



PATIENT

Daisy Zinn

SPECIES

Canine

BREED

English Bulldog

SEX

Spayed Female

AGE

11 Years

WEIGHT

28 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Kim

INVOICE

16708

DATE

7/21/22

PRESENTING CLINICAL SIGNS

History: bloody diarrhea since this morning, vomiting, lethargic. Rads show obstructive pattern to intestines; gastric and cranioventral abdominal material (suspect small intestine), suspicious of foreign material. on benazapril 5 mg and hydroxyzine 25 mg.

Abnormal PE/Chem/CBC/UA Results: WBC 27.7 with neutrophilia; platelets high 595, BUN 32.5, tbili 0.6,

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.23 cm. The left kidney measured 5.23 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a mild hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The right adrenal gland measured 2.5 cm x 1.33 cm at the cranial pole and 0.67 cm at the caudal pole. The left adrenal gland measured 2.96 cm x 0.76 cm at the caudal pole and 0.87 cm at the caudal pole.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. Cranial folding of the spleen was noted.

Liver

The **liver** was mildly subnormal in size, yet uniform. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

The **stomach** itself was unremarkable. Some stasis was noted in the distal small intestine. The stasis was followed to the ileocecal junction. No overt obstruction noted. Minor variable intestinal thickening was noted without neoplastic criteria.

Pancreas



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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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Free Abdomen

Free fluid was noted in the abdomen.

BREED

English Bulldog

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis pattern
- Free fluid
- Volume contracted spleen with splenic fold
- Mildly subnormal liver size
- Bilateral adrenal hypertrophy
- Age-related renal changes

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

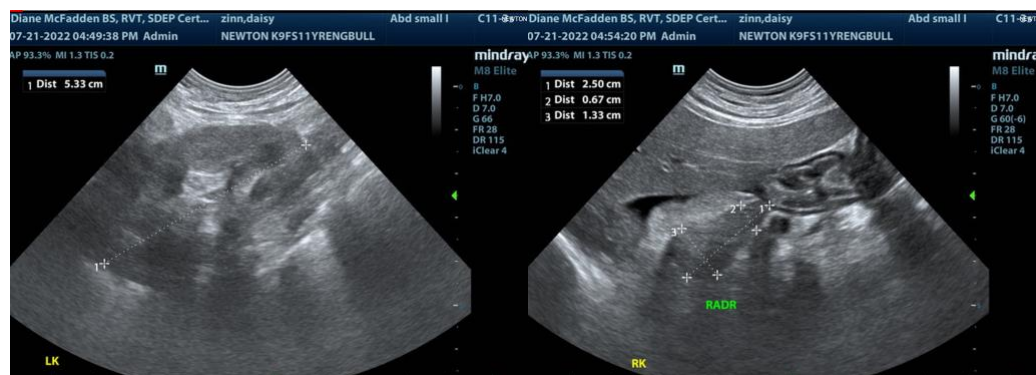
The cause of the free fluid is concerning, unless the albumin level is subnormal. Plasma expanders, plasma transfusion, treatment for enterotoxins and parasites are all indicated with recheck sonogram in 48 hours. No evidence of surgical disease. Some mucosal striations were noted, suggestive for lymphangiectasia. Albumin levels should be monitored carefully in this patient.

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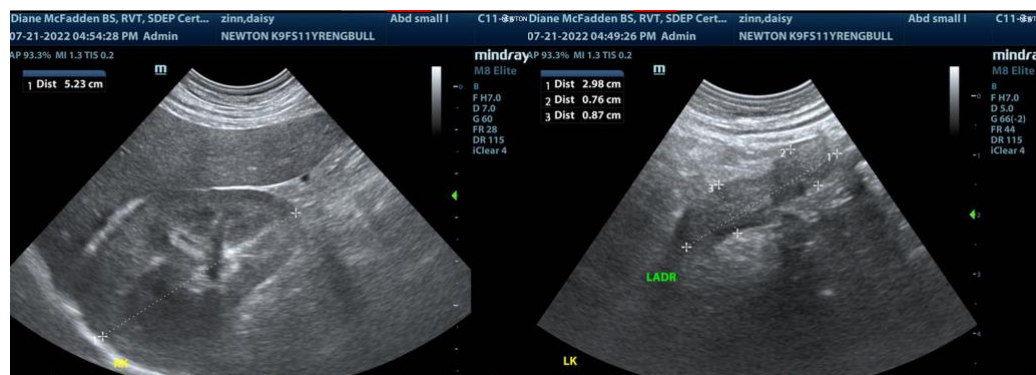


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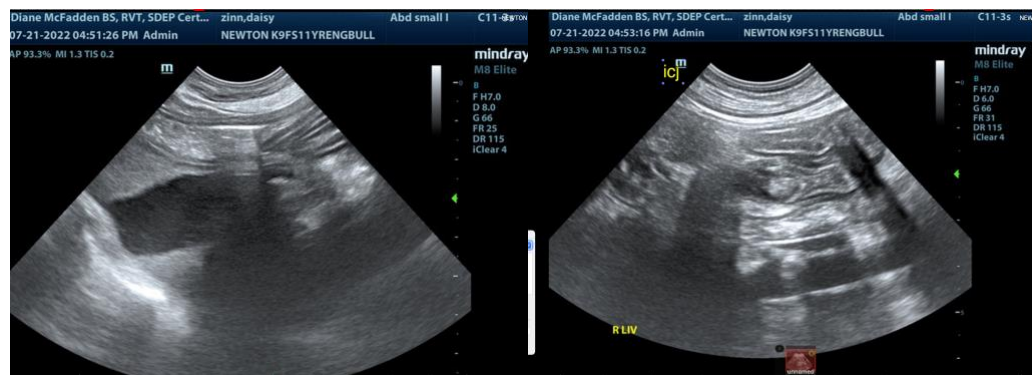
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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