



PATIENT

Zeke Ashman

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

5 Years

WEIGHT

29 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brittany Gardner,
DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Brittany Gardner,
DVM

INVOICE

16951

DATE

8/21/22

PRESENTING CLINICAL SIGNS

History: Bilateral eye discharge 1 week went from clear to white. Visiting from CA and had on a different diet but O feel he wasn't feeling well prior to changing the diet. Has been visiting on the coast. Has been having vomiting (brown material) and liquid diarrhea (no blood). Anorexia since 8/18 am and is lethargic. Visiting by beach and has creek on property.

Abnormal PE/Chem/CBC/UA Results: Fecal smear in house: No obvious flukes Fecal to IDEXX: negative CBC: HCT 43.8 WBC 6.02 NEut 4.74 plts 236 Chem 10: glob 4.6 EPOC: HCT 43 pH 7.465 ABD: tense on deep palpation, no prayer position noted this AM

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 2.0 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 measured 6.0 cm. The right kidney measured 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.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable.



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A large amount of GI gas was noted, obscuring some visibility yet no overt foreign body was present. Spastic bowel was noted in the small intestine.

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Pancreas

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

- Gastroenteritis with excessive GI gas

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend medical management, plasma expanders, GI protectants and fecal test. If the patient is not responding to clinical support, then recheck sonogram is recommended in 24-48 hours.

AGE

5 Years



WEIGHT

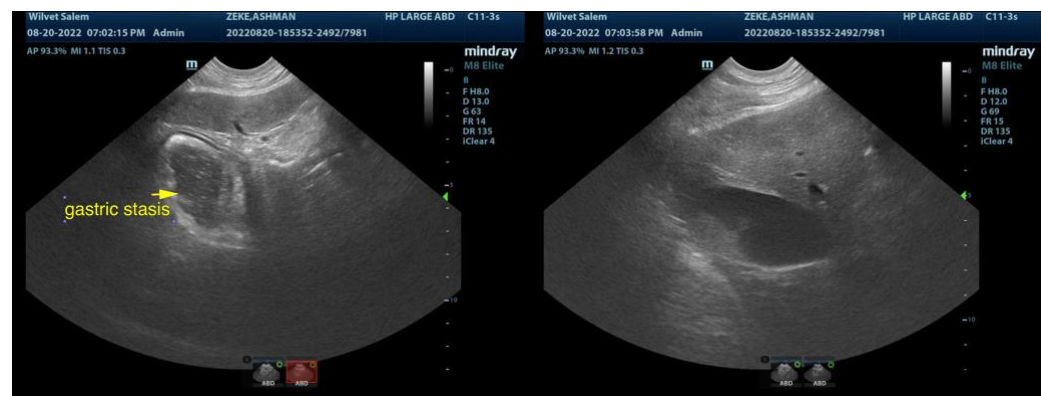
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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