



PATIENT

Jax Philippi

SPECIES

Canine

BREED

Labrador

SEX

Neutered male

AGE

4 years

WEIGHT

68.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller, RDMS

HOSPITAL NAME

Animal Hospital of
Roxbury

REFERRING VET

Dr. Hickenbottom

INVOICE

42571

DATE

1/9/23

PRESENTING CLINICAL SIGNS

History: Loss of serosal detail i abdomen concern for peritoneal effusion. P was hit by car this am. No current meds.

Abnormal PE/Chem/CBC/UA Results: MCV 59.4, MCHC 38.6, WBC 4.75, Neu 2.77, MPV 8.0, PDW 6.1, ALT 582, Amyl 446

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 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 right kidney measured 7.0 cm. The left kidney measured 6.93 cm with a minor amount of free fluid noted in the abdomen.

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 2.52 x 0.51 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 2.74 x 0.62 cm at the caudal pole and 1.44 cm at the cranial pole.

Spleen

The **spleen** is slightly heterogenous without overt rupture. Visible vascularity appeared normal.

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

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.



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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.

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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.

BREED

Labrador

Free Abdomen

A mild to moderate amount of free fluid was noted in the abdomen. The exact source is unclear.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

4 years

Free fluid.

Heterogenous spleen, likely owing to hematoma. No obvious large rupture, however, minor leakage is possible deriving from the spleen.

WEIGHT

68.4 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
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Supportive care is warranted along with abdominocentesis and cytospin of the free fluid is warranted to assess if this is hemorrhage paired with CBC. If frank blood is present, then exploratory surgery should be monitored with belly wrap. If the free fluid is not frank blood, then cytospin with immediate slide preparation is recommended. Recheck sonogram is recommended in 24 hours or earlier if hematocrit drops in this patient.

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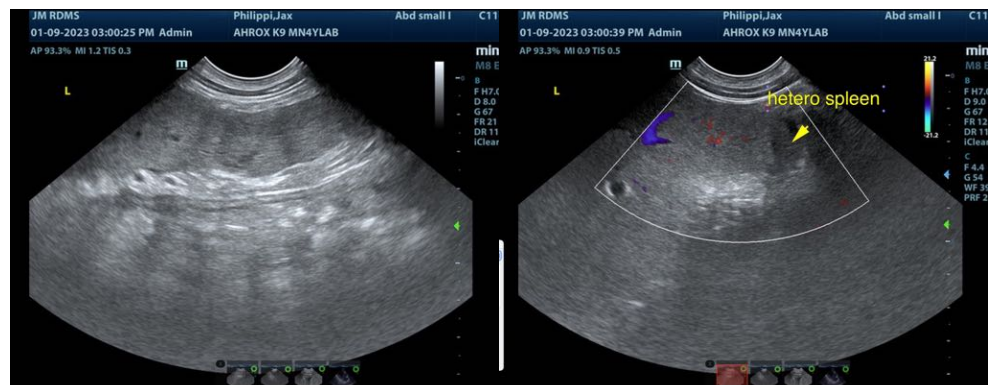
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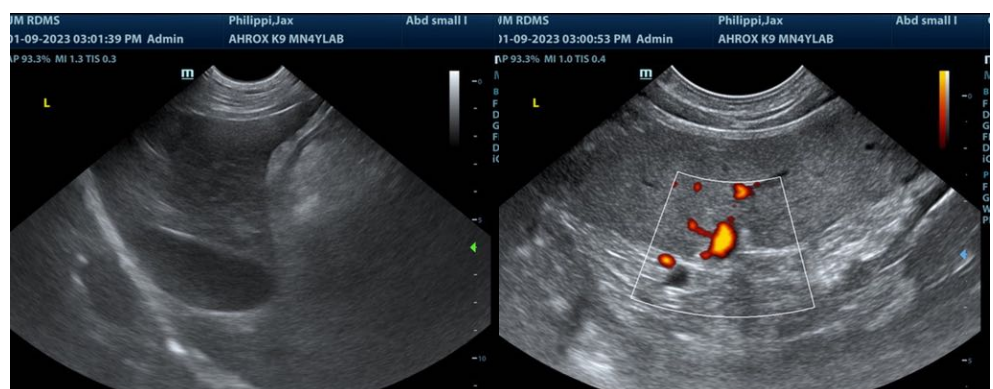
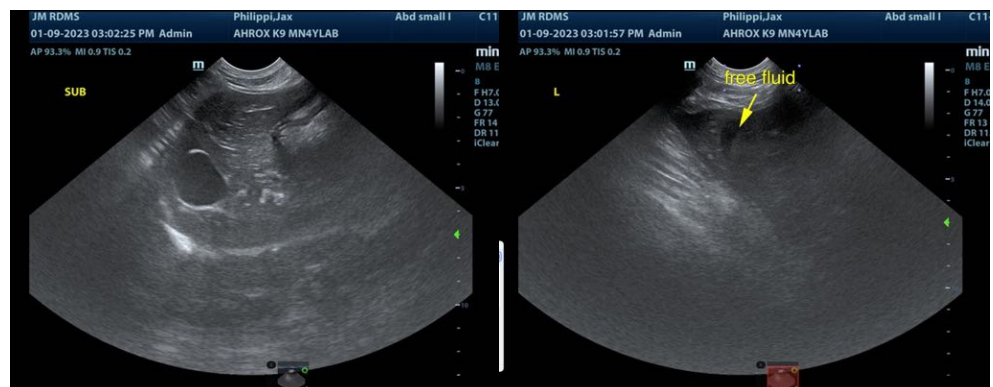
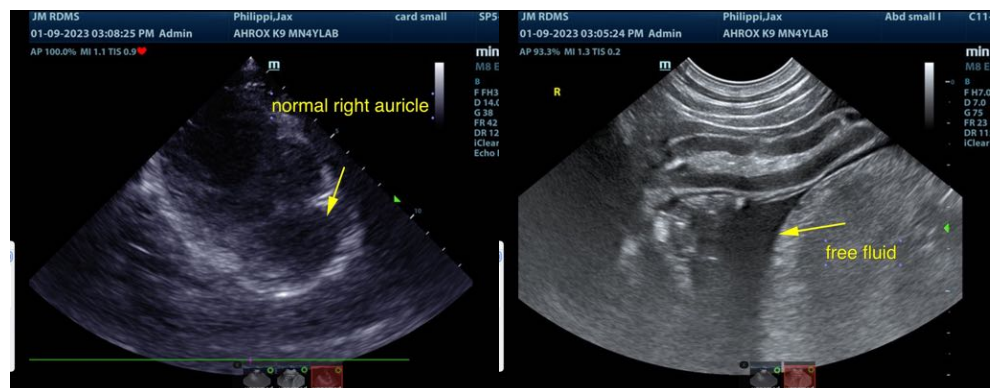
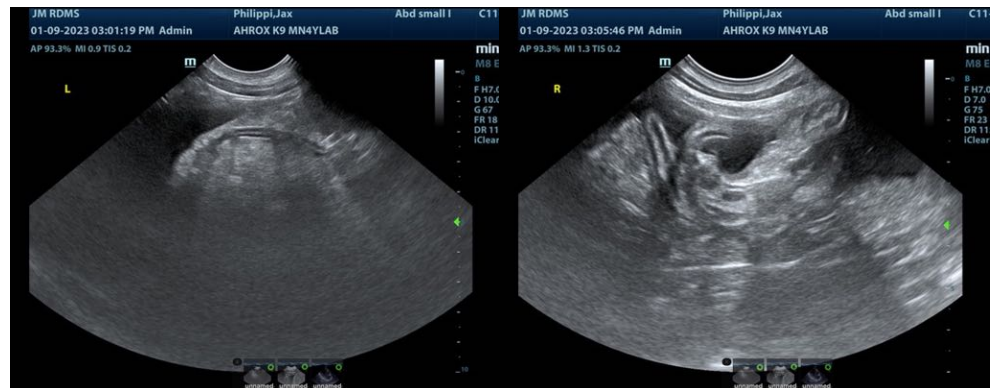
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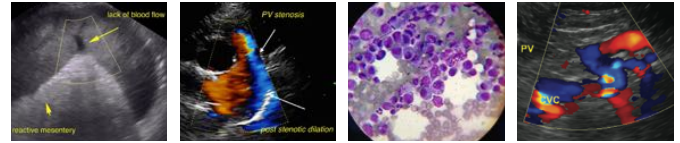
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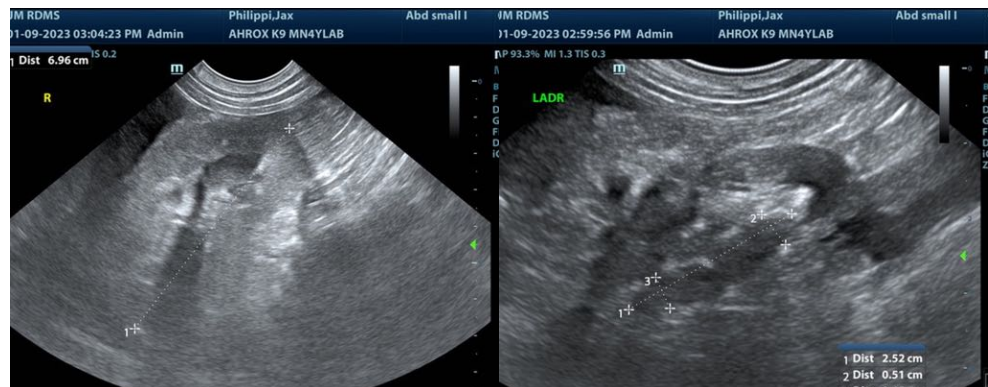
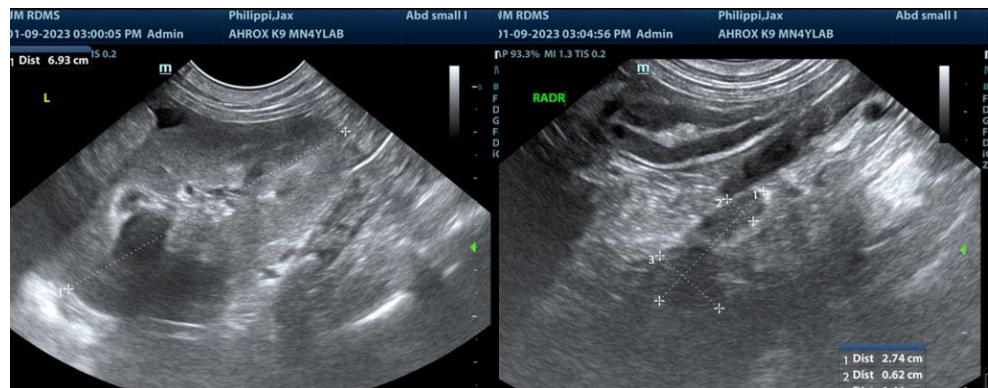
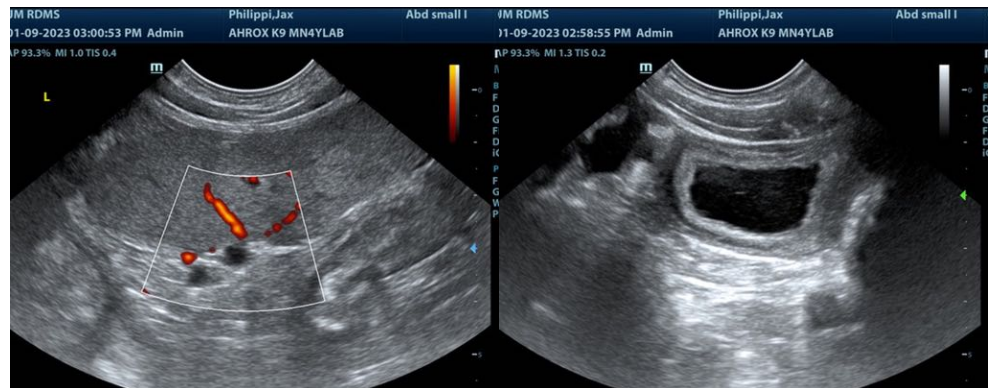
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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