



**PATIENT**

Basil McCullough

**SPECIES**

Canine

**BREED**

Beagle

**SEX**

Spayed Female

**AGE**

5 Years 8 Months

**WEIGHT**

11 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Brian Barnes

**HOSPITAL NAME**

Westview Vet Hospital

**REFERRING VET**

Dr. Brian Barnes

**INVOICE**

38872

**DATE**

6/19/22

**PRESENTING CLINICAL SIGNS**

Dog jumped from the boat as it approached the dock. Missed the dock and hit her caudal abdomen on the edge of the dock and then fell to the water landing on a log and rolling into the water. Dog had not urinated that morning so the bladder was full. Now shocky, painful abdomen  
 Abnormal PE/Chem/CBC/UA Results: Loss of serosal detail on xray, with small bladder. Azotemia developing. Small volume of abdominal fluid which was increasing over time. Initially A-Fast positive at 1 site(CC) but now 4 sites. (DH,SR,CC,HR) Abdominal fluid looks like urine and the K and Creat are markedly elevated above the peripheral blood values. Uroabdomen

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented irregular contour. A minimal amount of urine was present. Free fluid noted adjacent to the urinary bladder and continued into the cranial abdomen. Enhanced mesentery noted around the urinary bladder and caudal abdomen. 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. The kidneys measured 4.0 cm each.

**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 2.15 cm x 0.68 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 2.23 cm x 0.39 cm at the cranial pole and 0.44 cm at the caudal pole.

**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** 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 overdistended with fluid, likely owing to ileus. The small intestine and colon were unremarkable.



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**Pancreas**

Basil McCullough

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

**PRIMARY FINDINGS**

- Irregular bladder, flattened appearance with regional free fluid and reactive mesentery – suspect bladder rupture.

**BREED**

Beagle

**SECONDARY FINDINGS**

- Fluid distended stomach

**SEX**

Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the abdominocentesis findings, exploratory surgery is recommended.

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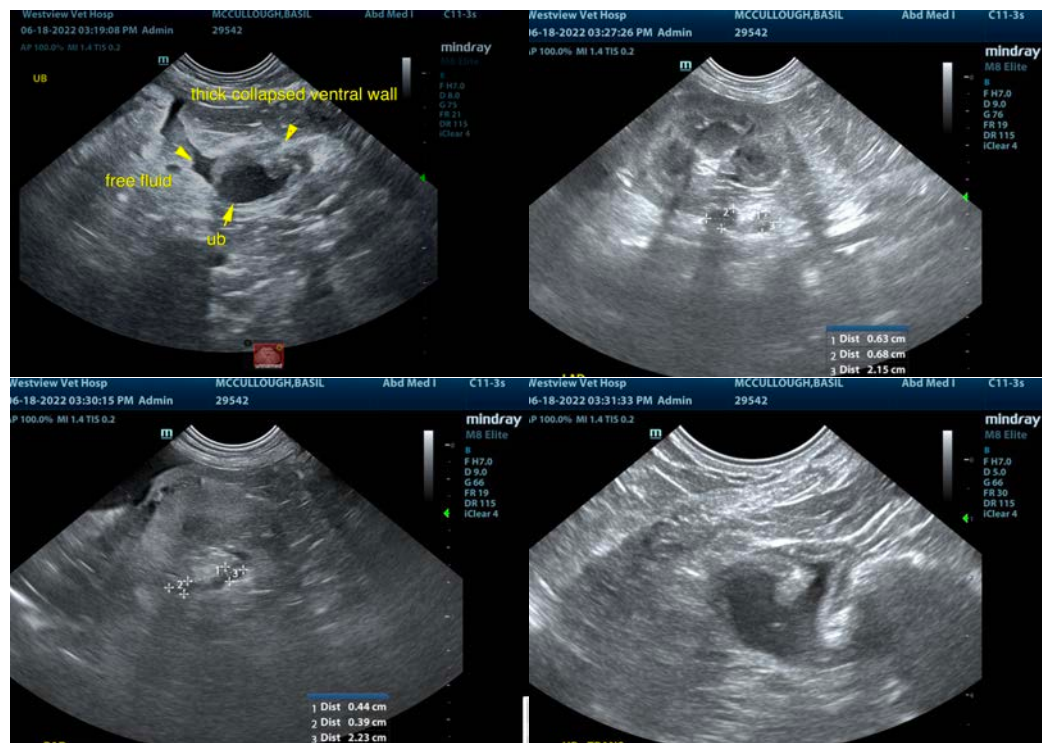
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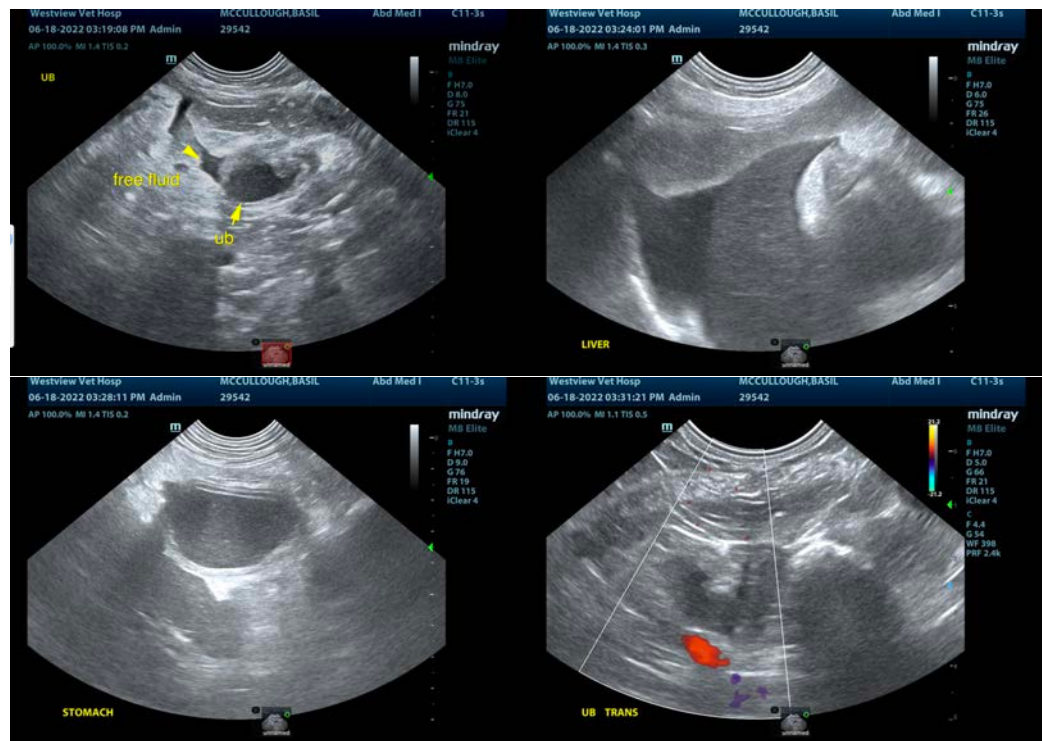
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)