



PATIENT

Thunder De Leon

PRESENTING CLINICAL SIGNS

Patient presents for vomiting and diarrhea with blood for the last 6-7 days. Patient hasn't been eating, but ate a small amount yesterday. Vomited last at 7am.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: EPOC- Electrolytes are within normal limits K on low end of normal at this time. Very slight hyperglycemia 126 mg/dL, HCT 34%, pO2 66.8 mmHG, cSO2 92.7%. CBC- Reticulocytes 7.2 K/uL Thrombocytopenia 131 K/uL MPV 13.4 fL elevated Chemistry- TP 4.6g/dL Hypoalbumenia 2.2 g/dL Hypoglobulinemia 2.4g/dL elevated ALT 144 U/L Cpl 50ng/ml reference range is <200ng/dL

BREED

Chihuahua

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.

AGE

4 Years

WEIGHT

3.8 kg

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 3.5 cm. The right kidney measured 3.23 cm.

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Crystal Ebert

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.

HOSPITAL NAME

Wilvet Salem

Liver

REFERRING VET

Dr. Crystal Ebert

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.

INVOICE

40631

Gastrointestinal

DATE

8/20/22

Minor fluid filled **gastric** lumen noted. Mild subjectively prominent rugae noted in the stomach. Normal curvilinear patterns noted. Soft stool noted in the colon.



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Pancreas

Thunder De Leon

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Non-specific gastroenteritis with soft stool, unremarkable abdomen otherwise

BREED

Chihuahua

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care should prove effect. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Protein losing enteropathy is a potential if no significant proteinuria is present, yet no mucosal striations evident, yet this is not mandatory to diagnose PLE. Screening for occult Addison's indicated, even though the adrenals appear normal. No evidence of foreign body.

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REFERRING VET

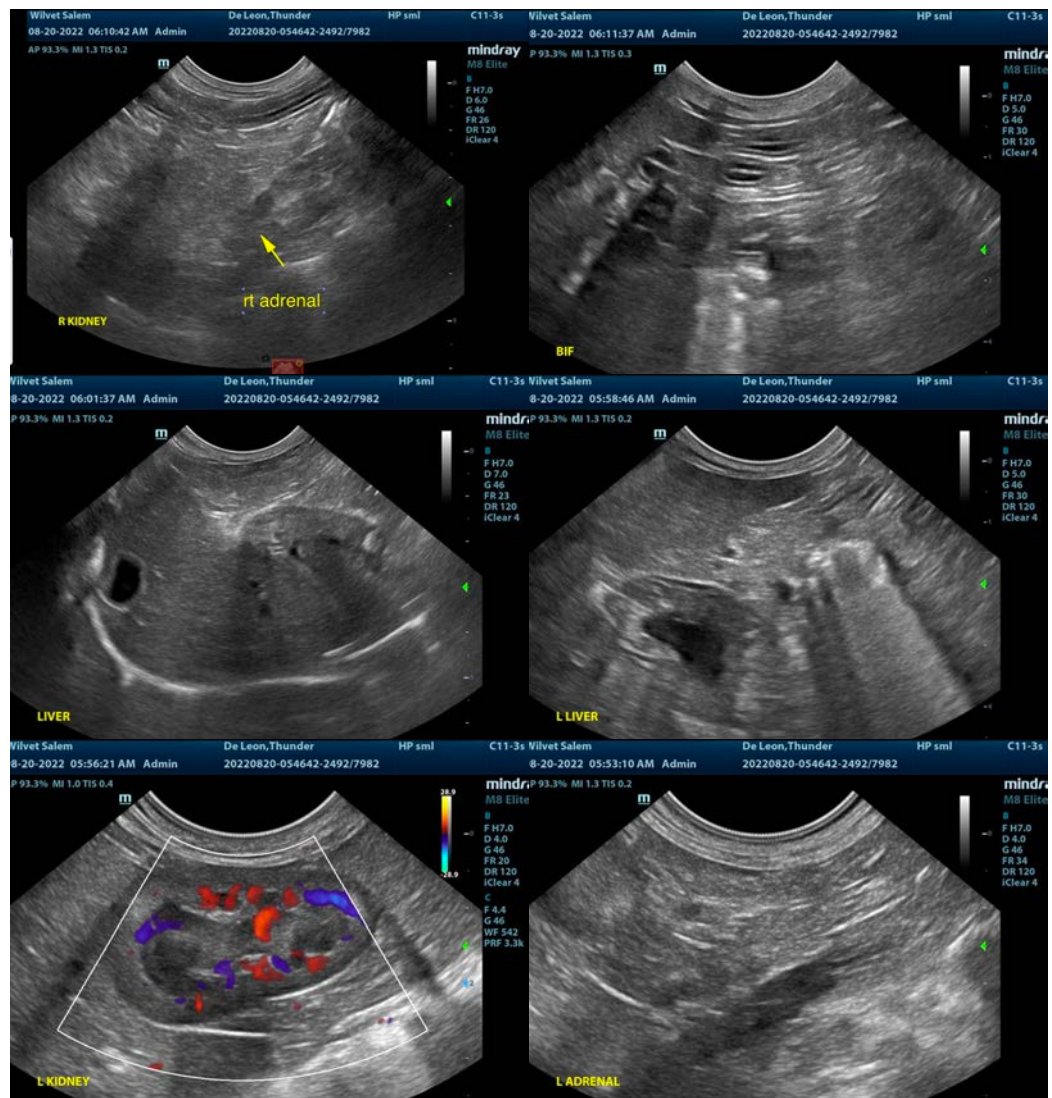
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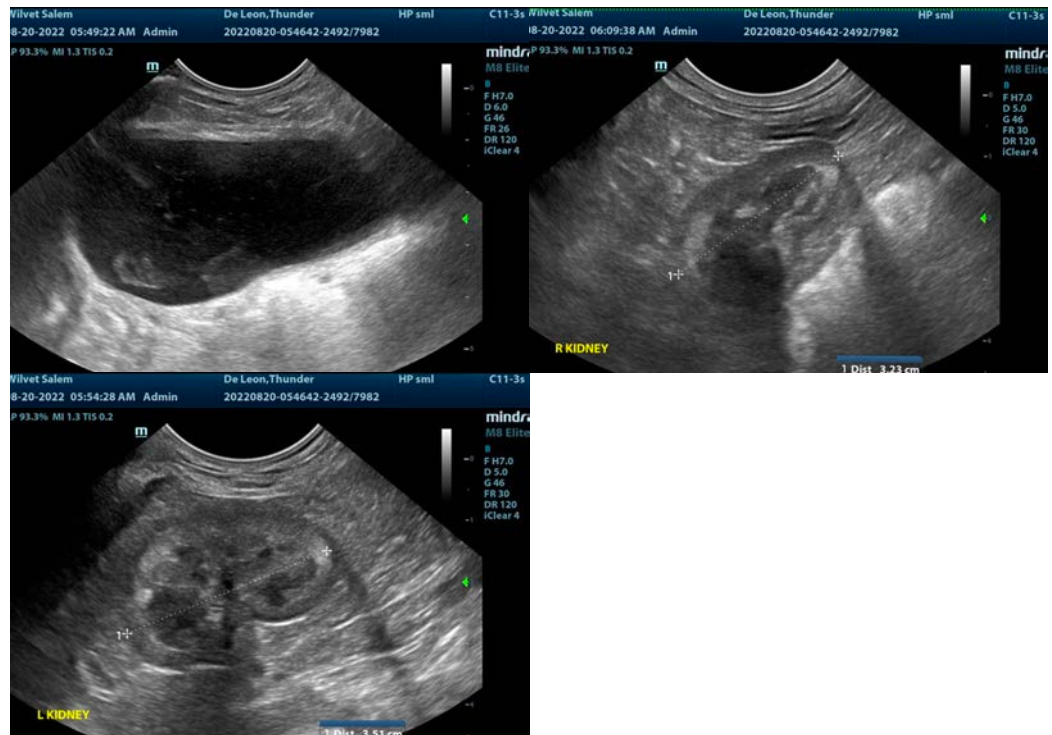
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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