



PATIENT

Scooter Macdonald

SPECIES

Canine

BREED

DSH

SEX

Neutered Male

AGE

4 Years 5 Months

WEIGHT

7.3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Zadeh

HOSPITAL NAME

ABE Enterprises Inc.

REFERRING VET

Dr. Zadeh

INVOICE

26614

DATE

10/24/21

PRESENTING CLINICAL SIGNS

Vomiting for 3-4 days
Abnormal PE/Chem/CBC/UA Results: BW results is attached. In-House fPL was Negative
Alb 4.7, ALT 418, BUN 63, Crea 2.6, Glucose 251

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed sand accumulation with suspended and dependent debris.

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 4.93 cm. The right kidney measured 4.87 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 right adrenal gland measured 0.44 cm. The left adrenal gland measured 0.39 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.

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 severely overdistended with largely anechoic fluid. The upper duodenum was also dilated at 2.33 cm. The upper gastrointestinal dilation was severe, followed by empty small intestine, which comprises an obstructive pattern. The distal small intestine was empty. The ileocecal junction was unremarkable.

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.



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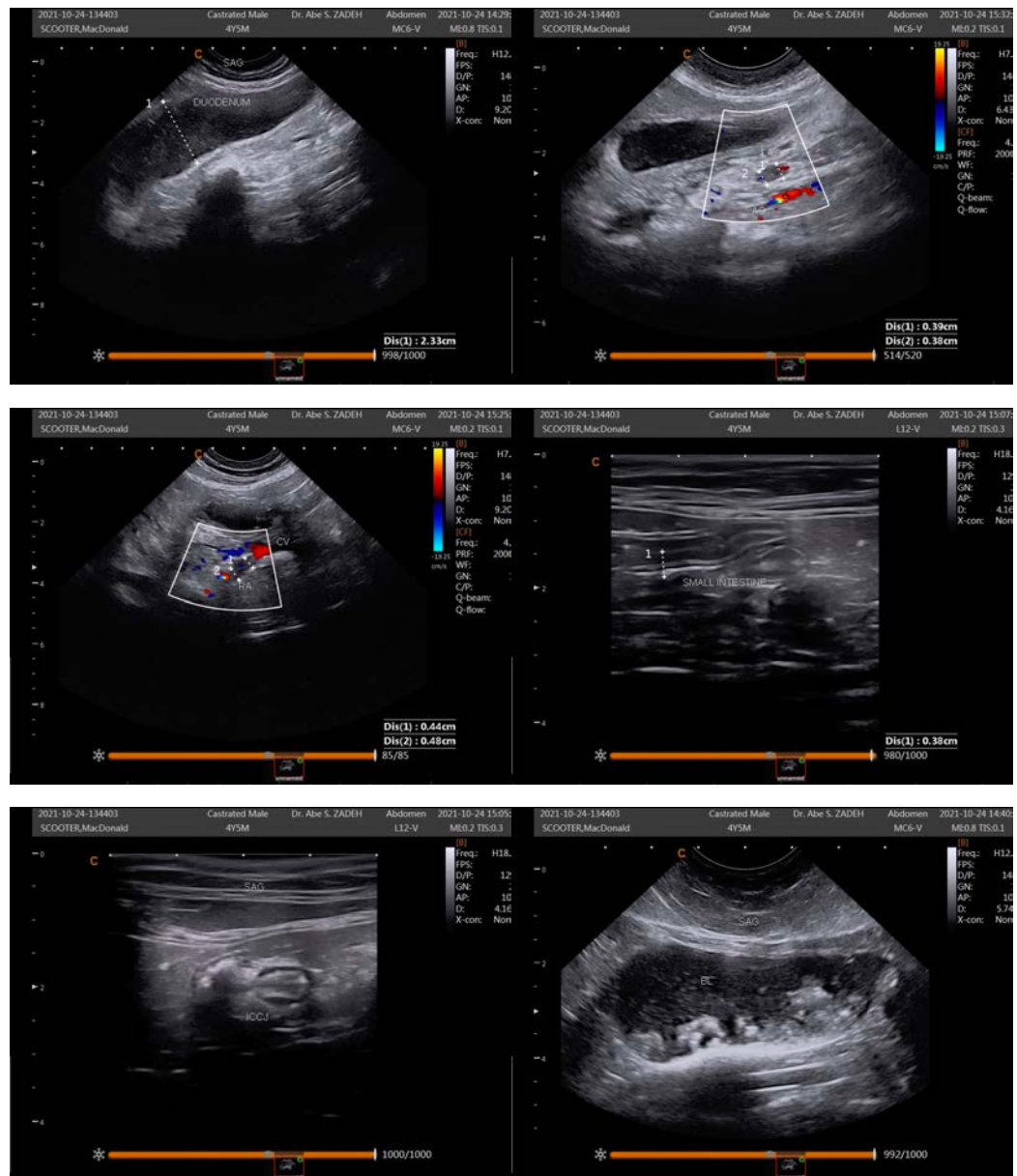
10/24/21

ULTRASONOGRAPHIC FINDINGS

- Upper GI obstructive pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystotomy would likely be in this patient's long-term interest with bladder lavage and inspection of the upper GI to look for cause of obstruction, likely in the duodenum or proximal jejunum. The exact cause of obstruction is unclear. Non-visible foreign body, focal dysfunctional bowel, intestinal torsion all potential.





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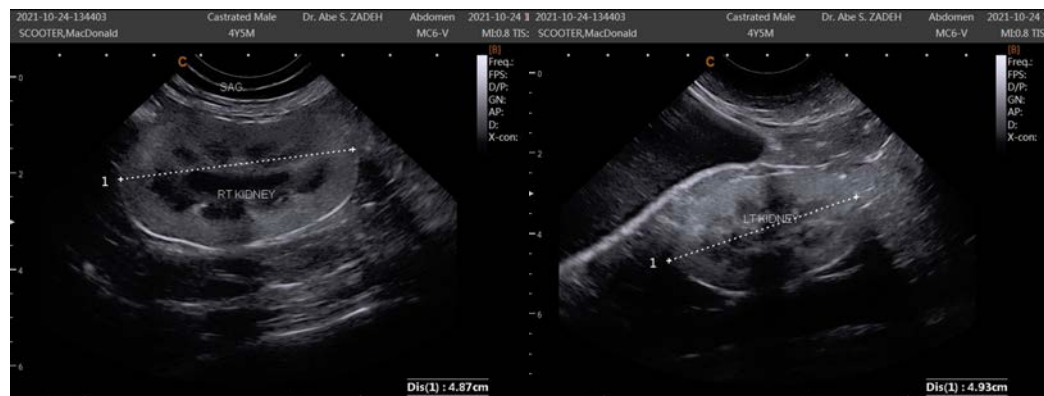
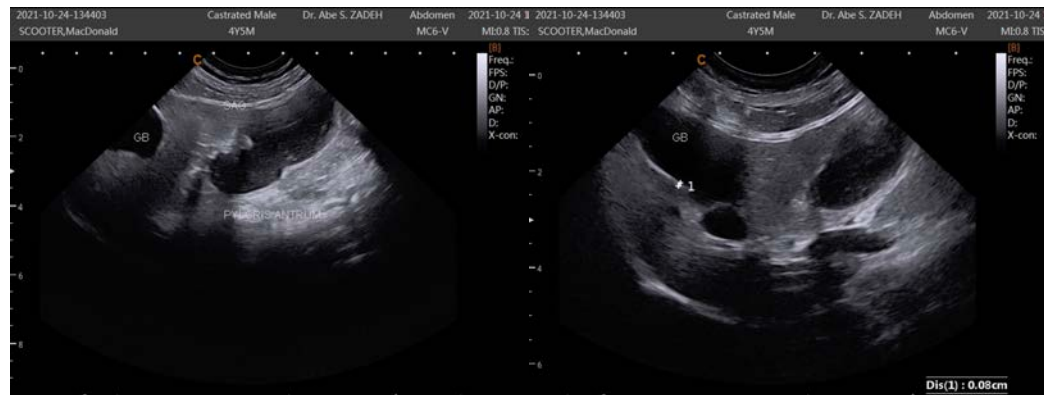
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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