



PATIENT

July Mitts

SPECIES

Canine

BREED

Chihuahua Mix

SEX

Neutered male

AGE

8 years

WEIGHT

7.6 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. White

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. White

INVOICE

47877

DATE

6/20/23

PRESENTING CLINICAL SIGNS

History: 6.19.23: acute vomiting, diarrhea, lethargic. diarrhea is watery and leaking from anus past history over last year of dysphagia and coughing/vomiting up water every time after drinking
Abnormal PE/Chem/CBC/UA Results: 6.19.23 Abdomen very tense on palpation. brown watery diarrhea from anus. character of diarrhea changed to leaking melena on 6.20.23 CBC/chem: increased gluc=137, increased WBC=18,000, increased neut 16.06, increased platelet=552,000 abdomen xrays unremarkable. no obstructive disease

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.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Minor mineralization was noted. The right kidney measured 3.6 cm. The left kidney measured 3.7 cm.

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 right adrenal gland measured 0.6 cm in width. The left adrenal gland measured 0.6 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.



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Gastrointestinal

The **gastric** wall was mildly thickened with echogenic mucosa and increased muscularis. Minor excessive GI gas was noted. The small intestine was unremarkable. The colon was fluid filled with mildly echogenic wall. In one view of the stomach a hyperechoic focus was noted. This is consistent with potential ulcer. The colic lymph nodes are slightly enlarged, rounded and measured 0.5 cm.

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

Gastroenteritis and colitis with some chronicity to the gastric mucosa. Potential ulcerative changes.

Colic lymph node enlargement.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol is warranted with canned b.i.d. feedings after 24 hour n.p.o. Fecal exam is warranted in this patient as well as IV fluid support. Consideration for enterotoxin treatment is recommended.

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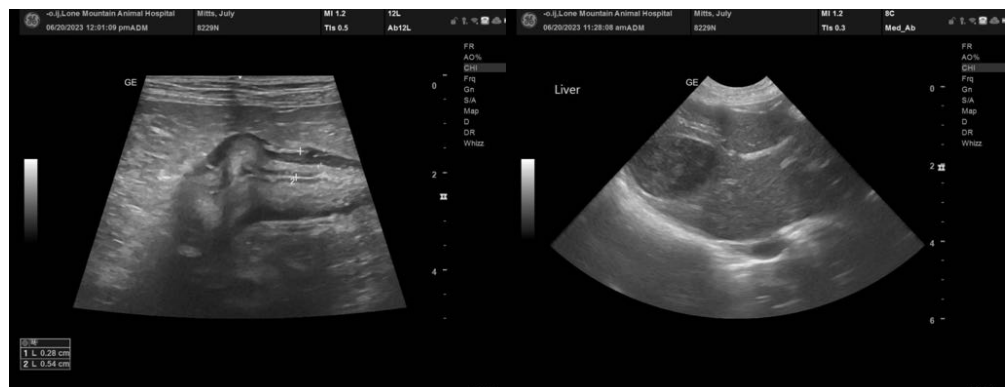
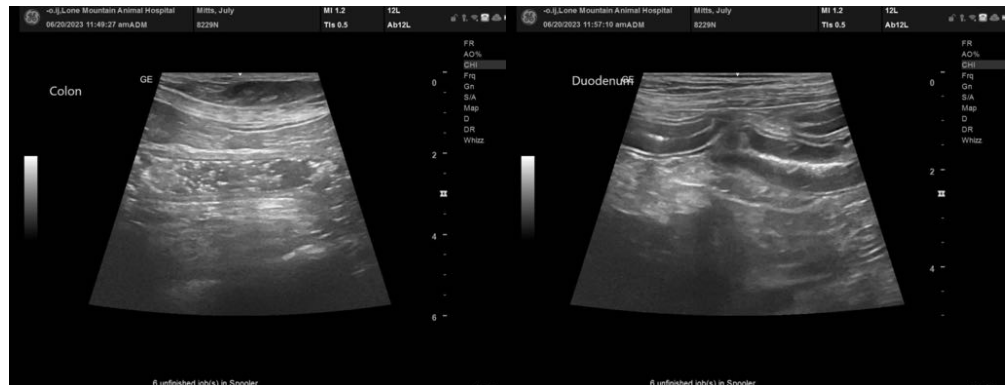
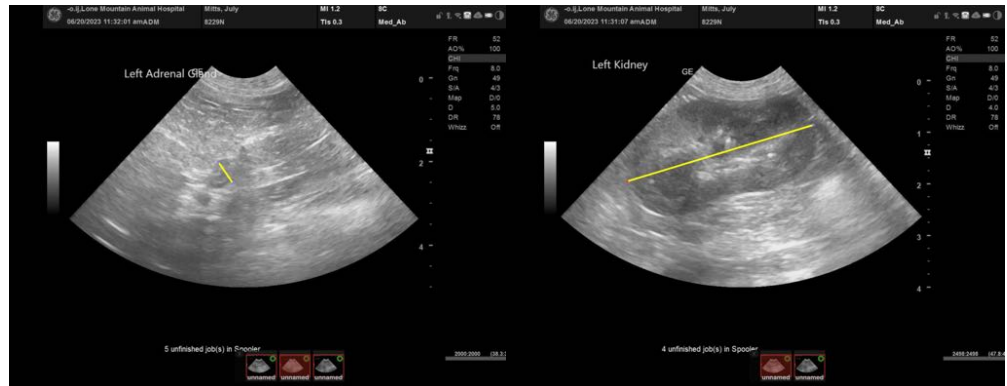
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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