



PATIENT

Bentley Shellington

SPECIES

Canine

BREED

Maltipoo

SEX

Neutered Male

AGE

6 Years

WEIGHT

7 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

13356

DATE

1/10/22

PRESENTING CLINICAL SIGNS

History: Vomited 3 times Saturday. ADR, appetite has improved

Abnormal PE/Chem/CBC/UA Results:

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 3 cm. The right kidney measured 3.43 cm.

Adrenal Glands

The **right adrenal gland** was 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 right adrenal gland measured 1.51 cm x 0.35 cm.

The region of the **left adrenal gland** revealed no evident pathology.

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 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** was overdistended with chyme and gas. The chyme was followed into the majority of the small intestine and followed by empty small intestine, creating a partial obstructive pattern. A portion of the jejunum appeared abnormally thickened yet without loss of structural detail. Hypertrophied muscularis and increased submucosal echogenicity noted in a region of approximately 2 cm.

Pancreas



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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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Partial obstructive pattern. The exact cause is unclear or may be focal dysfunctional bowel.

BREED

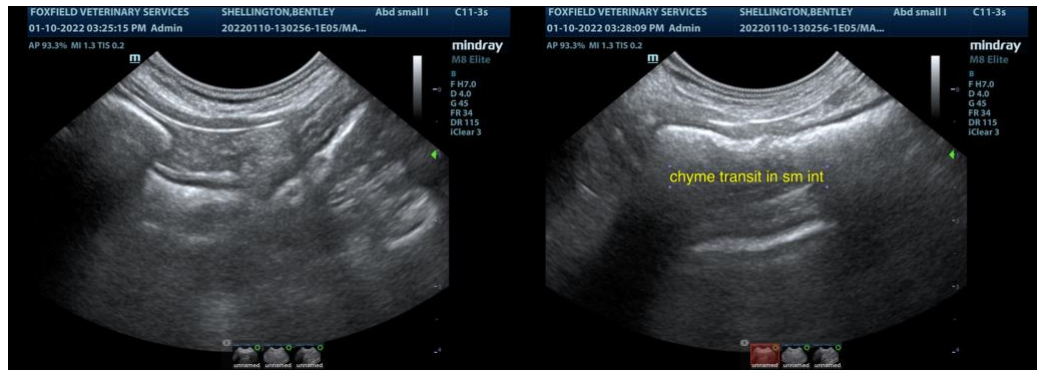
Multipoo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A portion of thickened jejunum may be the source of minor dysfunction and partial obstruction. I recommend IV fluid support, 24-hour NPO and recheck sonogram in this patient to allow for diminished artifact that may be obscuring a cause of obstruction or allow for better hydration to the GI tract and improve function. This may self-resolve with medical management. Treatment for enteritis warranted. IV fluid support, broad spectrum antibiotics and GI protectants recommended.

AGE

6 Years

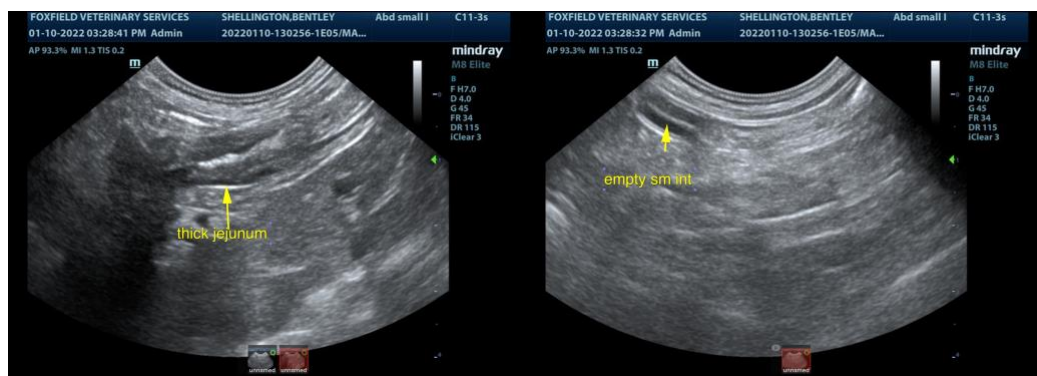


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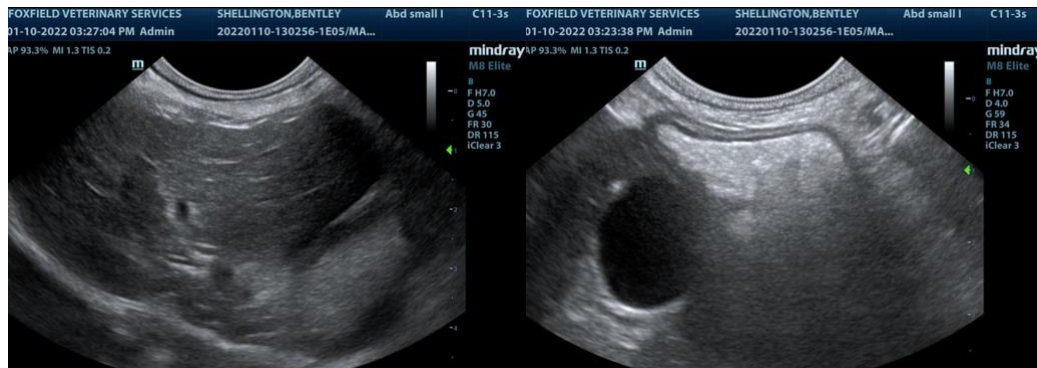


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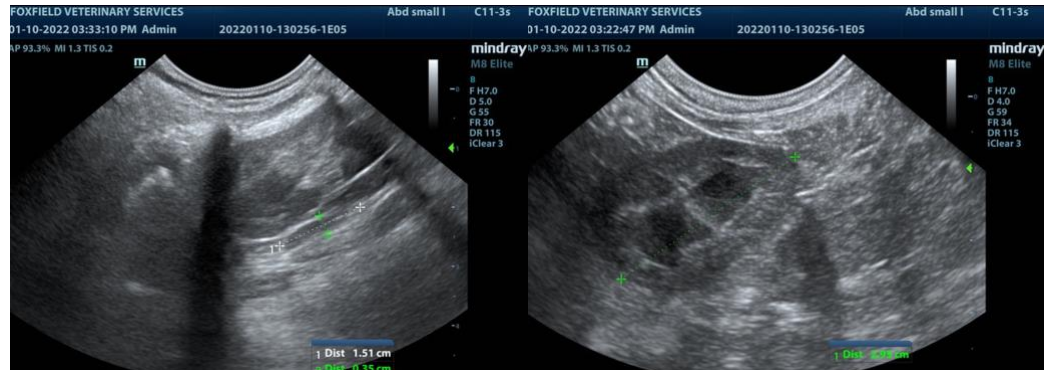
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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