



PATIENT

Cash Roan

SPECIES

Canine

BREED

Boxer

SEX

Male

AGE

2 Years 9 Months

WEIGHT

80 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Susan Lincoski

HOSPITAL NAME

University Drive VH

REFERRING VET

Dr. Susan Lincoski

INVOICE

41126

DATE

9/8/22

PRESENTING CLINICAL SIGNS

t=101.2 Cash presents with vomiting, food and bile, after spending weekend at family's camp. No known toxin but could have gotten into anything unknown. He has had no interest in food, or water and seems restless and painful. Drooling, lethargic. No urine noted since yesterday, and vomit continues today. EX: QAR, drooly but mm's pink. Weight loss of 9# since last here in May. Chest auscults WNL, very deep chest, palpable caudal abdomen unremarkable., does seem uncomfortable cranially. Afebrile. Bloodwork reveals mild neutrophilia, ALT=181,GGT=18, AMYL=1852, LIP=3565, cPL=abnormal. Recommend IV fluids, cerenia, and ampicillin following ultrasound exam for stat submission. Abnormal PE/Chem/CBC/UA Results: Elevated lipase, amylase, GGT, cPL. Quite, uncomfortable belly.

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 left kidney measured 5.5 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 0.64 cm. The right adrenal gland measured 0.64 cm.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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 were noted.

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

The **stomach** revealed a minor amount of gastric luminal fluid accumulation. No evidence of foreign body. Mild areas of hyperperistalsis noted in the small intestine. No evidence of foreign bodies. Minor cecal stasis present.



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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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ULTRASONOGRAPHIC FINDINGS

- Mild gastritis pattern

BREED

Boxer

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of foreign body. Supportive care should prove effective. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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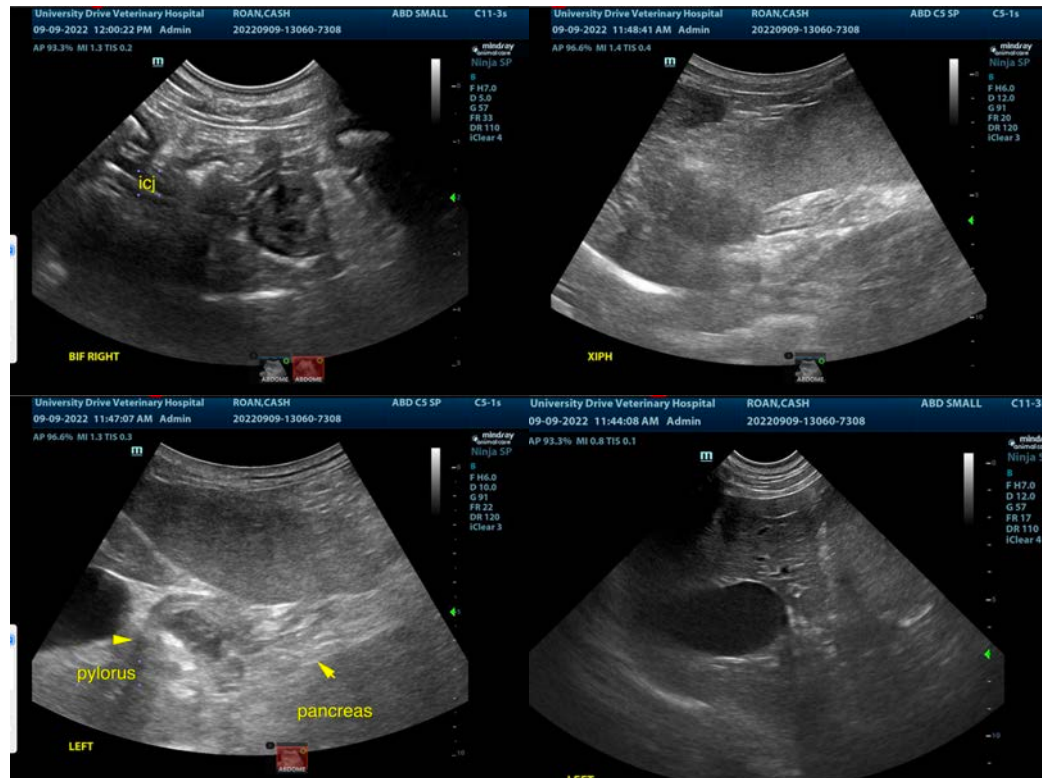
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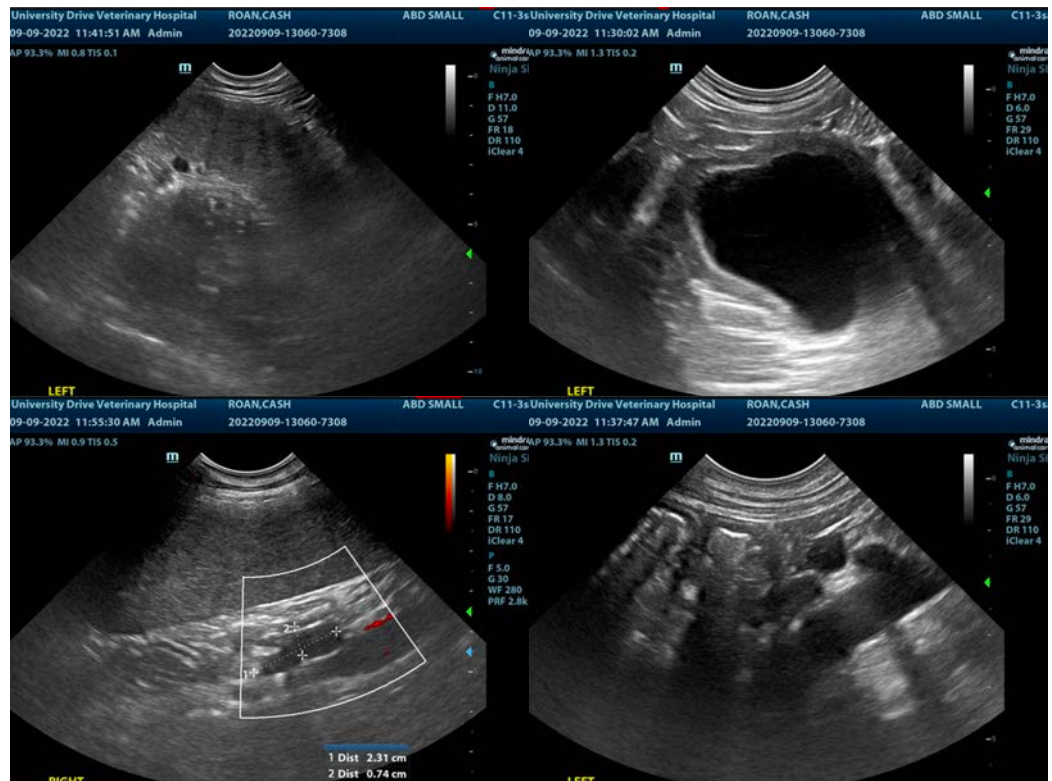
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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