



PATIENT

Diggs Peterson

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

4 years

WEIGHT

35.2 kg

PRESENTING CLINICAL SIGNS

History of vomiting and nausea diagnosed with DCM and heart failure had been seen at OSU VTH on 7/14. severe dilated cardiomyopathy with heart failure with diet history compatible with nutritional-associated dilated cardiomyopathy. Resolving congestive heart failure. Had some radiographs today of abdomen 7/15 at VCA River Road show severe distention of stomach with gas and fluid as well as many rings (unknown if food or other material) floating. normal mixture of soft tissue and gas within the stomach could represent either food or gastric foreign or foreign material. Past history of food allergies is on hydrolyzed protein diet. Has had cytopoint in the past. Not UTD on vaccines. P has been regurgitating through nose, especially during ultrasound

Abnormal PE/Chem/CBC/UA Results: very distended abdomen, muscle wasting over hips, head, and spine, grade 3/4 left systolic heart murmur Sodium 137 mmol/L Potassium 3.5 mmol/L Chloride 95 mmol/L AST (GOT) 82 U/L Total protein 4.6 g/dL NEU% 87.0 LYM% 8.4 WBC 18.05 3/uL NEU# 15.71 3/u

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

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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 7.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The adrenal glands were not visualized.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen was displaced caudally owing to the gastric over distension.

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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

The **stomach** was over distended with chyme and fluid. Portions of the small intestine were empty. Some shadowing material is present and appears to be in the colon, but cannot be further defined.

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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

Over distended stomach with chyme and fluid. Delayed outflow or overt obstructive pattern is possible. Shadowing material, appears to be in the colon.

WEIGHT

35.2 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Radiographic assessment for bloating or torsion is recommended. Further imaging is necessary to assess for upper duodenal obstruction.

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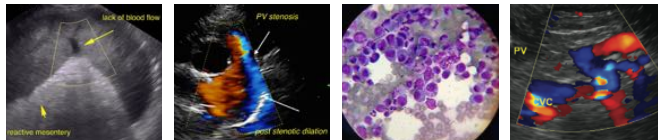
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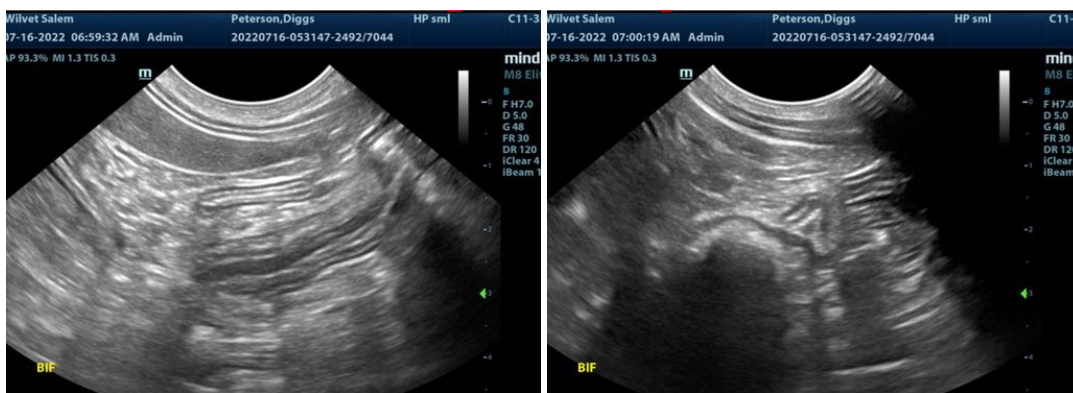
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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