



PATIENT

Kirby Berg

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

12.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Anna Wepprich

INVOICE

20602

DATE

1/16/23

PRESENTING CLINICAL SIGNS

History: Lethargy, anorexia, vomiting starting 1/13. Hospitalized at another ER clinic since 1/15, transferred here this morning.

Abnormal PE/Chem/CBC/UA Results: - cbc - mild leukocytosis - chem - lytes mildly decreased K 3.1 CL 98 - cPL neg -recheck chem 1/15 K 3.5, CI 101 na 143

Radiographs revealed excessive ileocecal gas pattern.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

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. Slight pinpoint mineralizations were noted. The right kidney measured 5.0 cm. The left kidney measured 5.0 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 0.5 cm. The right adrenal gland measured 2.0 cm x 0.5 cm.

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. Caudal folding of the spleen was 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



PATIENT

Kirby Berg

Some minor artifact was noted in the **stomach**, consistent with gas and chyme. Cannot completely rule out minor foreign matter yet there is no obstructive pattern. The upper gastrointestinal tract revealed spastic duodenum and small intestine. Some reactive mesentery was noted in the area of the jejunum with variable intestinal thickening.

SPECIES

Canine

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

Terrier Mix

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis with reactive mesentery and intestinal thickening in the jejunal region

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continual treatment for enteritis/gastroenteritis with GI protectants and broad-spectrum antibiotics, as well as probiotics and bland diet. I recommend a fresh fecal smear and fecal floatation analysis. Recheck sonogram in 48-72 hours, primarily regarding the distal small intestine. Cannot rule out an emerging intestinal lymphoma yet neoplastic criteria is not completely met. Transmural enteritis with reactive mesentery is likely.

WEIGHT

12.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anna Weprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

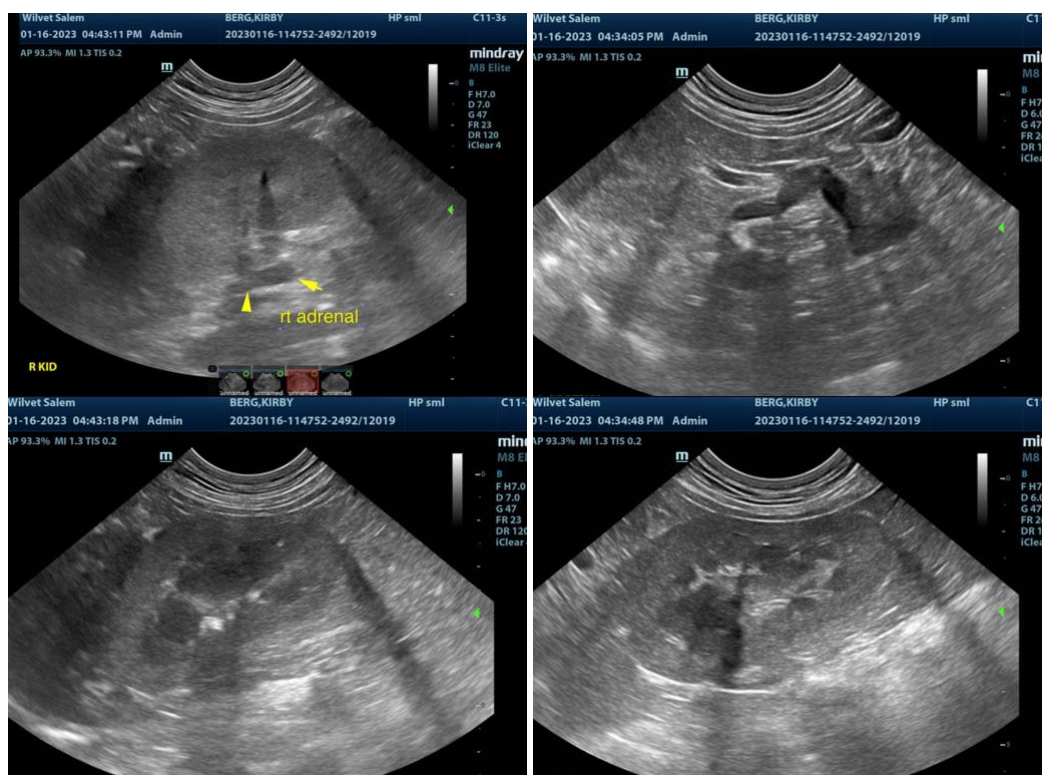
Dr. Anna Weprich

INVOICE

20602

DATE

1/16/23





PATIENT

Kirby Berg

SPECIES

Canine

BREED

Terrier Mix

SEX

Neutered Male

AGE

6 Years

WEIGHT

12.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Anna Weprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

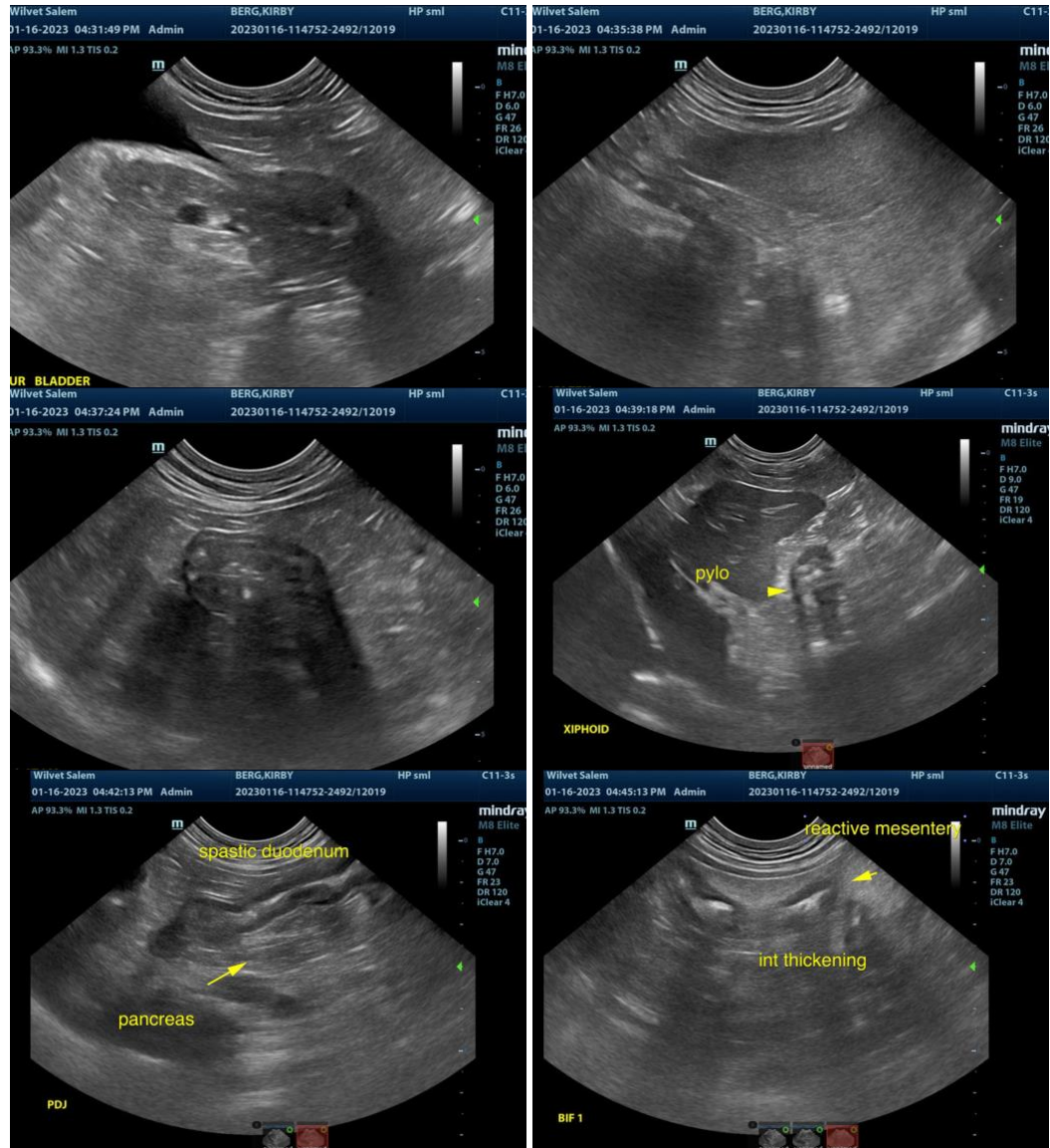
Dr. Anna Weprich

INVOICE

20602

DATE

1/16/23



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
info@SonoPath.com