



PATIENT

Oliver Henke

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

6 Years

WEIGHT

57.3 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Harmon

INVOICE

39605

DATE

7/17/22

PRESENTING CLINICAL SIGNS

Presented 7/16 early AM for rapid decline, lateral recumb, battling diarrhea for 2 wks, seen at Rivers Edge 7/8, rads negative, BW unremarkable, started desitin on perineum for scalding. pet licking cream off constantly.

Abnormal PE/Chem/CBC/UA Results: EPOC - Bicarb 6.3, Ca 1.08, Creat 2.09, BUN 48, BG 29, K 2.4, Na 155, Lac 11.92, PCO2 10., PO2 155.3, TCO2 6.4, BE -18.7, HCT 16% PCV/TS - 15%, 7.7, gross hemolysis of serum CBC - HCT 11.5%L, HGB 5L, MCH 30.3H. MCHC 43.5H, Retic 175.7 H, WBC 55.52K H, Neut 41.05 H, Lymph 11.77 H, Mono 2.46 H, Baso 0.14 H, Plt 587K H, nRBC suspected, bands suspected CHEM 17- BG 47, Creat 1.9, BUN 44, TP 11.1, ALB 5.6, Glob 5.5, ALT 129, T bili 9.6, Chol 109, Amyl >2500, Lipa 4880 slide agglutination-negative blood type: DEA 1.1+

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 left kidney measured 6.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

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 were noted.

Liver

The **liver** presented increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** was overdistended with chyme and soft shadowing material, consistent with undigested kibble. The small intestine was empty. The colon presented normal stool consistency.

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

- Delayed outflow gastric pattern with hepatic remodeling, unremarkable abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I cannot completely rule out pyloric or upper duodenal foreign matter. Further imaging would be necessary. If the patient was not NPO, then 12-24 hour NPO status and recheck sonogram of the upper gastrointestinal tract warranted. No evidence of hemorrhage or obvious evidence of neoplasia. However, cholangiohepatitis likely. Underlying Leptospirosis should be ruled out if not already performed. Bone marrow aspirates warranted. Gastric ileus likely, but I cannot completely rule out foreign matter. Screening for underlying Addison's indicated to rule out this potential complicating comorbidity.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

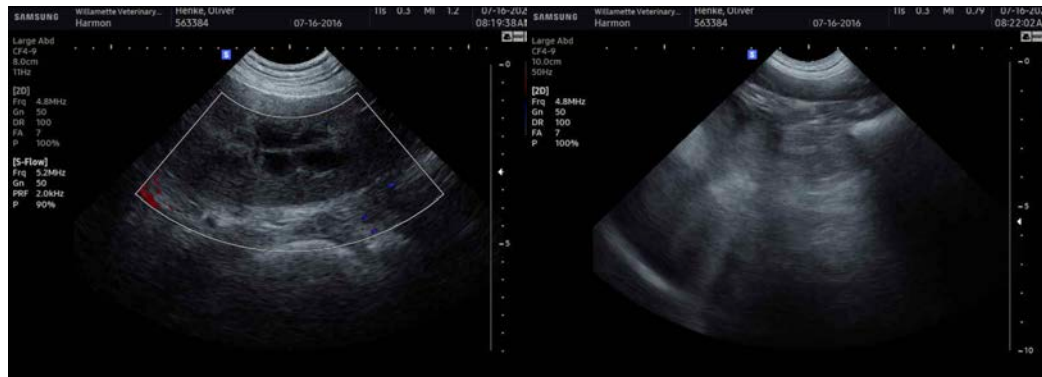
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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