



PATIENT

Kapone Zaengle

SPECIES

Canine

BREED

American Bulldog

SEX

Neutered male

AGE

13 months

WEIGHT

44 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Zippay

INVOICE

92450

DATE

10/18/21

PRESENTING CLINICAL SIGNS

History: Presented at our hospital for not eating since yesterday, vomiting since Monday, diarrhea today. Patient seen at RDVM Monday, Cerenia and Famotidine injections given. Patient still vomiting, known to eat anything and everything. Concern for FB. Radiographs taken today and transferred here. **Previous Health Concerns:** none **Current Medications:** Cerenia 60mg 2 SID, not given today. Famotidine 20mg 2 BID, not given today. **Appetite/When did they eat last:** not eating since yesterday AM **Epic:** increased lactate, and bun, creat Cbc: HCT 67% Chem; increase tp, album glob Rads; likely fb in pylorus and proximal small bowel

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 left kidney measured 8.0 cm. The right kidney measured 7.33 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.

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 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.



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Gastrointestinal

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Diffuse **gastrointestinal** dilation was noted. Shadowing pyloric material and shadowing jejunal material was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

Distal small intestinal obstructive pattern with gastric foreign matter.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The two foreign bodies may be separate or connected. Exploratory surgery with expectations towards gastrotomy and enterotomy is recommended. GI biopsies are warranted to rule out underlying disease.

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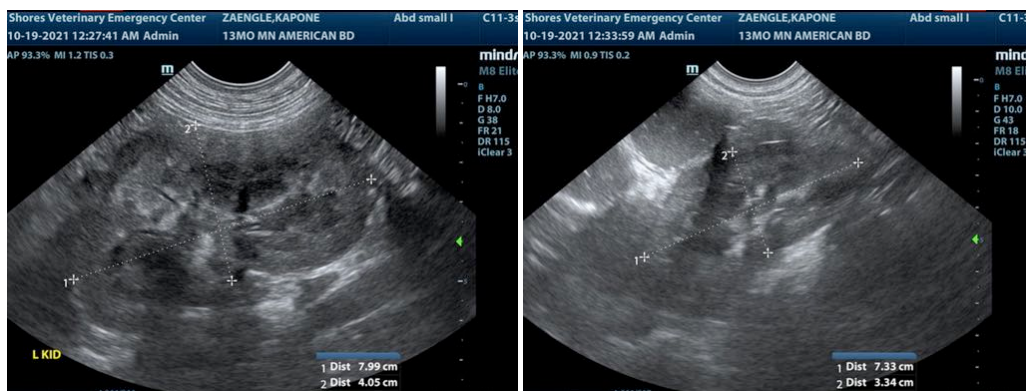
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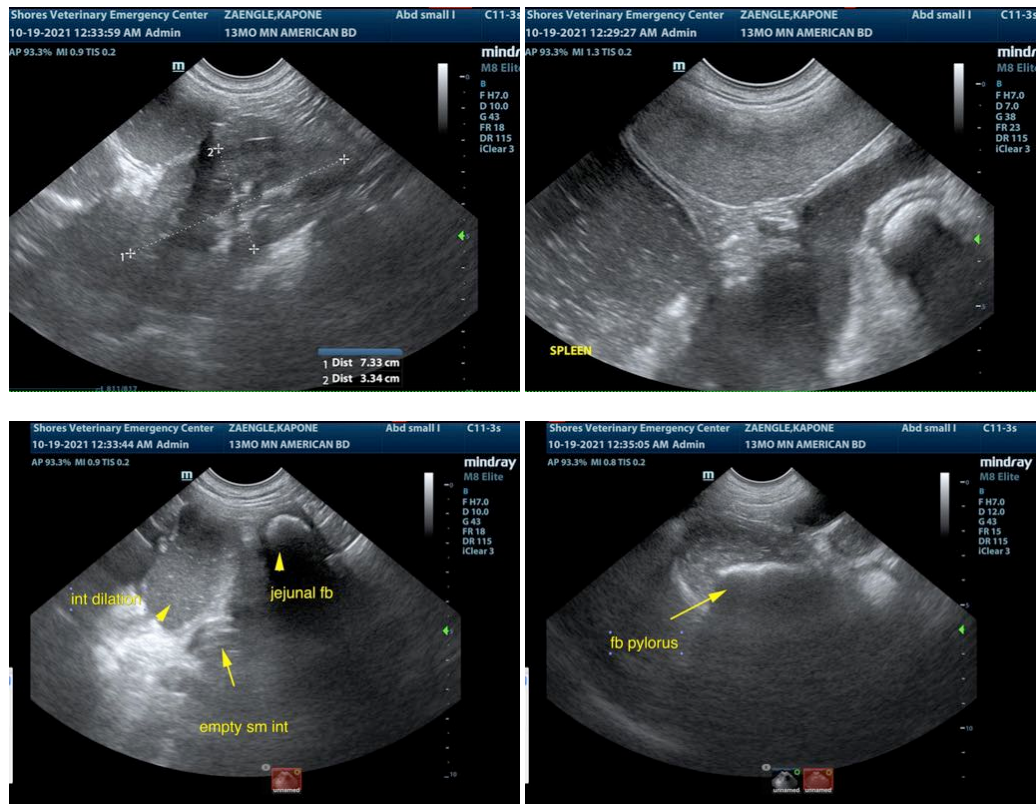
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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