



PATIENT PRESENTING CLINICAL SIGNS

Baxter Fuchs

History: Patient was seen on 9/12/22 for not eating and lethargy. Patient was hospitalized overnight and went home on 9/13/22. Patient returned on 9/21/22 with complaints of black, tarry stool and not eating again. P was on Omeprazole, Gabapentin and Cerenia after being hospitalized on 9/12-13/22. Patient has IVDD.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: 9/12/22: -CBC: RBC 9.27, HGB-21, RETIC-HGB 19.1, NEU-14.61, LYM 0.95, EOS 0, MV 13.4 -Chem: ALB 4.3, TBIL 1.2, K-2.6, CI 108 -SDMA: WNL -TT4: WNL -

BREED

Beagle

Xray: Possible obstructive pattern noted in intestines. 9/13/22 -Xray: improving, material/food is moving through, however there is radiopaque material in the area of the gallbladder. 9/21/22 -Xray: Mineralization of L4 & L5 and L5 & L6. Abdomen- WNL -CBC/CHEM: RBC 9.0, RETIC 126.9, RETIC-HGB 20.7, BUN 2, K 3.4. 9/22/22 -U/A: LEU 25, PRO 30, KET 15, UBG 12, BIL 6, BLD 50, WBC 8/hpf, RBC 6/hpf, nsEPI 6-10/hpf, HYA >1/lpf, nhCST >1/hpf, CRY <1/HPF, BILI 1-5/hpf. 9/21/22: PE: Patient is very painful on palpation of spine and abdomen. 9/22/22: Murphy's sign - mid abdomen

SEX

Neutered male

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

4 years

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.

WEIGHT

36 lbs

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. Both kidneys measured 5.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Mack

Adrenal Glands

Left **adrenal gland** was uniform and measured 0.3 cm. The right adrenal gland was isoechoic to the surrounding fat and measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

HOSPITAL NAME

Northside VC

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.

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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

The **stomach** presented a minor amount of anechoic fluid and mural hypertrophy. There were some echogenic changes noted in the gastric mucosa that would suggest potential ulcerative disease. The small intestine and colon were unremarkable.

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Pancreas

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Neutered male

The right limb of the **pancreas** was minor heterogenous parenchymal changes. This is suggestive for history of inflammation and remodeling.

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ULTRASONOGRAPHIC FINDINGS

Gastritis pattern.

History of pancreatitis is likely.

WEIGHT

36 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectant protocol is warranted. Screening for Addison's is indicated. The cause of bilirubin elevation is unclear. However, there was no evidence of significant hepatic structural disease noted.

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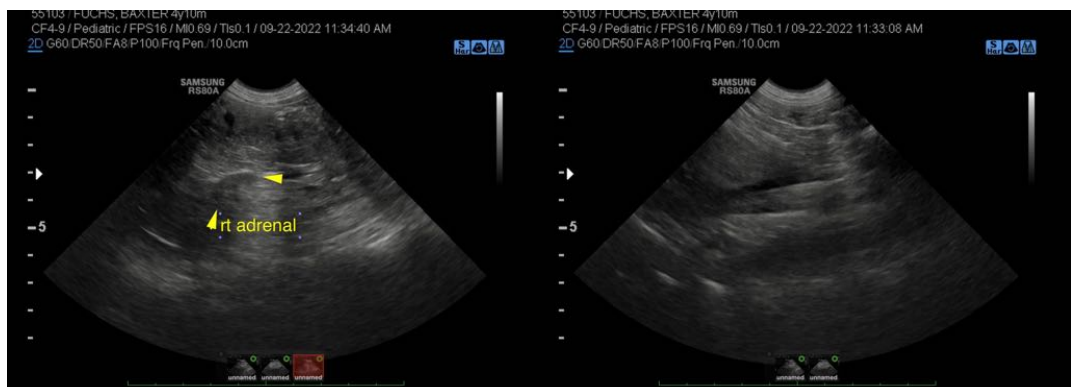
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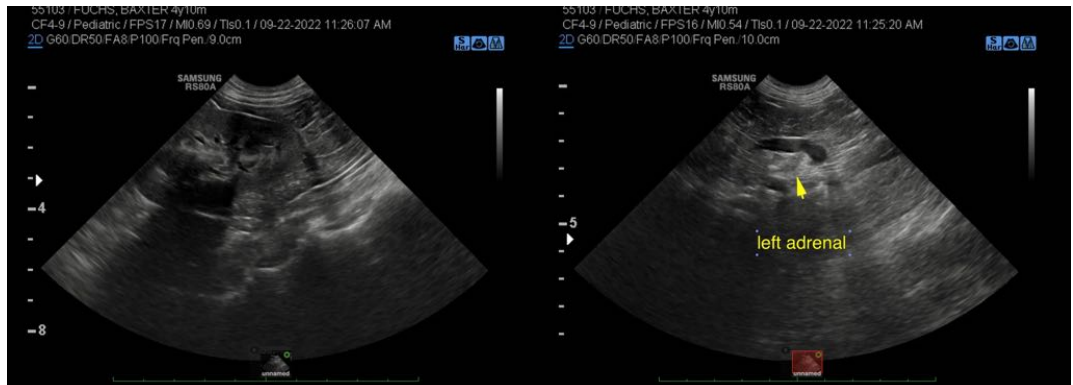
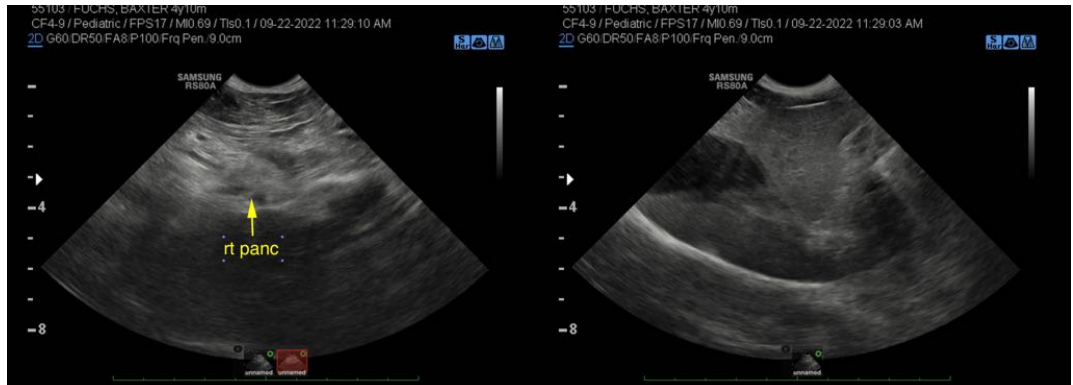
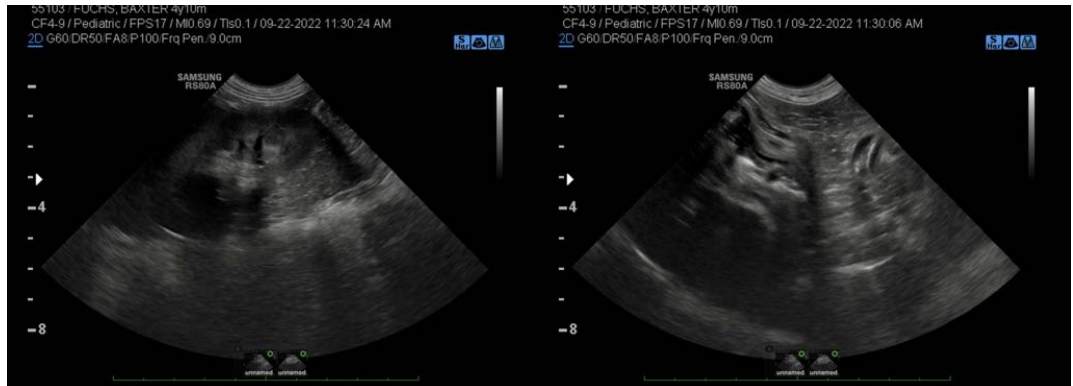
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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