



PATIENT

Hookah Gibson

SPECIES

Canine

BREED

Staffordshire Terrier

SEX

Spayed Female

AGE

10 Years 4 Months

WEIGHT

64.6

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jonathan Moss

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Jonathan Moss

INVOICE

23331

DATE

7/14/23

PRESENTING CLINICAL SIGNS

History: Pt presented for anorexia and vomiting. Pt had been off feed for a about 4 days but was acting normal otherwise, then did eat yesterday AM and threw it back up, which was the first time she vomited. Since her initial exam and labs here, Pt vomited more overnight and became increasingly lethargic.

Abnormal PE/Chem/CBC/UA Results: Pt is mildly icteric. CBC showed HCT-44.6, 21.1 MCH, retic HGB-21.8, lymph-0.67. Chem-Glob-4.7, ALT-wouldn't read, ALP-1550, GGT-16, Tbili-2.5, Lipase-5595. UA-USG-1.037, trace protein

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 were noted. Ureteral papillae were normal. 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 kidney measure 6.0 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 0.5 cm. The right adrenal gland measured 0.87 cm.

Spleen

The **spleen** was mildly enlarged, reactive, with uniform parenchyma.

Liver

The **liver** revealed nonspecific generalized enlargement with increased portal markings. The gallbladder and common bile duct were unremarkable. No evidence of posthepatic obstruction.

Gastrointestinal

The **stomach** was mildly thickened with some loss of mural detail. Hypertrophied mucosa was noted. Wall thickness measured up to 1.5 cm. Luminal fluid was noted. Enhanced mesentery was noted. Hyperechoic mucosal changes were noted, suggestive for ulcerative gastritis. The small intestine and colon were unremarkable.

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.



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ULTRASONOGRAPHIC FINDINGS

- Gastritis/cholangitis pattern- mild potential for emerging neoplasia
- Mildly enlarged, reactive spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Hepatic FNA is indicated after coagulation panel. Leptospirosis titers is indicated. GI protectant protocol is recommended. Ampicillin, metronidazole, plasma expanders or plasma transfusion are all indicated. Prognosis is guarded. Recheck sonogram in 72hrs+ depending upon patient response to therapy. Endoscopy would be valid in this patient, to ensure an emerging gastric neoplasia, such as lymphoma, is not developing.





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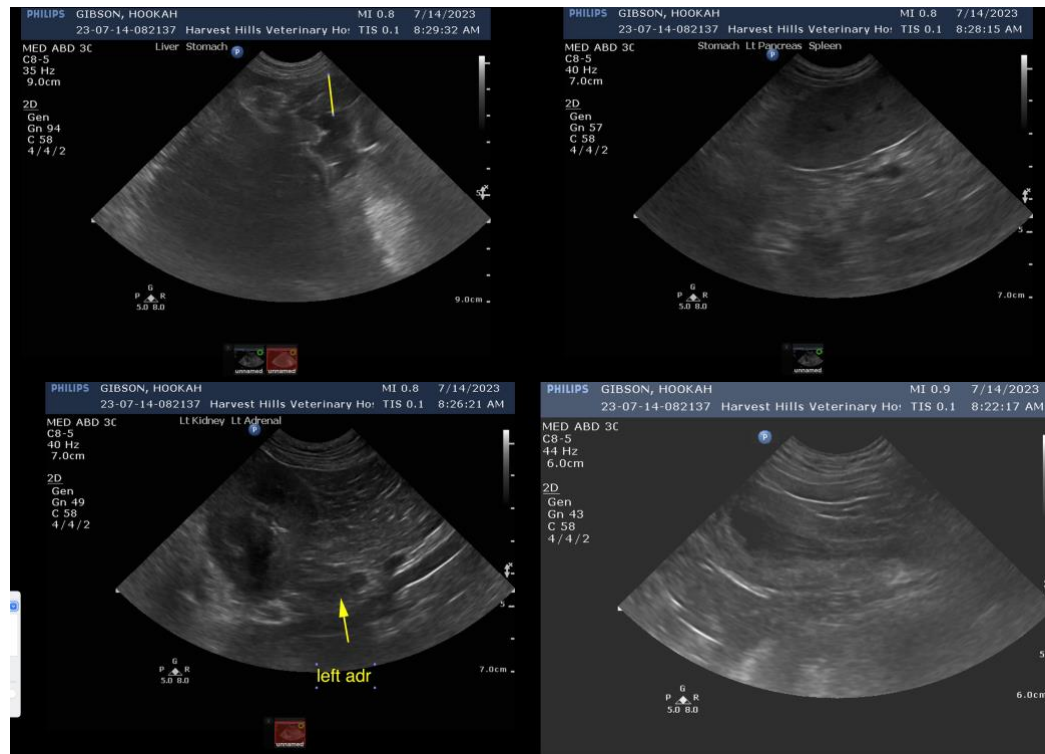
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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