



PATIENT PRESENTING CLINICAL SIGNS

Stormy Stewart

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Female

AGE

3

WEIGHT

98

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Maggiulli

INVOICE

43693

DATE

7/3/23

Pt seen originally for inappetence; bloody tooth noted on exam. Sent home with gabapentin, dewormer, metronidazole. represented to RDVM pale and inappetant. Anemia, thrombocytopenia, leukocytosis r/o Evan's syndrome, other immune-mediated, pyometra, tick bourne disease, neoplasia, other
Abnormal PE/Chem/CBC/UA Results: RDVM BW-Hct 9%, WBC 35k, Plt 11k, Phos 5.2, Ca 8.4, Alb 1.8, intake diagnostics- Fast scan: difficult to appreciate entire abdomen due to hair. No evidence of dilated uterine horns. No pericardial effusion. No B lines noted. Pre-transfusion PCV 12% TS 4.9? CBC- RBC 1.16 (L), Hct 9.7% (L), Hgb 2.6 (L), MCV 83.6 (H), MCHC 26.8 (L), RDW 24.2 (H), Retic 324.9 (H), Retic-hgb 15.1 (L), WBC 43.58 (H), Neu 30.25 (H), with suspected bands, Lym 7.96 (H) (possibly band neutrophils), Mono 4.99 (H), Plt 2 (L), MPV 16.9 (H) Marked hypochromic, macrocytic regenerative anemia Marked thrombocytopenia Chem10- TP 5.0 (L), Alb 1.9 (L) EPOC- Bicarb 15.2 (L), Lac 4.40 (H), PCO2 19.9 (L), pH 7.491 (H), PO2 88.9 (H), TCO2 15.0 (L), BE -8.1 (L), hct <10% Elevated lactate Respiratory alkalosis with metabolic compensation Saline agglutination test: Negative Canine blood typing: DEA 1.1 positive (+) PT 11.0s, PTT 72.0s (wnl) Vcheck cPL 664.8 ng/mL (consistent with pancreatitis) 4Dx SNAP: all negative CBC with path review to Antech- pending

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 1.0 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 measures 6.0 cm. The right kidney measures 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** 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.



PATIENT

Gastrointestinal

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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

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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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ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease directly related to the clinical history. I cannot rule out the possibility of GI blood loss. However, CBC path review warranted +/- bone marrow aspirates.

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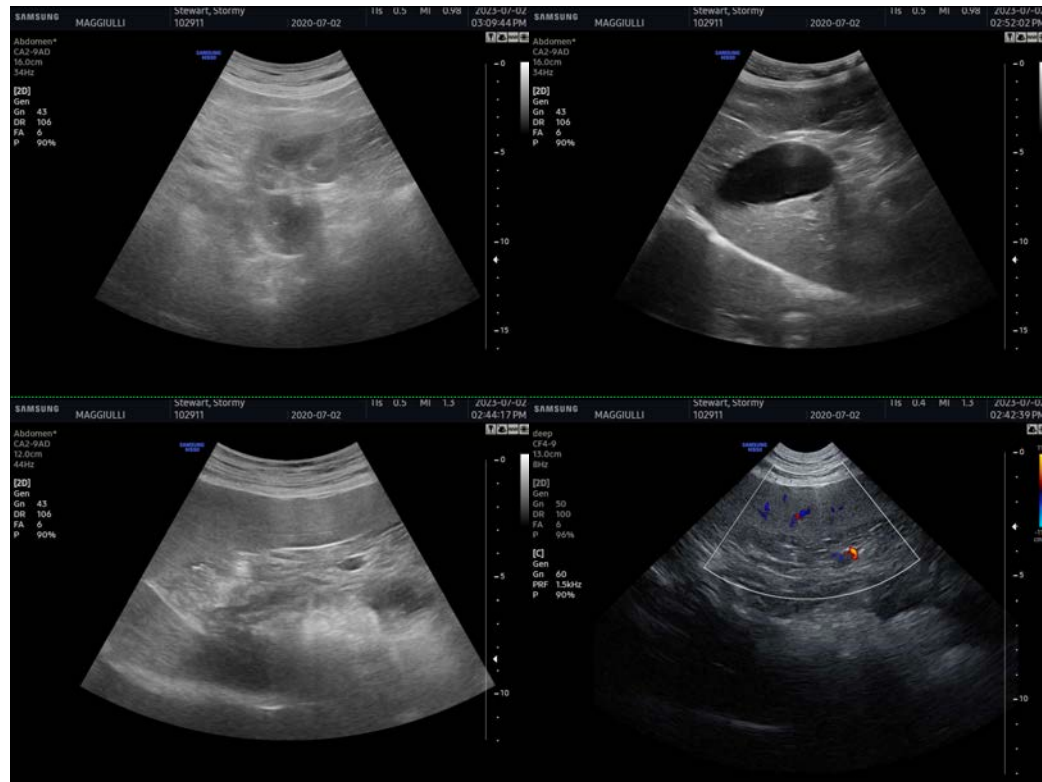
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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