



PATIENT

Sir Henry Bear
Squigglebutts
Wichmann

SPECIES

Canine

BREED

Bichon Frise

SEX

Neutered Male

AGE

4 Years

WEIGHT

14 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cathleen A Carter

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Tessa Maggiulli

INVOICE

44558

DATE

8/2/23

PRESENTING CLINICAL SIGNS

P presented 7/12 for hematemesis and hematochezia, no diet change or indiscretion, BW revealed elevated CPL, imaging unremarkable, was treated outpatient with subq fluids, anti-emetics, pain control, and bland diet, waxing and waning after and represented for more hematemesis and hematochezia.

Abnormal PE/Chem/CBC/UA Results: 7/21 diagnostics-CBC: plt 142 Chem 10: nsf EPOC: nsf cPL: 1125.3 fecal - collected for send out three view abd rads: serosal detail wnl, small amount of gas in stomach but otherwise appears empty, small amounts of gas throughout SI, heterogeneous fecal material in colon 8/1 diagnostics- CBC - HCT 51.3%, WBC 15.53 (N), PLTCRT 0.53, chem17 - NSF, ALB 3.3 (N) EPOC- HCT 52%, K+ 3.6, GLU 123, cPL - 359

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 right kidney measured 4.38 cm. The left kidney measured 4.23 cm.

Adrenal Glands

Both **adrenal glands** were 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 0.50 cm. The right adrenal gland measured 0.50 cm.

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.



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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.

Pancreas

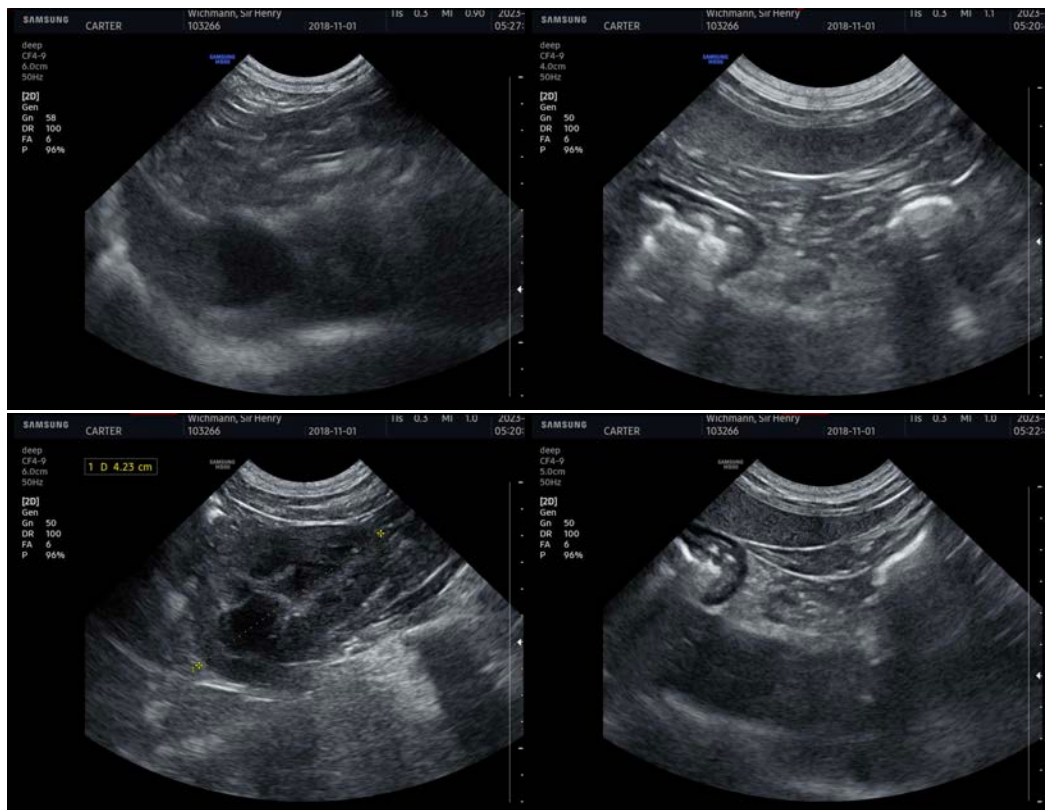
The pancreas presented slight coarse architecture. Low-grade inflammation possible yet changes were minor.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with minor pancreatic remodeling, possible low-grade inflammation yet changes were minor. Chronic active pancreatitis suspected.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol warranted, given the clinical signs, even though the gastrointestinal tract appears structurally unremarkable. No evidence of foreign body or neoplasia.





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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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