



PATIENT PRESENTING CLINICAL SIGNS

Congo Mulholland Vomiting/tenesmus. Suspect FB ingested Thursday.
Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

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 prostate was uniform at 1.21 cm.

Pit Bull

SEX

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 7.29 cm. The right kidney measured 6.46 cm.

Neutered Male

AGE

Adrenal Glands

1.5 Years

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 right adrenal gland measured 2.93 cm x 1.3 cm at the cranial pole and 0.70 cm at the caudal pole. The left adrenal gland measured 2.53 cm x 0.40 cm at the cranial pole and 0.59 cm at the caudal pole.

WEIGHT

50.6 Pounds

INTERPRETED BY

Spleen

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **spleen** was folded upon itself caudally and cranially, unremarkable otherwise.

Liver

IMAGING PERFORMED BY

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.

Shari Reffi, CVT

HOSPITAL NAME

Gastrointestinal

Westwood Regional

REFERRING VET

The **stomach** itself was unremarkable. The distal small intestine was dilated with chyme, followed by empty small intestine, creating an obstructive pattern. Shadowing foreign matter such as fabric or similar appears to be present. Regional inflammation noted around portions of the distal small intestine. Reactive mesenteric lymph nodes noted at 3.02 cm x 0.55 cm.

Dr. Goldman

INVOICE

Pancreas

34314

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.

DATE

1/17/22



PATIENT

Free Abdomen

Congo Mulholland

Free fluid noted.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Obstructive GI pattern with fabric type foreign body in the distal small intestine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

BREED

Pit Bull

Immediate exploratory surgery recommended. GI biopsies warranted. Free fluid would suggest emerging peritonitis. Intestinal resection may be necessary in this patient, as reactive mesentery is noted around the obstructive material.

SEX

Neutered Male



AGE

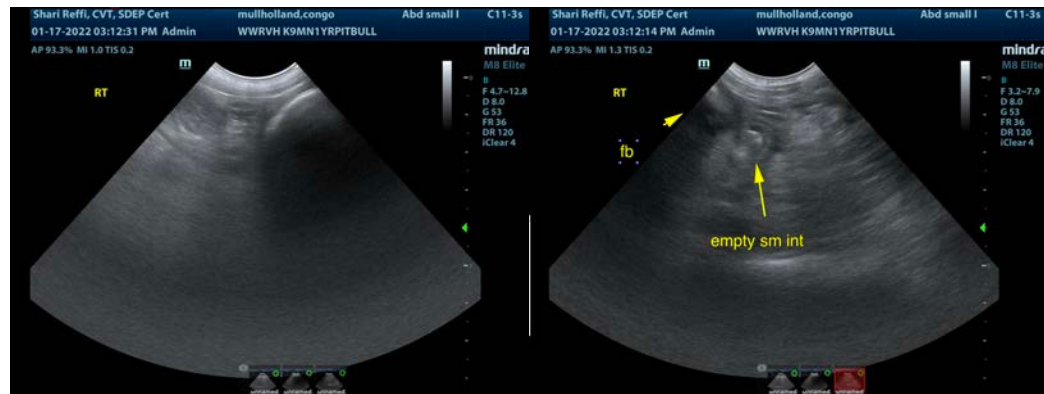
1.5 Years

WEIGHT

50.6 Pounds

INTERPRETED BY

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IMAGING PERFORMED BY

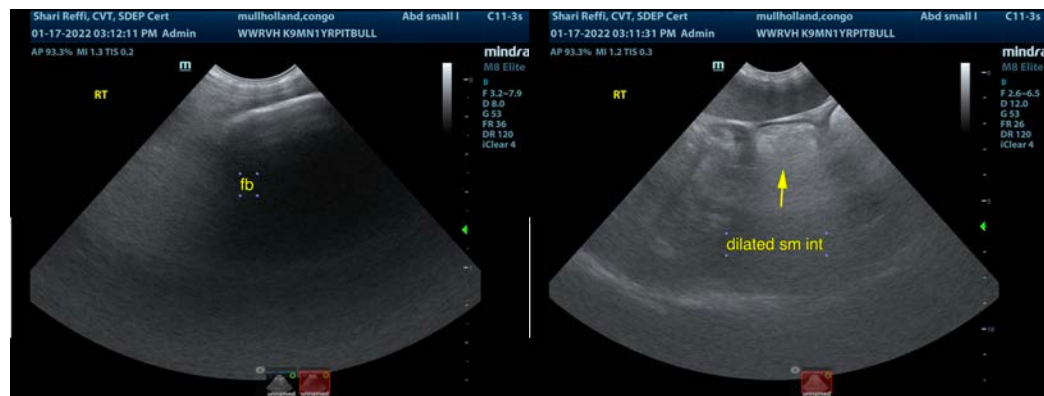
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SPECIES

Canine

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Pit Bull

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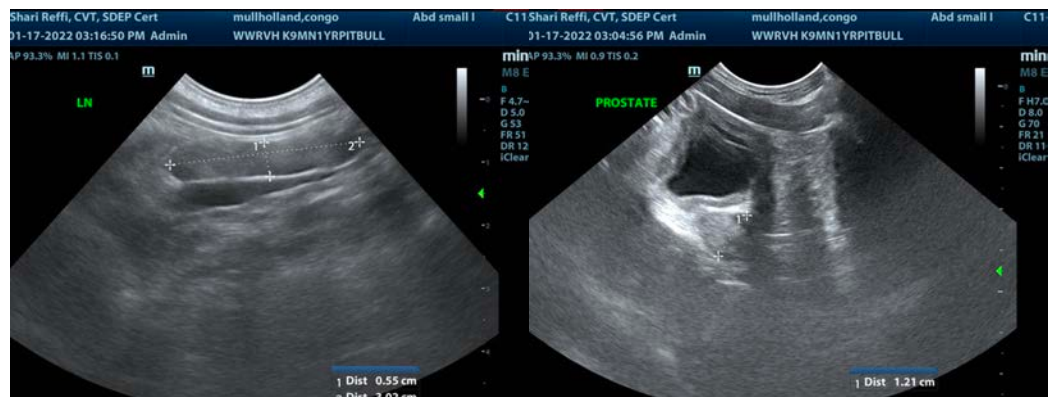
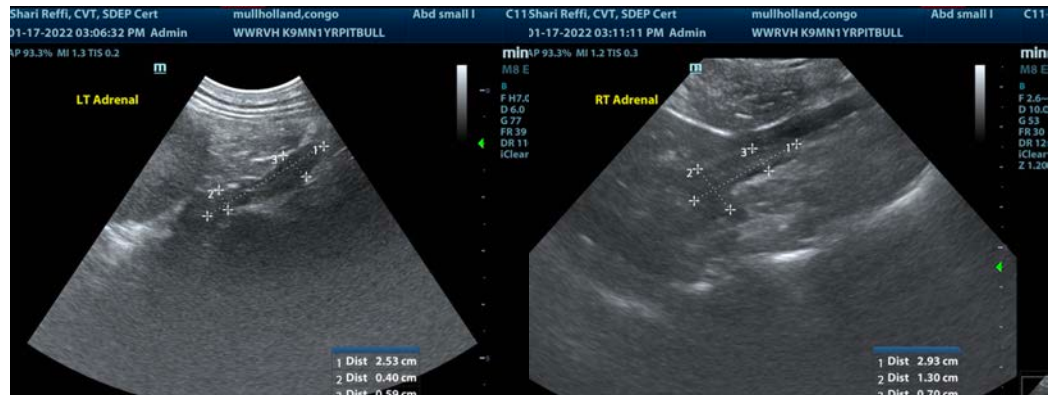
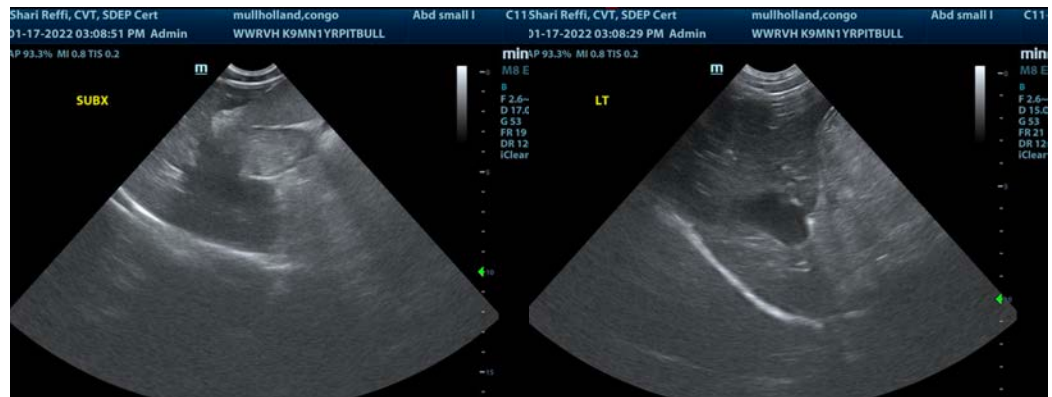
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BREED

Pit Bull

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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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