



**PATIENT**

Ruby Gilbert

**SPECIES**

Canine

**BREED**

Boston Terrier

**SEX**

Spayed female

**AGE**

14 years

**WEIGHT**

12.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Bartus

**HOSPITAL NAME**

Valley VS

**REFERRING VET**

Dr. Bartus

**INVOICE**

31915

**DATE**

7/25/22

**PRESENTING CLINICAL SIGNS**

History: Dog recently obtained from a family member who had to move overseas. New owner was told the dog eats Hill's Science Diet Sensitive Skin & Stomach dog food, but was not told why, nor given additional instructions; we have no records from the previous veterinarian. Ruby developed diarrhea 7/5/22, along with the other dog in household. Metronidazole was dispensed, which helped, but owner wasn't able to continue full course of medication, as dog is hard to pill. Since then, off & on, she has had diarrhea. Last week, her appetite was noticeably decreased, and her diarrhea turned bloody over the weekend.

Abnormal PE/Chem/CBC/UA Results: Dog has lost 3# since April. Clinically dehydrated 8%. Heart murmur grade 3/6. Lungs auscultate clear. Not painful on abdominal palpation. Blood in rectum. Normal temperature. Blood chemistries are normal except for slightly decreased Chloride. Slight decrease in RBC on her CBC, 5.54 (5.65-8.87), HCT 33.3% (37.3-61.7%), appears regenerative on blood smear. Normal WBC, bands present.

**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 was 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 4.0 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

The left **adrenal gland** was visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.6 cm. The right adrenal gland is 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 was noted.



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**Liver**

Ruby Gilbert

The **liver** revealed mildly increased portal markings and increased coarse architecture. The gallbladder was unremarkable.

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**Gastrointestinal**

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The **gastrointestinal tract** revealed minor gastric thickening. There was some mucosal fogging present. The small intestines were unremarkable and empty. The colon and cecum were dilated with fluid. Reactive mesentery was noted.

**SEX**

**Pancreas**

Spayed female

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**

14 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

12.8 lbs

Mild hepatic remodeling. History of cholangitis is likely.

Non-specific gastroenteritis with mucosal fogging. Potential emerging lymphangectasia.

Reactive mesentery was noted.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Underlying parasitic disease, dietary indiscretion and enterotoxins are all possible. Fecal exam is recommended as well as broad spectrum anti-parasitic protocol. Purina HA or Royal Canin HP diet as well as clinical trial of Enrofloxacin and Metronidazole is all recommended over a 10 day period. I recommend reassessment of the clinical signs.

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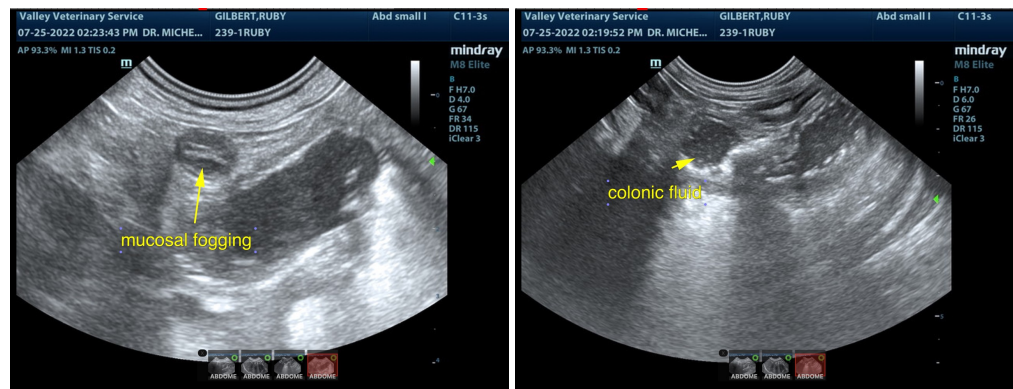
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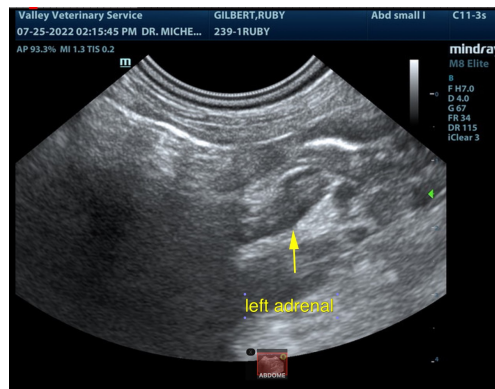
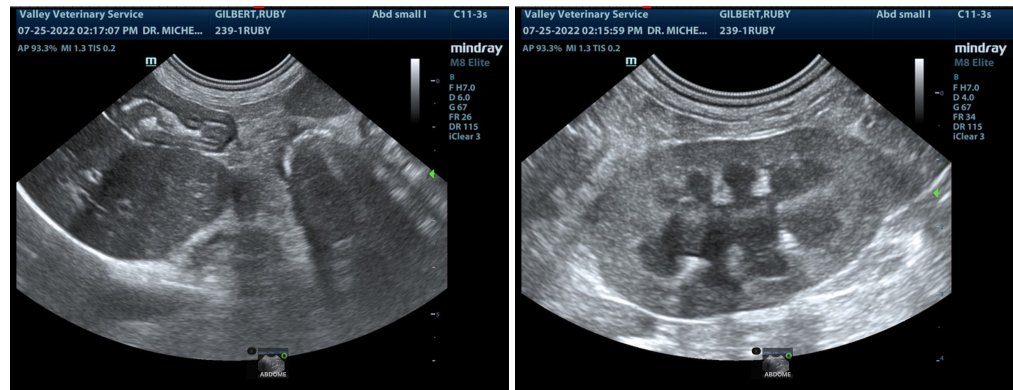
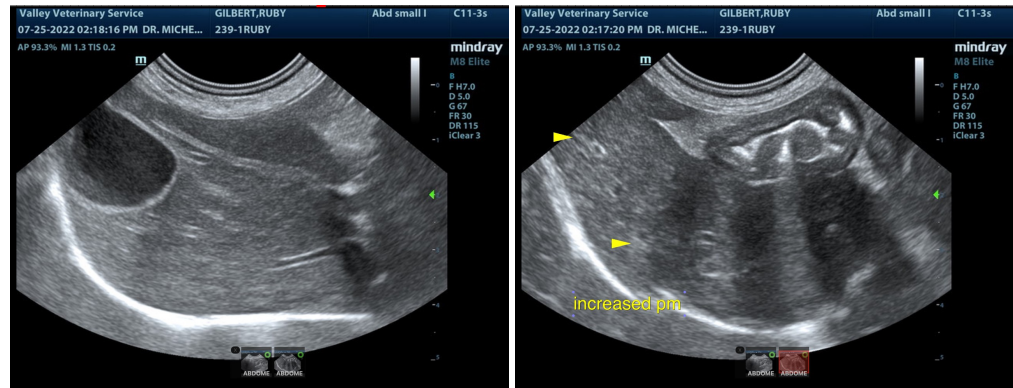
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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