



PATIENT PRESENTING CLINICAL SIGNS

Kitty Franklin

Medical Progress Exam: lethargic, hyporexia, hematochezia, possible fb consumption and excessive ptyalism. first visit on 6/2, previously treated with outpatient therapy, no fb seen on previous rads, p vomited piece of face mask in room. Has been vomiting all food up undigested 10+ hours later and has worsening hemorrhagic diarrhea
Abnormal PE/Chem/CBC/UA Results: CBC- HCT 57.1%, LYMP 0.92, MPV 13.8

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

7 years

WEIGHT

64.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Maggiuli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Harmon

INVOICE

31336

DATE

6/30/22

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. 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 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 6.1 cm. The right kidney measured 6.0 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.

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 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 empty other than a minor amount of chyme. Minor excessive GI gas was noted. The midabdomen revealed a 5.0 x 4.0 cm dilation of bowel. This is presumed to be cecum; however, resolution was poor in this region owing to gas interface.



PATIENT

Pancreas

Kitty Franklin

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

ULTRASONOGRAPHIC FINDINGS

BREED

Pitbull

Dilated portion of bowel, suspect cecum.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour n.p.o. IV fluid support and GI protectants are warranted followed by recheck sonogram once the gas has subsided with medical management. Distal obstruction cannot be completely ruled out. Follow-up sonogram is essential.

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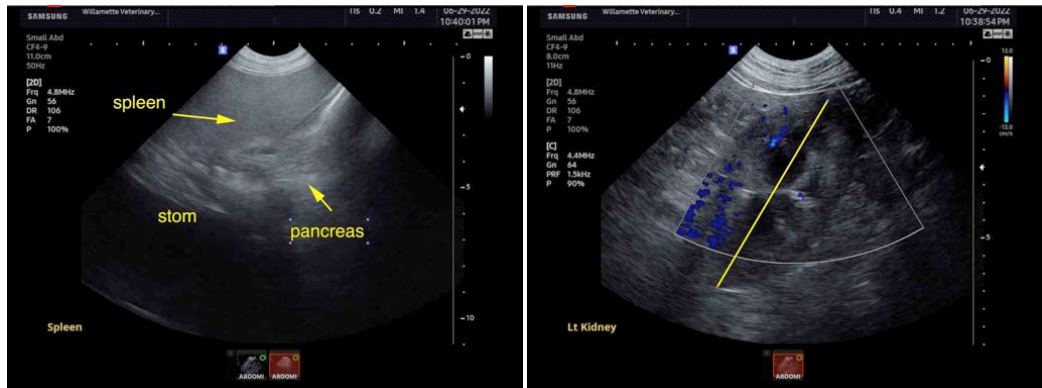
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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