



**PATIENT**

Rocky Magash

**SPECIES**

Canine

**BREED**

Lab X

**SEX**

Neutered Male

**AGE**

12 Years

**WEIGHT**

84 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Michelle Bartus

**HOSPITAL NAME**

Valley Vet Service

**REFERRING VET**

Dr. Michelle Bartus

**INVOICE**

38117

**DATE**

6/1/22

**PRESENTING CLINICAL SIGNS**

been on Carprofen for joints 2-3 months. Bloodwork done April 2022 was normal. 3 weeks ago, dog had V/D for a couple of days (after eating pecan cake) that responded to Cerenia, probiotics, and bland diet. Acted normal until 5 days ago, when he refused to eat several days in a row, vomited once per day x 3 days, then for 2 days, he vomited continually, including water. Dog gets fed people food all the time. Abnormal PE/Chem/CBC/UA Results: Depressed, dehydrated, jaundiced membranes, dark brown vomitus, dark brown urine (unable to collect). ALT too high to register; ALKP 824 (23-212), TBIL 20.3 (0-0.9), SDMA 23 (0-14) TP 9.2 (5.2-8.2), GLOB 5.6 (2.5-4.5); Glucose 64 (7-143) ran immediately, did not sit; RBC 9.17 (5.65-8.87), WBC 18,560 (neutrophilia and monocytosis); clotting panel PT >35 (14-19), aPTT >200 (75-105)

**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 were noted. Ureteral papillae were normal.

The **kidneys** were mildly swollen with some loss of corticomedullary definition, non-specific finding. The left kidney measured 5.5 cm. The right kidney measured 6.0 cm. Mild degenerative changes in both kidneys.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** was mildly enlarged with minor granular appearance and slight scalloping contour, consistent with reactive spleen or splenitis.

**Liver**

The **liver** in this patient was somewhat nebulous owing to artifactual interference. The visible liver was unremarkable and fairly uniform. The gallbladder somewhat visualized obliquely with some artifactual interference. No obvious pathology.

**Gastrointestinal**

**Gastric** stasis noted. The stasis was followed to the level of the pylorus, yet the pylorus was not overtly visible. The visible small intestine was unremarkable.

**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**

- Acute hepatitis pattern with gastric stasis
- Swollen kidneys
- Reactive spleen
- Gastric stasis



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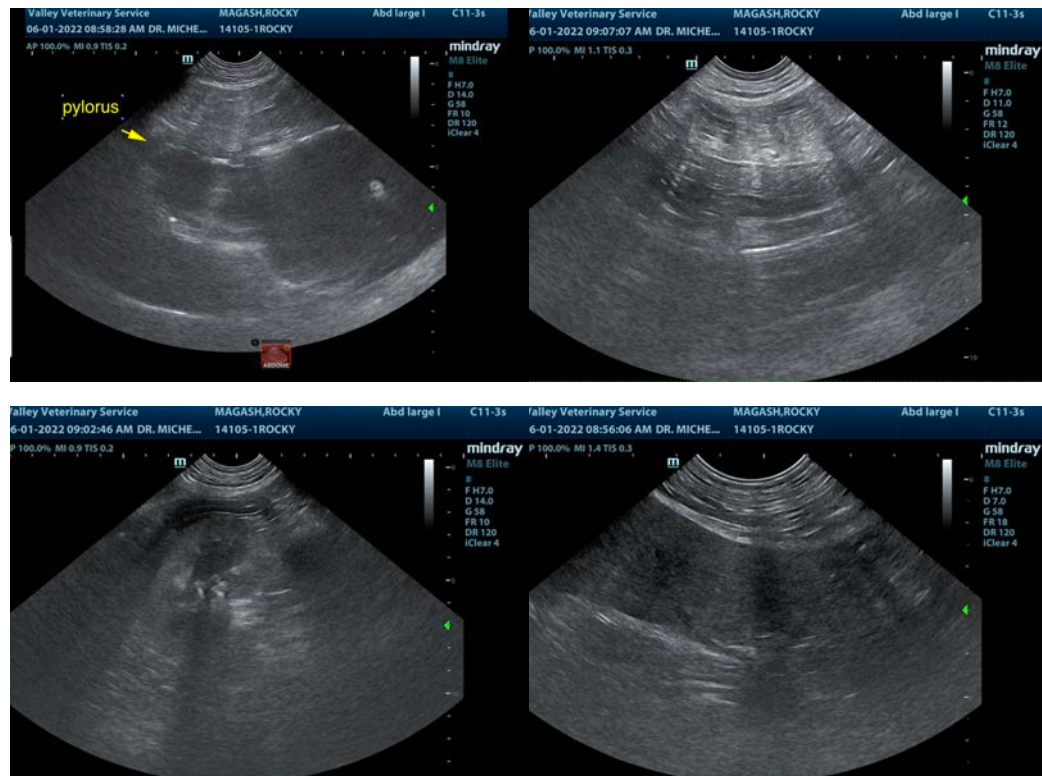
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Acute hepatic insult such as Leptospirosis, mushroom toxicity or similar is likely in this patient with secondary gastric ileus. I cannot completely rule out foreign body in the pyloric outflow, as further views would be necessary to rule this out. Plasma transfusion, Ampicillin/Metronidazole, nutraceuticals, and Vitamin K all necessary in this patient with eventual hepatic and splenic FNA. No obvious evidence of neoplasia. Diagnosis is open other than acute hepatic insult.



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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