



PATIENT PRESENTING CLINICAL SIGNS

Finn Theos History: Vomiting off and on for a week. Bloody diarrhea last night. Finn may have gotten into/chewed on an ant bait trap. Finn ate a 1/2 can of food at 6:30 am this morning and U/S was performed at 1:30 pm.

SPECIES Abnormal PE/Chem/CBC/UA Results: Elevated Eosinophils and Basophils and SDMA elevation (18). All other CBC/Chem/cPL is normal

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Westie

SEX 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.

Neutered male

AGE 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.

18 months

WEIGHT *Adrenal Glands*

22.8 lbs

INTERPRETED BY The **adrenal glands** were subjectively subnormal in size. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.5 cm.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY *Spleen*

Samantha L Hudgins

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 was noted.

HOSPITAL NAME

Petvacx AH

REFERRING VET *Liver*

Dr. Jacob

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.

INVOICE

31115

DATE

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PATIENT *Gastrointestinal*

Finn Theos The **stomach** was full of ingesta and chyme. The pylorus was patent and free of evident pathology. The small intestines and colon were unremarkable.

SPECIES

Canine

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.

BREED

Westie

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Delayed outflow gastric pattern. Soft shadowing material, possible toxic material was noted in the history.

AGE

18 months

Subjectively subnormal adrenal size. Potential Addison's or a normal variant for this patient.

WEIGHT

22.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Induction of vomiting or gastric evacuation may be appropriate in this patient. However, the material in the stomach may be delayed outflow with the canned food eaten 7 hours prior to the sonogram. Screening for Addison's is warranted given the patient's history. IV fluid support, GI protectants and medical management is warranted with a recheck sonogram after 12-18 hours n.p.o. to assess if the patient is still presenting as delayed outflow.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Samantha L Hudgins

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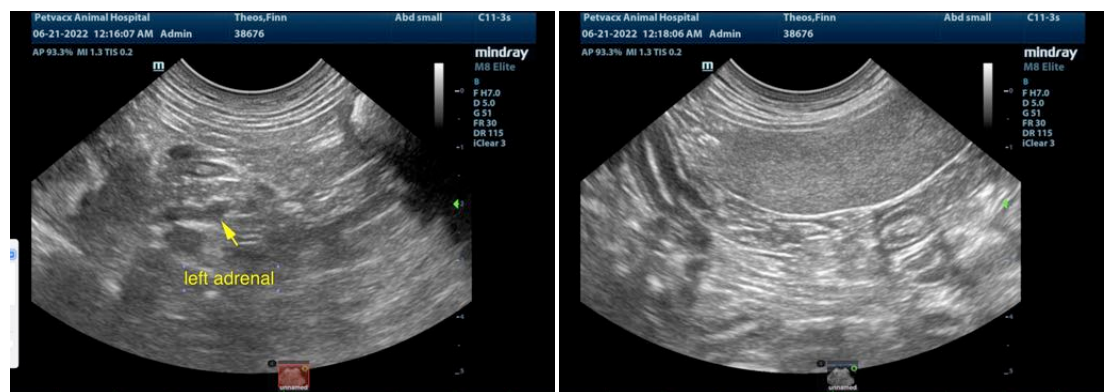
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SPECIES

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Westie

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Neutered male

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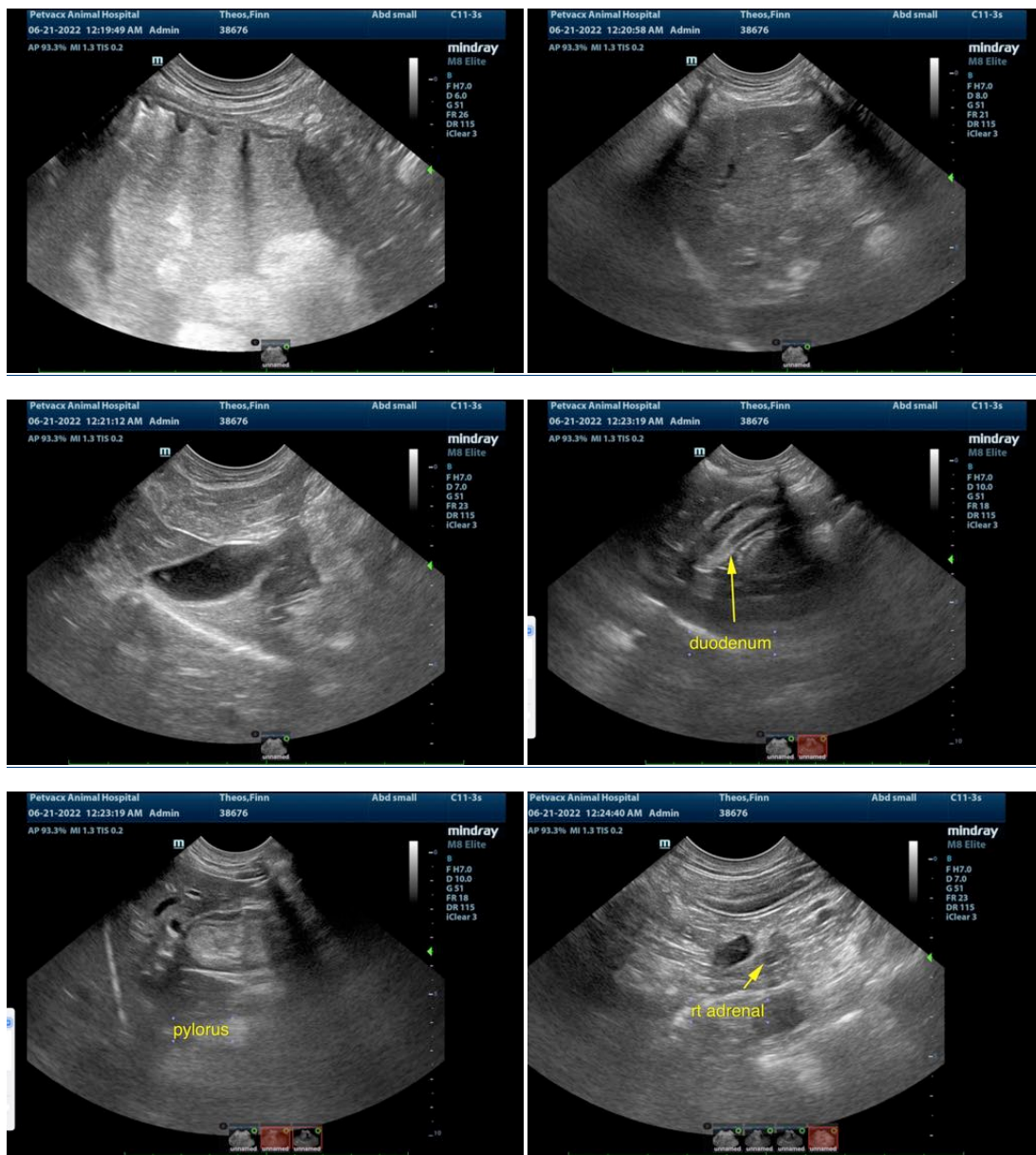
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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