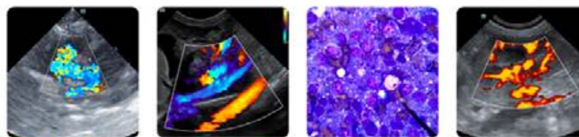


PATIENT

Capone Steeves

SPECIES

Canine

BREED

Doberman x Pinscher

SEX

Neutered Male

AGE

10 Years 1 Month

WEIGHT

25.5 kg

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Mariusz Chmielinski, DVM

HOSPITAL NAME

Apex Veterinary Services

REFERRING VET

Alpine 24/7

INVOICE

72065

DATE

1/9/26

PRESENTING CLINICAL SIGNS

Acute onset vomiting, lethargy, inappetence Progressive anorexia x 2–3 weeks, no food intake for ≥48 hours Repeated vomiting of undigested kibble; regurgitated brown, putrid fluid in hospital Possible foreign body ingestion (rubber/jagged toy fragment found near vomitus) Prior GI foreign body with resection and anastomosis Known dilated cardiomyopathy (DCM) on: Furosemide 40 mg BID Pimobendan 7.5 mg BID Benazepril 10 mg BID Significant recent weight loss Decreased water intake Environmental exposure: dog park and acreage/cabin

Abnormal PE/Chem/CBC/UA Results: Physical Examination Lethargic, dull but responsive BCS: 3/9 (underconditioned), marked muscle wasting Temperature: 36.6°C (hypothermic) Cardiovascular: Tachycardia (140 bpm), weak pulses Hydration: >10% dehydrated → hypovolemic shock MM/CRT: Muddy, tacky; CRT ~3 sec Abdomen: Moderately painful, repeated regurgitation in clinic Respiratory: Oxygen dependent; SpO_2 91% RA → improves with O_2 Key Diagnostics Lactate: 7.7 mmol/L Blood Pressure: 81/45 (MAP 50); transient response to fluids, poorly sustained Thoracic Radiographs: Diffuse caudal right lung infiltrates (VD and lateral) Cardiac silhouette not grossly enlarged DDx: aspiration pneumonia vs neoplasia vs fungal disease Abdominal Radiographs: Multiple radiopaque foreign materials within intestines, consistent with GI obstruction

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.

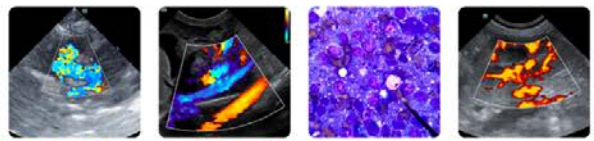
The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Right kidney measures 6.0 cm. An anechoic cyst is noted in the cranial cortex of the left kidney measuring 1.0 cm. Left kidney measures 7.04 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. Left measures 0.56 cm at the caudal pole and 0.64 cm at the cranial pole. Right measures 0.77 cm at the cranial pole and 0.70 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself. It was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.



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Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. An anechoic cyst was noted in the right cranial liver at 1.02 cm. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

Gastrointestinal

The **stomach** revealed gastric stasis. The upper duodenum was dilated with fluid, and static. Shadowing fabric type foreign body noted in the upper duodenum with regional inflammation. Chronic intestinal wall changes noted. Fluid-filled colonic lumen noted.

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.

Free Abdomen

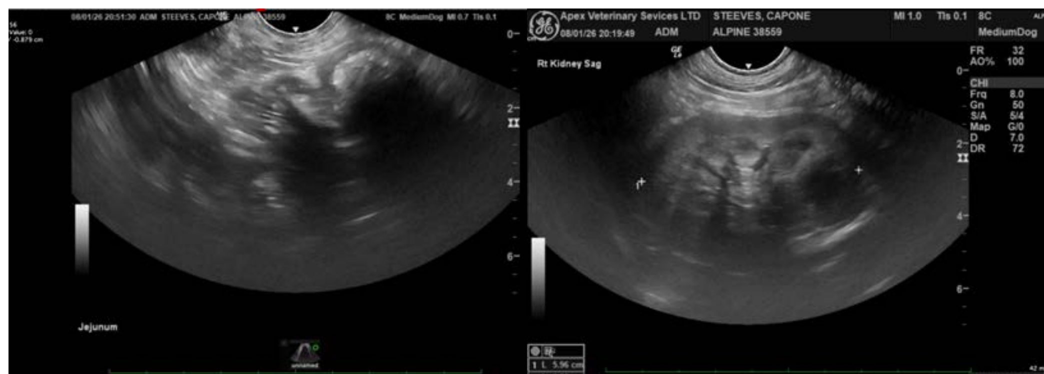
Slight free fluid noted. Reactive mesentery and early peritonitis noted.

ULTRASONOGRAPHIC FINDINGS

- Intestinal foreign body with chronic IBD GI pattern, obstructive.
- Slight free fluid and reactive mesentery.
- Age related renal, splenic, and hepatic changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Suspect chronic inflammatory bowel or similar pathology in the GI tract with secondary foreign body. Recommend exploratory surgery with expectation towards gastrotomy, enterotomy, and GI biopsies.



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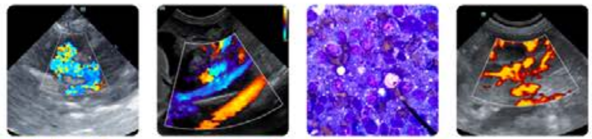

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
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