



**PATIENT PRESENTING CLINICAL SIGNS**

**Pete McGowen** History: hx of running around off leash at friend property 2 days prior full radiographs performed at WILVET SALEM on 5/25 pm-non obstructive 1 week ago hx of swimming in stream- no indiscriminate eating Vomiting through cerenia

**SPECIES** Abnormal PE/Chem/CBC/UA Results: painful abdomen febrile rectal exam-scant yellowish stool  
Canine CBC-WBC 32.43, NEUT 30.22, BASO 0.13, PLT 79, CHEM 17- ALT (NOT READING), ALP 1673, GGtT 32, BILI 2.3, AMY 433, vetcheck CPL- NORMAL (<50) EPOC- HCT 54%, Cre 1.65, LAC 3.8

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

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. The kidneys both measured 6.0 cm.

10 years

**WEIGHT**

47.8 lbs

**INTERPRETED BY Adrenal Glands**

Eric Lindquist, DMV DABVP, Cert. IVUSS The **adrenal glands** were not visualized.

**IMAGING PERFORMED BY Spleen**

Dr. Maggiulli 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.

**HOSPITAL NAME**

Willamette VH

**REFERRING VET Liver**

Dr. Maggiulli The **liver** was mildly subnormal in size with slightly increased portal markings. The gallbladder and common bile duct were unremarkable.

**INVOICE**

30742

**Gastrointestinal**

**DATE**

5/27/22

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.



**PATIENT**

**Pancreas**

Pete McGowen

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Acute on chronic hepatic insult.

Mix

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Leptospirosis, mushroom toxicity or similar should be considered. Coagulation panel, hepatic FNA and Leptospirosis titers are indicated. Ampicillin, Metronidazole, nutraceuticals and IV fluid support are recommended. Core liver biopsy is warranted if liver enzymes are not able to be empirically contained.

Neutered male

**AGE**

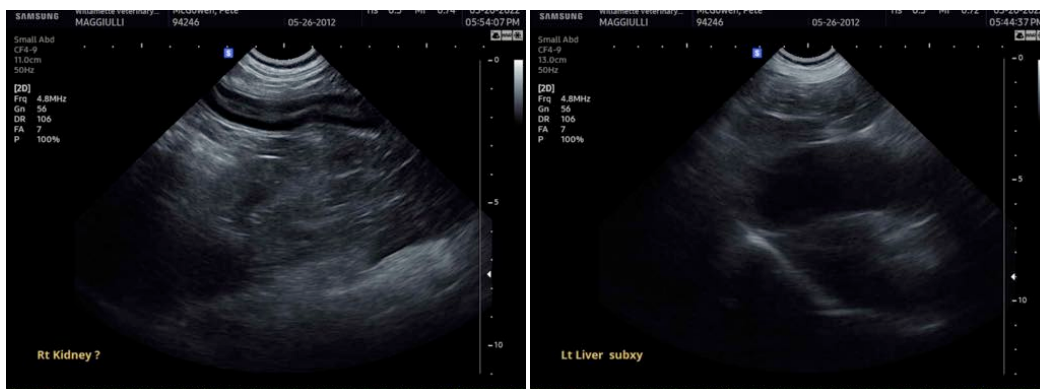
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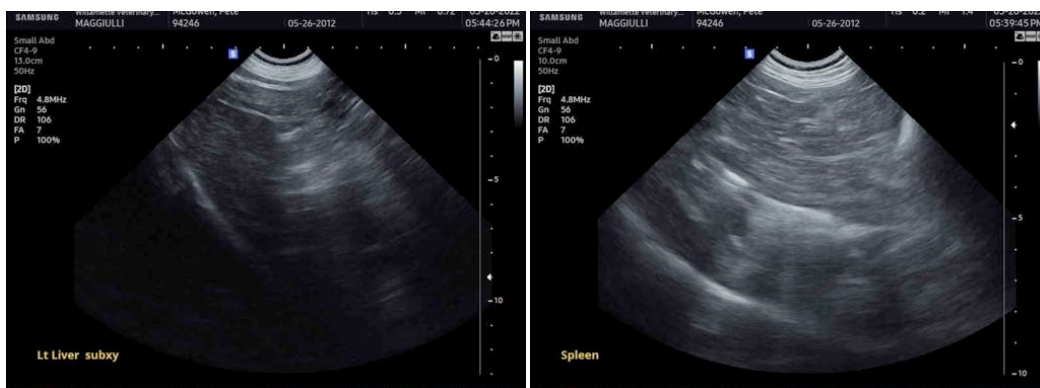
**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

Dr. Maggiulli



**HOSPITAL NAME**

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**REFERRING VET**

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**PATIENT**

Pete McGowen

**SPECIES**

Canine

**BREED**

Mix

**SEX**

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.

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