



PATIENT PRESENTING CLINICAL SIGNS

Larry Jr Criss

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Intact male

AGE

8 weeks

WEIGHT

6.83 kg

Litter mate ingested *Muscaria pantherina* mushroom on Friday and was hospitalized overnight. Recovered well, but owners are not sure if Larry ingested any. Saturday Larry was inside all day and ate well. Sunday morning he was normal in the morning, but didn't eat breakfast. Around 9:30am he became lethargic, and the owners recorded an elevated body temperature. Was whining more overnight Sunday. Monday morning went to rDVM at 8am who performed Parvo SNAP, bloodwork and Radiographs. Concern for possible Parvovirus, despite negative Snap - Blood work showed a marked Neutropenia with mild puppy anemia, and a moderate monocytosis. Record from rDVM also indicates a third puppy was assessed for progressive neurological disease - flaccid paralysis progressing from hind limbs until unable to use all 4 with no CPs - that puppy was euthanized. Admitted 6/13/22 on the following treatments: 1. IVF PLA at 2x puppy maintenance (90mL/kg/day maint). 2. Cerenia 1mg/kg IV q 24h. 3. Ampicillin 30 mg/kg q8h. 4. Methadone 0.1 mg/kg q4-6h.

Abnormal PE/Chem/CBC/UA Results: T = 40.7C, has not resolved since admission. MM are pale. Mild abdominal pain. Lethargic. Inappetent. CBC: RBC = $3.66 \times 10^{12}/L$ (5.65-8.87), Hct = 0.227 L/L (0.373-0.617), Hemoglobin = 78 g/L (131-205), Reticulocyte Hemoglobin = 16.4 pg (22.3-29.6), Neutrophils = $0.15 \times 10^9/L$ (2.95-11.64), Monocytes = $4.62 \times 10^9/L$ (0.16-1.12), Eosinophils = $0.01 \times 10^9/L$ (0.06-1.23), Platelets = $120 \times 10^9/L$ (148-484), MPV = 15.1 fL (8.7-13.2).

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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 kidney measured 5.0 cm. The right kidney measured 5.0 cm.

IMAGING PERFORMED BY

Alejandro Vargas
Lumbreas RVT

Adrenal Glands

Both **adrenal glands** were 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 measured 0.8 cm at the cranial pole and

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Spleen

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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.

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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 **stomach** was edematous with a mild amount of fluid accumulation. There was no evidence of foreign bodies. There was no obvious ulcerative disease. However, microulcerative changes cannot be entirely ruled out. This is most consistent with gastritis. The intestines were intestine free of stasis with normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. 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.

Free Abdomen

Physiologic free fluid was noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

Gastritis pattern.

Portal vein to vena cava ratio was normal with no evidence of portosystemic shunting.

Structurally unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effective. FNA of the liver is warranted if enzymes are not able to be normalized. Gastrointestinal protectants are recommended along with nutraceuticals and supportive care.



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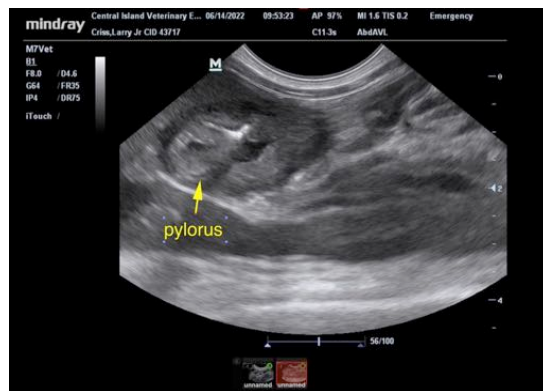
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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