



PATIENT

Buster Stevens

SPECIES

Canine

BREED

Heeler Mix

SEX

Neutered male

AGE

8 ½ years

WEIGHT

52 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUS

IMAGING PERFORMED BY

Dr. Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Reser

INVOICE

46502

DATE

8/9/23

PRESENTING CLINICAL SIGNS

History: Outdoor dog, had possible heat exhaustion 2 weeks ago, vomited. Yesterday became lethargic, would not eat, wobbly when walking.
Temp 105.6. Dog is weak on back legs, dehydrated otherwise unremarkable. BW showed following abnormalities: ALT (641) ALP (1734), GGT (18), Globulin (4.6) BUN (4). Rest was normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 6.1 cm. The right kidney measured 6.5 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 0.5 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 was noted.

Liver

The **liver** revealed slightly increased portal markings with a mildly thickened gallbladder wall. This is consistent with a non-specific cholangitis, cholangiohepatitis. No masses or suspicion of neoplasia. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.



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Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. 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.

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.

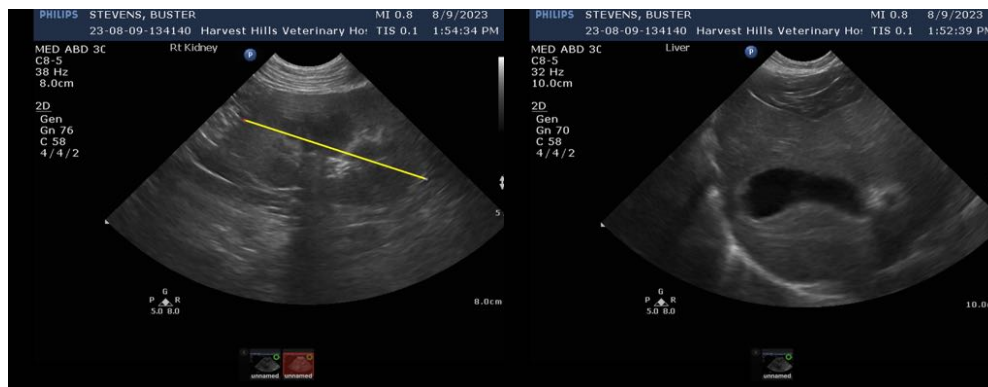
ULTRASONOGRAPHIC FINDINGS

Cholangiohepatitis liver pattern, non-specific.

Full stomach, post prandial presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Other than the cholangiohepatitis pattern there was no other evidence of significant pathology. Supportive care is recommended.





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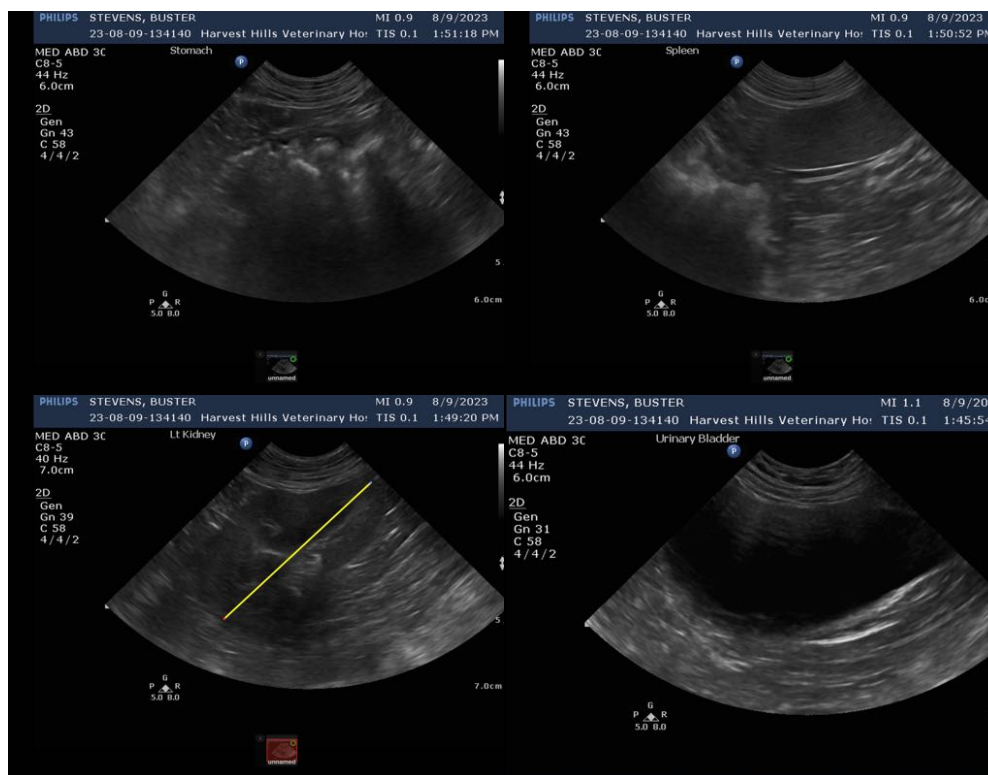
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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