



PATIENT

Virgil Butler

SPECIES

Canine

BREED

Red Heeler

SEX

Male

AGE

8 Months

WEIGHT

45.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Leon Anderson

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Leon Anderson

INVOICE

25366

DATE

9/13/21

PRESENTING CLINICAL SIGNS

Seen elsewhere for vomiting on Friday. Subcu fluids, antibiotic and cerenia given. Last ate on Thursday. Drinking some. Vomits mucus with bile.

Abnormal PE/Chem/CBC/UA Results: Lethargic, tense abdomen, dehydration. CBC 9-10-21
Neutrophils 14.85K/uL Chem: Glob 2.3 g/dL, ALT 864 U/L

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 **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 right kidney measured 6.27 cm. The left kidney measured 7.41 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 2.61 cm x 0.47 cm at the caudal pole and 0.36 cm at the cranial pole. The right adrenal gland measured 2.48 cm x 0.37 cm at the caudal pole and 0.55 cm at the cranial pole.

Spleen

The **spleen** presented subtle minor micronodular changes with normal size and contour.

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 area of fluid filled intestine. The stomach was overdistended with linear structures and fluid filled lumen. However, not overtly obstructive. This may be grass or similar material, appears to be passive. The cecum was dilated with fluid.

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 gastric stasis – possible worm burden
- Minor micronodular splenic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal test warranted. No obstructive pattern noted at this time. Medical management recommended with 24 hour NPO, IV fluid support, fecal test, broad-spectrum antiparasitic protocol, and reassessment of the clinical signs.

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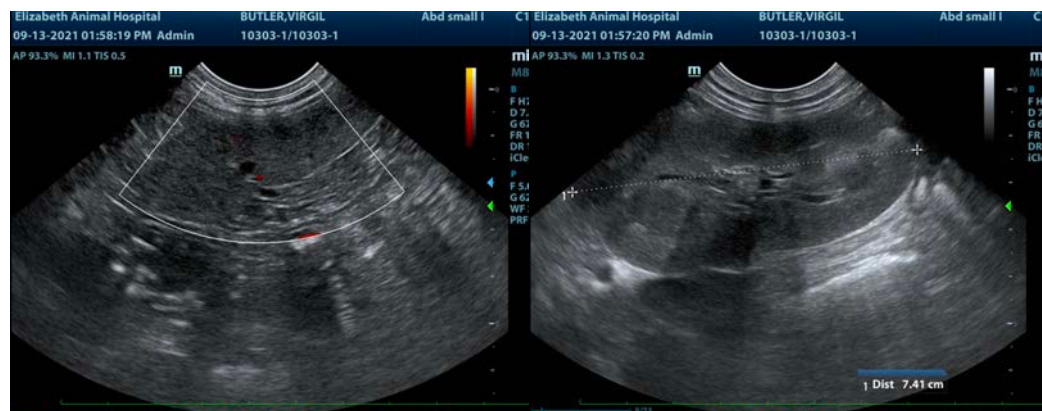
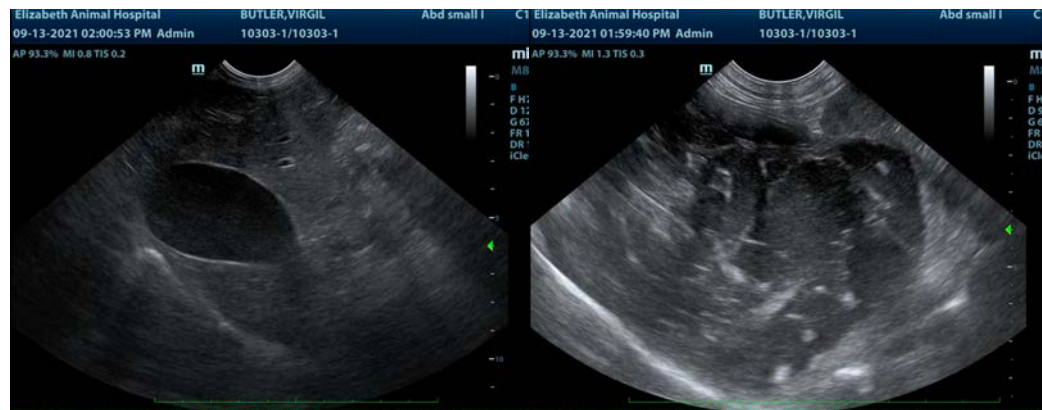
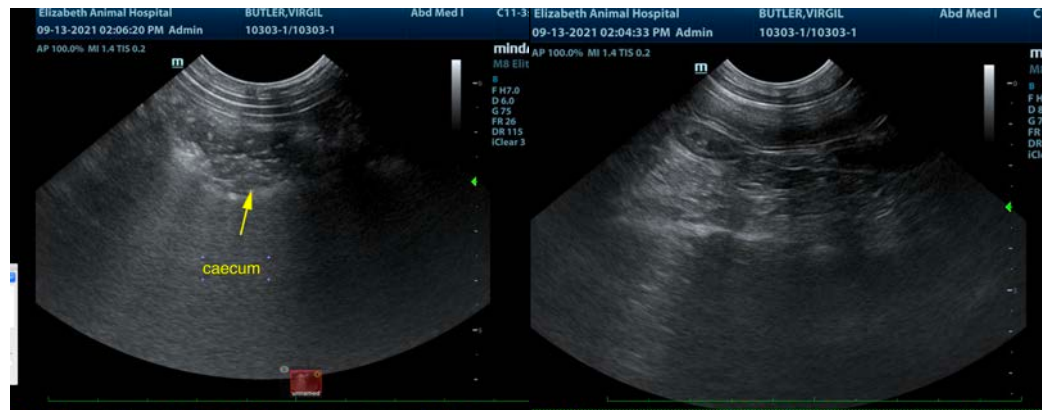
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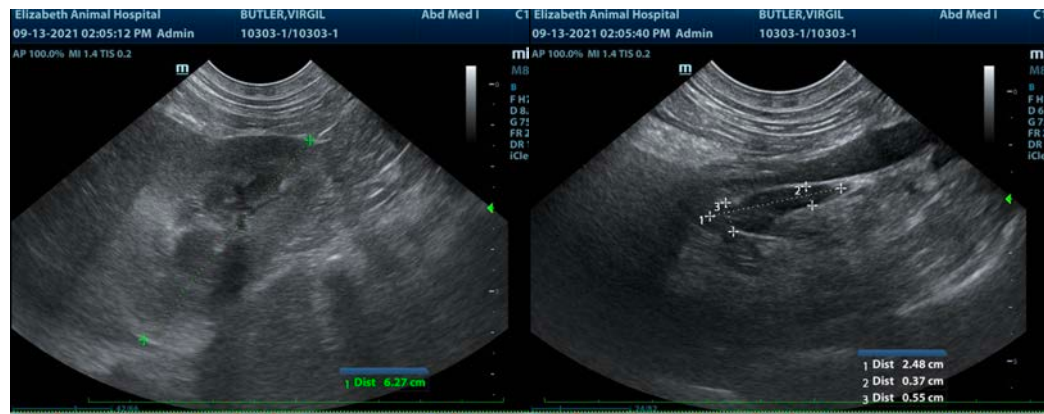
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Leon Anderson

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.

HOSPITAL NAME

Elizabeth AH

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com

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