



**PATIENT PRESENTING CLINICAL SIGNS**

Mylee Kurutz

**SPECIES**

Canine

**BREED**

German Shepherd Mix

**SEX**

Spayed Female

**AGE**

6 months

**WEIGHT**

18.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores VEC

**REFERRING VET**

Dr. Lupole

**INVOICE**

92723

**DATE**

10/28/21

History: Presented at our hospital for vomiting and pain. O stated P was adopted several months ago and had a contract to have P spayed @ a specific facility. During OHE, DVM found a ruptured vessel/duct in the abdomen and was concerned the right ureter may have been adhered to ovary. O was told DVM "tied it and put it back inside." Upon coming home, P was unable to keep down water and thought that might be a side effect of the anesthesia. P continued to vomit overnight and urinate on the carpet (normal color/odor). O has been unable to administer dispensed medications. Previous Health Concerns: none reported Current Medications/Supplements/OTC: previcox 227mg q24, amoxicillin 250mg q12 - neither administered Appetite/When did they eat last: no interest Abnormal PE/Chem/CBC/UA Results: Bloodwork: TP 5.4; Glu 136

**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** were swollen with retroperitoneal fluid accumulation. The kidneys appeared subjectively hypervascular. Slight pyelectasia was noted in the right kidney. The right kidney measured 6.88 cm. The left kidney measured 7.43 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.

**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**

The stomach was dilated with fluid and was non-obstructed. The small intestine and colon were unremarkable. This is most consistent with ileus.

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**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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**Free Abdomen**

A moderate amount of free fluid was noted in the abdomen.

**AGE**

6 months

**ULTRASONOGRAPHIC FINDINGS**

Undefined echogenic free fluid.

**WEIGHT**

18.6 kg

Gastric stasis.

Swollen kidneys.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The exact cause of the fluid is unclear in this patient. Some enhanced mesentery was noted around the GI tract. I cannot rule out the potential of peritonitis. I recommend intervention based on the character of the free fluid present. There was no evidence of ectopic ureter or ureteral obstruction.

**IMAGING PERFORMED BY**

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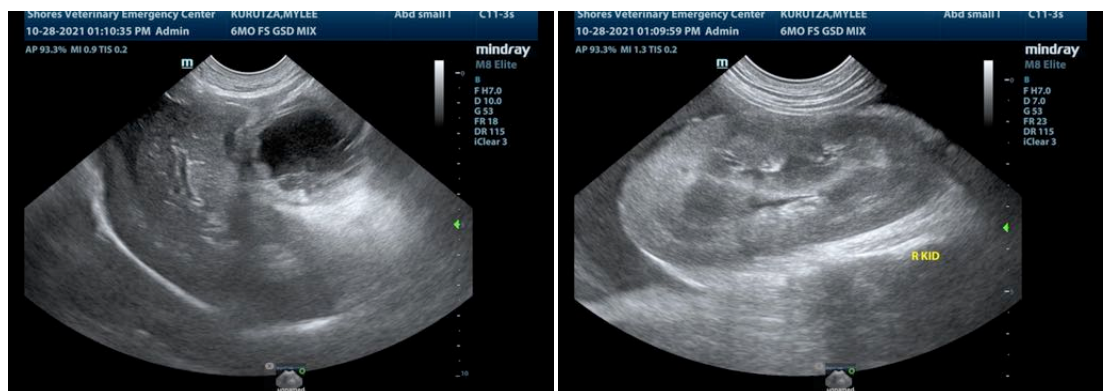
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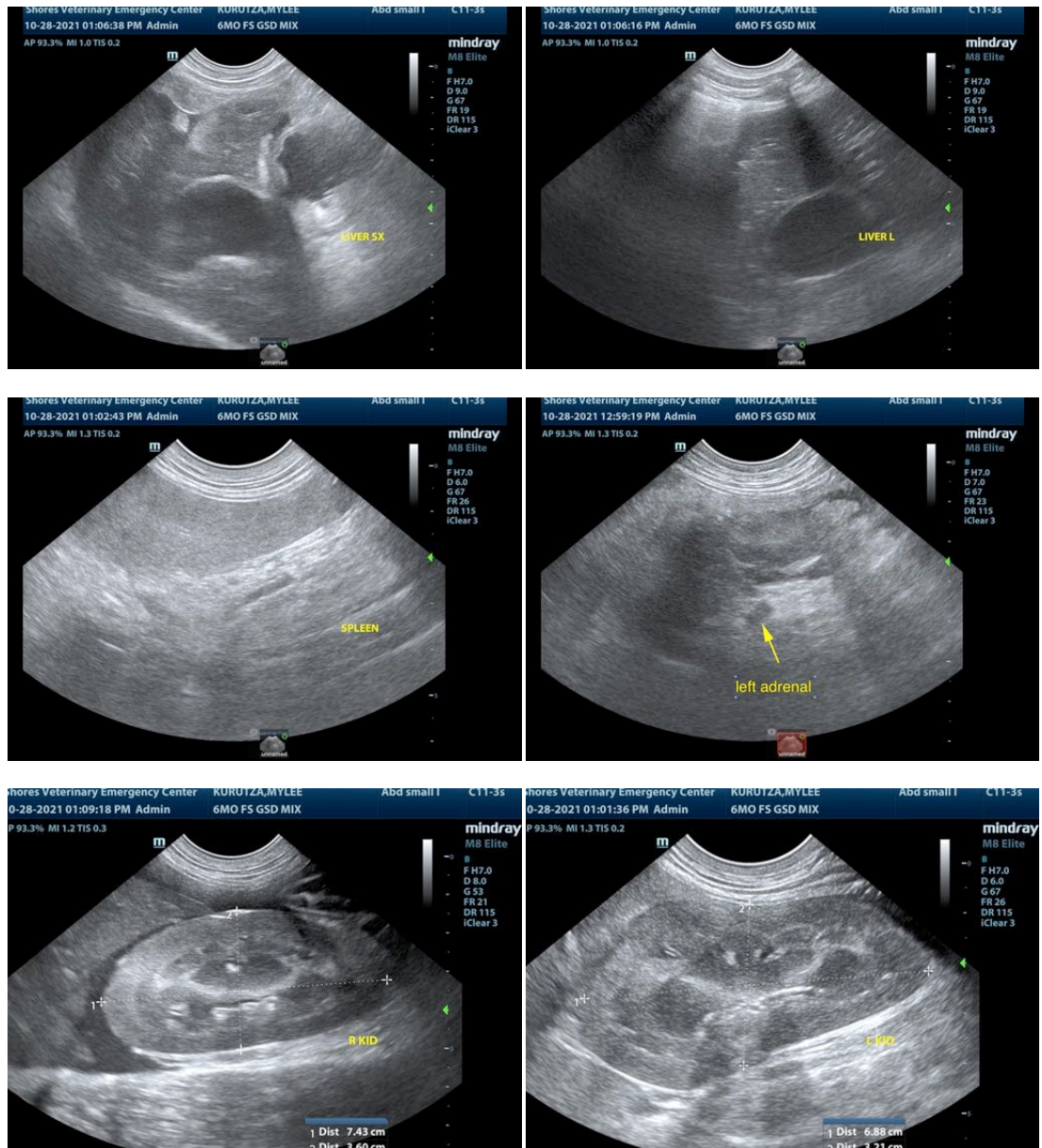
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com