXX 4DX-negative. Sent Simparica Trio, metronidazole, Provable. LAB RESULTS: Parvovirus weak positive. Chemistry panel results are normal with normal electrolytes and normal Na:K. CBC results reveal a significant leukocytosis at 33.81, resulting from a significant neutrophilia at 24.01, eosinophilia 2.705, lymphocytosis at 5.748, and monocytosis at 1.691 ASSESSMENT AND PLAN: Finances have been an issue since starting this case. Owners have been slow to approve tests and therefore Jett has been here for now 48 hours. He is still passing loose stool, with less blood (metronidazole and Provable have been continued). Abdominal ultrasound finally approved. Urine cortisol:creatinine submitted.

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Male

**AGE**

1 year

**WEIGHT**

42.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Rupley

**HOSPITAL NAME**

All Pets Medical Center

**REFERRING VET**

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**INVOICE**

43713

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4/5/23

**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.

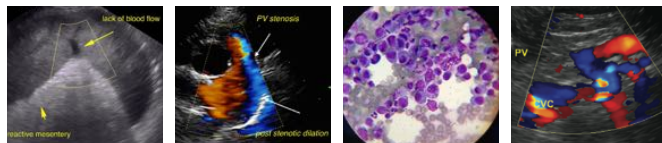
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 7.93 cm. The left kidney measured 7.46 cm.

**Adrenal Glands**

The regions of the **adrenal glands** were imaged with no evidence of pathology.

**Spleen**

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.



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**Liver**

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.

**Gastrointestinal**

The upper **gastrointestinal** tract reveals ingesta from the stomach to upper duodenum. However, the jejunum appeared to be empty. There is no overt foreign body present. However, this is delayed outflow or partial obstructive pattern. Occult cause of obstruction cannot be completely ruled out.

**Pancreas**

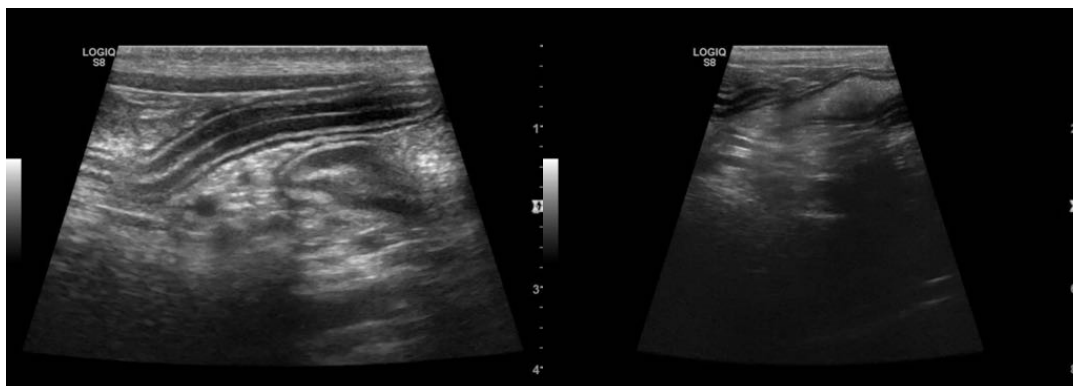
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

Delayed outflow intestinal pattern.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Supportive care is warranted. If clinical signs persist a recheck sonogram is recommended at complete n.p.o. status. Broad spectrum anti-parasitic protocol is indicated. There was no evidence of significant structural disease. Screening for Addison's is indicated to ensure that this is not an underlying issue.





**PATIENT**

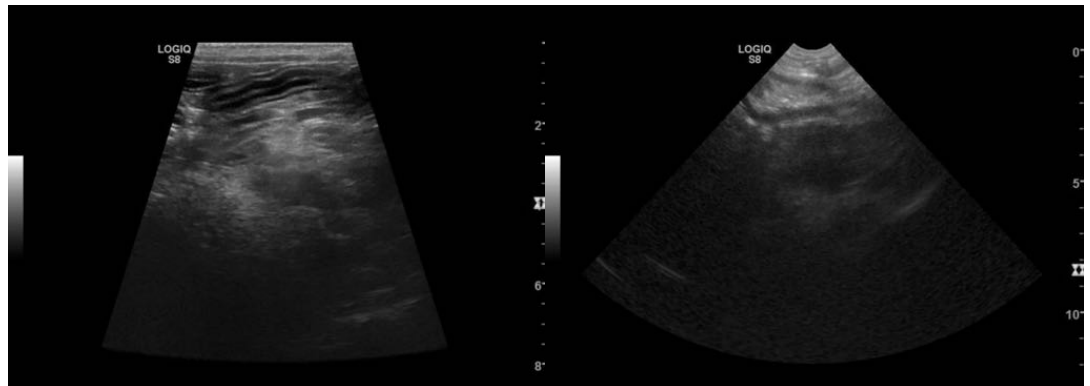
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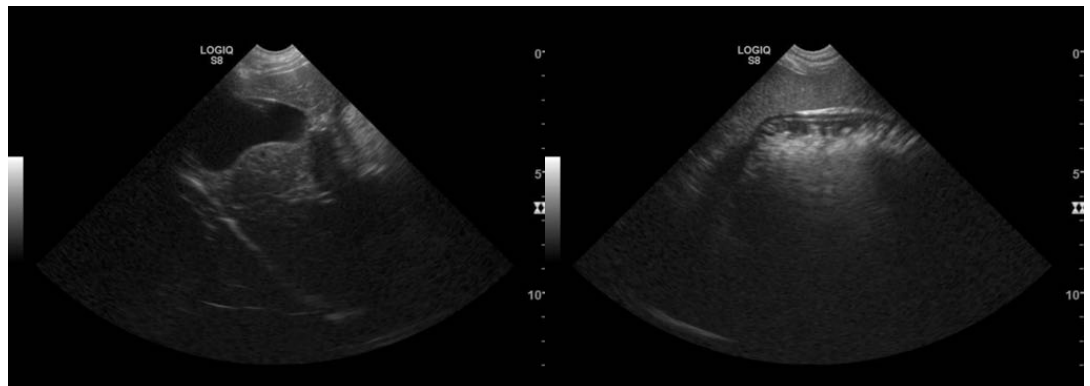
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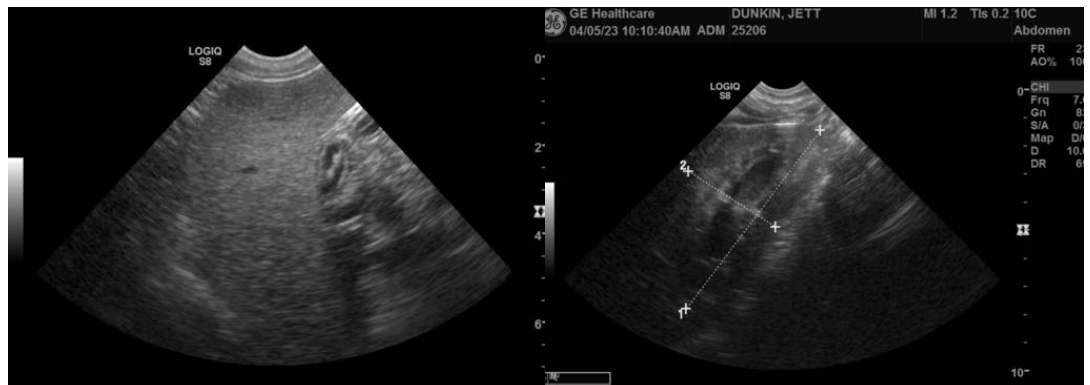
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**REFERRING VET**

Dr. Rupley

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.

**INVOICE**

43713

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

**DATE**

4/5/23