



PATIENT

Wookiee Merfeld

SPECIES

Canine

BREED

Ridgeback X

SEX

Spayed Female

AGE

6 Years

WEIGHT

46.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Erica Harmon

HOSPITAL NAME

Willamette Vet Hospital

REFERRING VET

Dr. Erica Harmon

INVOICE

39586

DATE

7/17/22

PRESENTING CLINICAL SIGNS

Pt ate ~2 bone-in chicken wings Thursday, 7/16/2022). O fed bread to help bulk it up after. Pt. still ate/drank that night and had normal stool/urination. This AM (7/16/2022) O stated he went on a hike and stopped for coffee and Pt. had a cup of whip cream. O tried offering food today and Pt. presented w/ a decreased appetite, ears pressed back, and appears lethargic. Currently no C/S/V/D, still drinking water. On intake, abdomen tense/painful, fever 105.0 on intake

Abnormal PE/Chem/CBC/UA Results: 3 view abd rads: SI has some gas throughout, no obvious obstruction, serosal detail wnl except in one lateral at the cranial aspect, bladder large and intact CBC: Retic-hgb 22.0, Neu 11.74, lym 0.84, eos 0.01 Chem 10: Glob 4.8 EPOC: HCT 50%, Glu 130, pCO2 27.1 cPL = 107.5 UA = USG 1.012 (already started on IVF), pH 7, WBC <1/hpf, rbc <1/hpf, no bacteria detected, epi non-squam <1/hpf_

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 **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 5.0 cm. The right kidney measured 5.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

Spleen

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

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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



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Pancreas

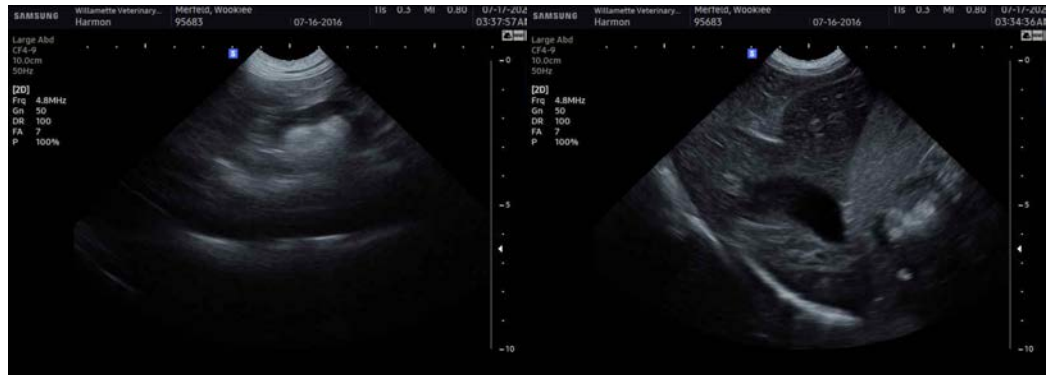
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with minor retention of ingesta, hair or similar in the stomach
- Mildly enlarged spleen, likely reactive.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural disease. Enrofloxacin/Clindamycin combination could be considered as an empirical measure.





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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.

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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

info@SonoPath.com

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