



**PATIENT**

Carmen Thibault

**SPECIES**

Canine

**BREED**

American Staffordshire Terrier

**SEX**

Spayed female

**AGE**

4 years

**WEIGHT**

21.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Shoppa

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Dr. Brooks

**INVOICE**

46686

**DATE**

8/21/23

**PRESENTING CLINICAL SIGNS**

History: P presented with v+ for 2 days. Positive for pancreatitis, and has not been eating since 8/18. Is currently having explosive bloody d+  
Abnormal PE/Chem/CBC/UA Results: Abnormal CPLI, hx of Gr II MCT incompletely incised

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.8 cm. The right kidney measured 5.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** was folded upon itself caudally with slight, heterogenous parenchymal changes without obvious lesions. The changes are largely expected for the age and breed. There was no overt evidence of lesions consistent with mast cell disease.

**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. Minor gallbladder congestion was noted. The gallbladder wall was slightly echogenic and thickened with over distension and suspended and dependent debris.

**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.



**PATIENT**

Carmen Thibault

**Pancreas**

The visible **pancreas** was unremarkable.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

Largely geriatric abdomen, no evidence of significant disease.

**BREED**

American Staffordshire Terrier

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

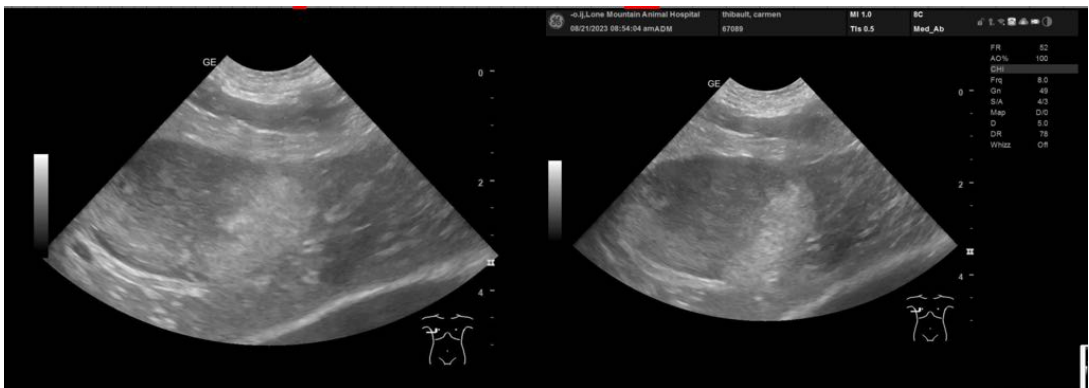
Ursodiol is recommended for gallbladder congestion. Screening for Addison's disease is recommended given that the adrenals were not visualized. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

**AGE**

4 years

**WEIGHT**

21.6 kg



**INTERPRETED BY**

Eric Lindquist, DMV DABVP, Cert. IVUSS



**IMAGING PERFORMED BY**

Dr. Shoppa

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

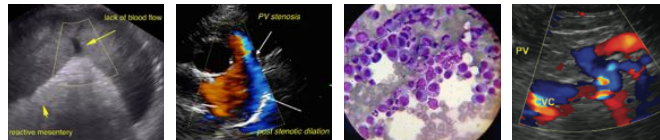
Dr. Brooks

**INVOICE**

46686

**DATE**

8/21/23



**PATIENT**

Carmen Thibault

**SPECIES**

Canine

**BREED**

American Staffordshire  
Terrier

**SEX**

Spayed female

**AGE**

4 years

**WEIGHT**

21.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Shoppa

**HOSPITAL NAME**

Lone Mountain AH

**REFERRING VET**

Dr. Brooks

**INVOICE**

46686

**DATE**

8/21/23



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