



PATIENT

Thor Willwert

SPECIES

Canine

BREED

Pittie

SEX

Neutered Male

AGE

8 Years

WEIGHT

46.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

38631

DATE

6/11/22

PRESENTING CLINICAL SIGNS

Had vomited with blood 4x's today had some food present within that. No known toxin exposure. No known rodenticide exposure although neighbors have a rat problem. Had been on carprofen for 2 years previously.

Abnormal PE/Chem/CBC/UA Results: HCT 36%, PLT 266k, BUN 42, creat was normal, globulin 2.2g/dL PT/PTT- within normal limits PCV/TS 31%/6.1 at presentation PCV/TS 28% had been on IV fluids EPOC - pH 7.451, BE -0.5, Na 144, K 3.7, Cl 114, Ca 1.27, Lact 1.37, BUN 16, Creat 0.61, Glu 115, HCT 21%*

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Blood flow to the kidneys appeared adequate on color flow assessment. The kidneys measured 6.0 cm each.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

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 were noted.

Liver

The **liver** was partially visualized. The images were unremarkable.

Gastrointestinal

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.

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

- Structurally unremarkable abdomen



PATIENT

Thor Willwert

SPECIES

Canine

BREED

Pittie

SEX

Neutered Male

AGE

8 Years

WEIGHT

46.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

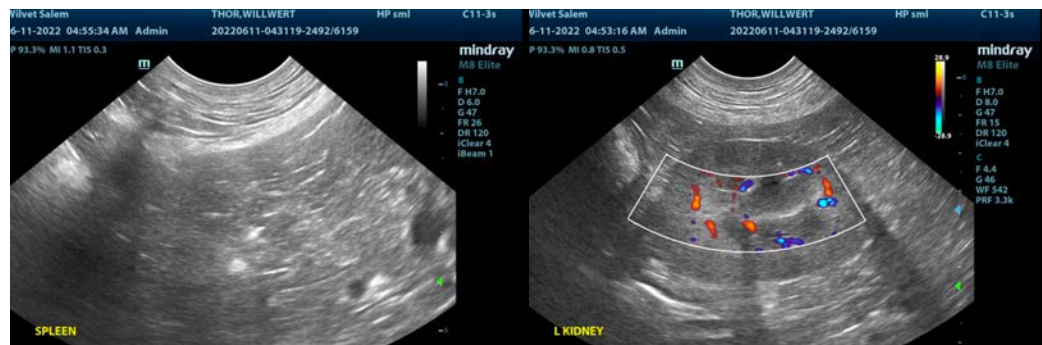
38631

DATE

6/11/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the liver warranted if hepatic disease is suspected. Cause of blood loss is not evident. Screening for Addison's warranted, given that the adrenals were not evident. CBC path review +/- bone marrow aspirates indicated.



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

info@SonoPath.com