



**PATIENT**

Layla Steinberg

**SPECIES**

Canine

**BREED**

American Staffordshire  
Terrier

**SEX**

Spayed female

**AGE**

4 ½ years

**WEIGHT**

80.4 lbs

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

The Veterinary  
Hospital

**REFERRING VET**

Dr. Johnson

**DATE**

1/11/22

**Invoice**  
95120

**PRESENTING CLINICAL SIGNS**

Clinical Exam Findings: hypothermic, mm's pale, painful abdomen, anorectic and lethargic Current Medications IV fluids, Ampicillin, Baytril, Butorphanol Radiographic Findings abdominal rad shows very poor detail Primary Question/Differential to Be Answered in This Exam source of pain and infection/inflammation WBC 47,000 with neutrophilia and monocytosis, chems are WNL except for elevated Phosphorous (6.1)

**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 3.0 cm beyond the cystourethral junction. 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 7.0 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 2.35 x 0.45 cm at the cranial pole and 0.66 cm at the caudal pole. The right adrenal gland measured 2.73 x 1.08 cm at the cranial pole and 0.51 cm at the caudal pole.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. Splenic thrombus appeared present at the splenic hilus. The region was color flow negative.

**Liver**

The **liver** presented passive congestion pattern with dilated hepatic veins. The gallbladder was double layered. The vena cava measured 1.2 cm in width. Pericardial effusion was noted through the diaphragm. The ascites is secondary to passive congestion.



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**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. A moderate amount of free fluid was noted.

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**Pancreas**

The **pancreas** was edematous, yet uniform.

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**ULTRASONOGRAPHIC FINDINGS**

Spayed female

Passive congestion liver pattern owing to pericardial effusion and likely tamponade.

**AGE**

Volume contracted spleen with early splenic thrombus.

4 ½ years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

Full echocardiogram is recommended for further definition to assess for masses versus idiopathic pericardial effusion. Ultrasound-guided drainage of the pericardium is recommended from a palliative standpoint as the heart appeared to be shocky on cursory evaluation. Guarded prognosis.

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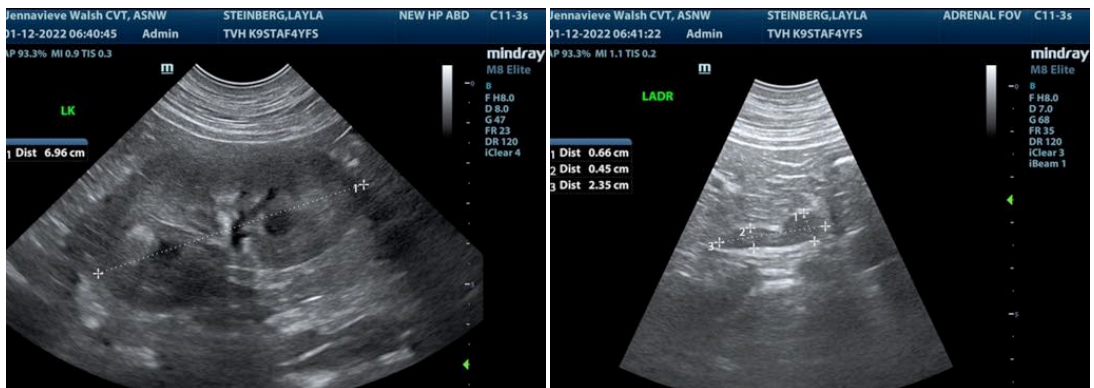
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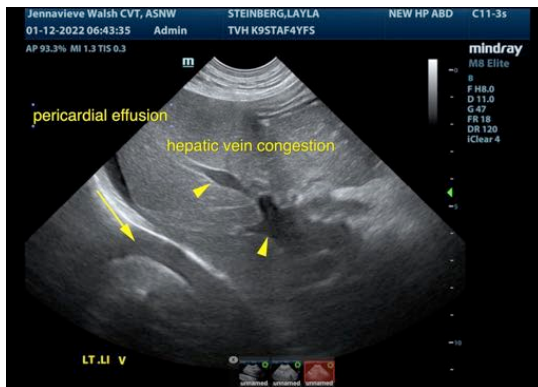
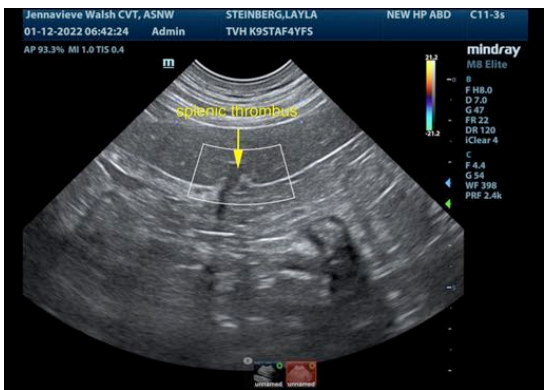
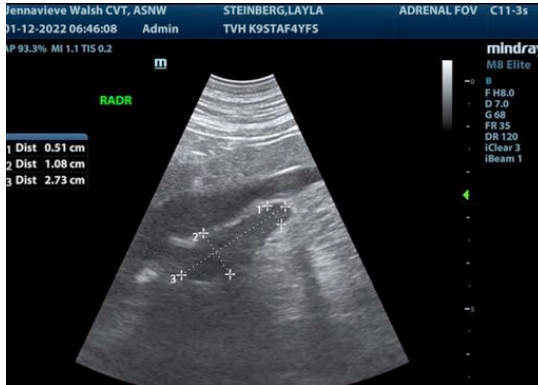
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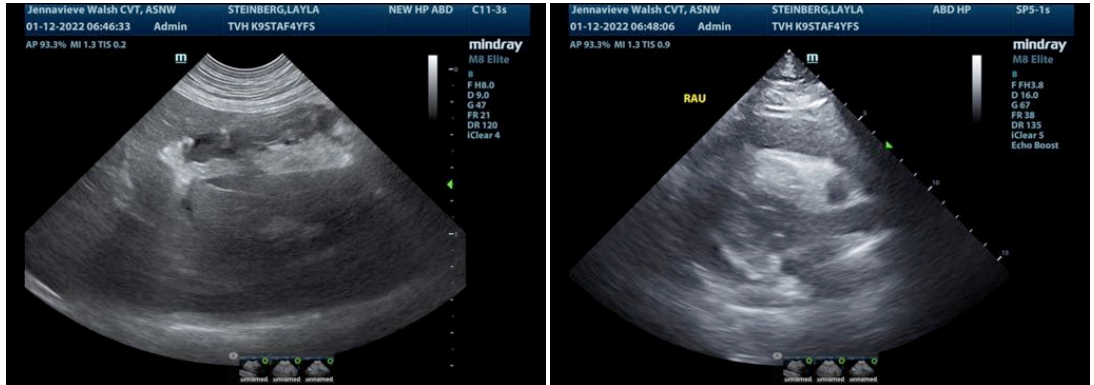
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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