



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Baloo Pike

SPECIES Canine

BREED Labrador Mix

SEX Neutered male

History: Patient was fed at 8am 07/17/2022 on normal portion and schedule. At 5:30pm, patient began hypersalivating, stretching his neck and then vomited the his breakfast. The kibble was undigested and appeared to be the entire portion. Appetite and thirst WNL. Mild lethargy after vomiting. No D/C/S. Hx of rock ingestion in August of 2020 that resulted in an enterotomy and convenience gastropexy. 07/17 PM Patient was given 1L SQF and cerenia SQ. Nearly 4 hours after receiving this treatment (07/18 AM), patient regurgitated in kennel. 07/18 AM Patient was fasted and hospitalized with the addition of pantoprazole. Food trial was performed and was successful. Patient intended to discharge 07/18 PM. Due to persistent nausea and in light of labwork, patient was hospitalized again on fluids until 07/19 AM. Denamarin was initiated 07/19 PM. Exam: Baloo is QAR to BAR. MM tacky Auscultation remains normal. Abdomen soft. Persistent lip licking throughout the day. Sedated with dexdomitor + torb for US. Has not been fed for 18 hrs.

Abnormal PE/Chem/CBC/UA Results: 07/18: ALT - 431, AST - 515, TBIL - 0.9, rest nsf 07/19: @2am ALT - 383 @ 3:14pm ALT - 309, AST - 110, rest nsf Rads revealed radiodense structure in the pylorus measuring 0.2 cm. This could not be reproduced on ultrasound.

AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

3 years **Urinary System**

WEIGHT 94.8 lbs

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 was noted. Ureteral papillae were normal.

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Eric Lindquist, DMV
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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 5.0 cm. The right kidney measured 5.0 cm.

IMAGING PERFORMED BY

Dr. Couser

Adrenal Glands

HOSPITAL NAME

Willamette VH

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

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Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

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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 presented a minor amount of gastric stasis. There was no evidence of foreign body. The pyloric angle appeared somewhat flattened, yet there was no overt obstruction and is fairly normal for gastropexy. The small intestine and colon were unremarkable.

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Pancreas

SEX

Neutered male

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.

AGE

3 years

ULTRASONOGRAPHIC FINDINGS

Gastric stasis, gastritis pattern.

WEIGHT

94.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Delayed outflow may be an issue. B.i.d. canned feedings and treatment for gastritis is warranted such as the following protocol. FNA of the liver can be considered for further definition. Leptospirosis titers are warranted to ensure underlying comorbidity is not an issue. Screening for Addison's is warranted given the gastritis pattern and lack of visible adrenal glands. Endoscopy would be ideal for further definition of any gastric mucosal pathology.

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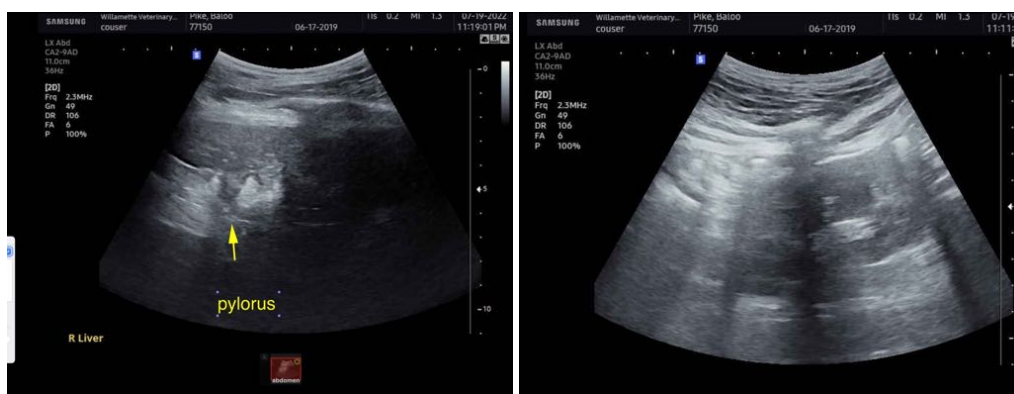
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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