



**PATIENT**

Gwen Christensen

**SPECIES**

Canine

**BREED**

Pit Bull Mix

**SEX**

Spayed female

**AGE**

7 years

**WEIGHT**

46.8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Wymard

**HOSPITAL NAME**

Brookwood AC

**REFERRING VET**

Dr. Wymard

**INVOICE**

32237

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

History: P presented yesterday AM b/c she did not enthusiastically eat breakfast. Mom reports that she has never not once scarfed her food down in her 8 years of life so she immediately knew something was wrong. Lethargic. P is extremely anxious in clinic and needs sedated for diagnostics. Only able to obtain 1 lateral rad of chest/abdomen. See below for results. P presented today (8-9) for a recheck exam. P did worse overnight - started vomiting last evening and continued to vomit ~4-5 x until mom gave oral cerenia and this ceased vomiting. Diarrhea started last night as well (blow out at first but then moved to mucus/some blood). Absolutely on interest in any food or treats.

Abnormal PE/Chem/CBC/UA Results: Yesterdays rads were largely unexciting. Ingesta in stomach (breakfast). Small amount of ingesta in intestines. A few focal areas of gas that did not appear dilated. Gas in colon. Some string of pearl pattern noted mid abdomen in SI. P sedated for diagnostics today. After P was sedated it was discovered that our radiograph machine has a broken wire and will not take rads today. AUS performed w/ consult for substitute. cPL: abnormal (do not have quantitative test) CBC: HCT (59.4%), Lymph (0.31), otherwise normal Comp: Glob (2.1), otherwise normal

**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 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 left **adrenal gland** was 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 right adrenal gland was not visualized.

**Spleen**

The **spleen** was mildly enlarged and uniform. There was no evidence of pathology.

**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



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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. Transit of chyme was noted throughout the small intestine. There was no evidence of pathology. 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**

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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**Free Abdomen**

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The iliac trifurcation was unremarkable.

**ULTRASONOGRAPHIC FINDINGS**

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Unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

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No specific therapy is recommended.

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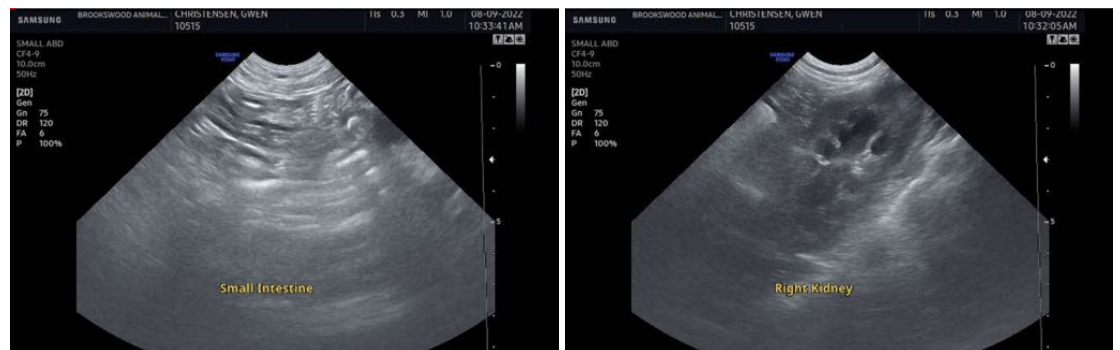
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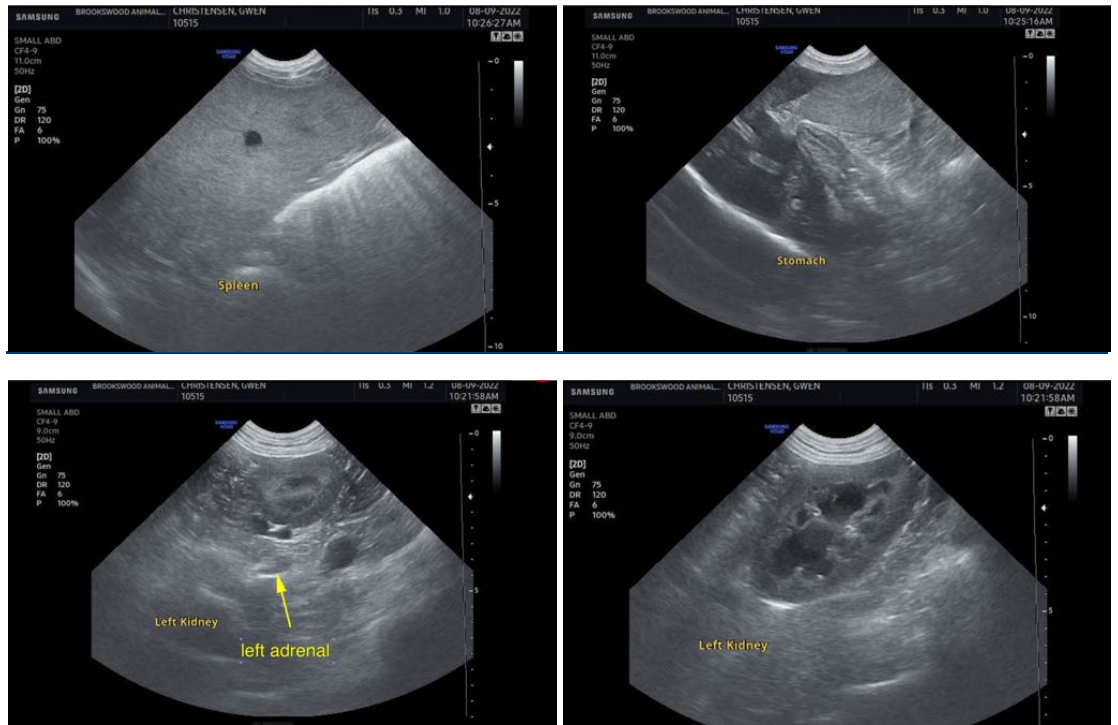
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com