



**PATIENT**

Kavi Viehdorfer

**SPECIES**

Canine

**BREED**

Corgi

**SEX**

Neutered male

**AGE**

13 years

**WEIGHT**

16.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Peterson

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Peterson

**INVOICE**

42219

**DATE**

10/31/22

**PRESENTING CLINICAL SIGNS**

History: Vomiting began 1 wk. ago (S,M) then saw RDVM (Oak Hills) and VCA Friday; Full BW, unremarkable rads, and negative fecal. Gave Cerenia inj, metronidazole, and probiotics, took oral cerenia 2 days then unable to tolerate anything orally. More out than in and D is very runny and was dark and is now light brown. P has increasing R abdominal tenderness and is painful when picked up. Does not want to walk has decreased and increased lethargy. Dx of spondylosis and disc issues  
Abnormal PE/Chem/CBC/UA Results: CBC - Leukocytosis 26.41k, Neutrophilia 20.69k, Monocytosis 3.16k, Elevated PLT 590, rest wnl Chem17 - Low amylase 368, rest wnl EPOC - Metabolic Acidosis pH 7.218, Bicarb 13.1, Hypokalemia 3.3, Hyperglycemia 137, HCT 60%

**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 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. The left kidney measured 6.0 cm.

**Adrenal Glands**

The **adrenal glands** are not visualized.

**Spleen**

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**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.



**PATIENT**

**Gastrointestinal**

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The **gastrointestinal tract** revealed areas of hyperperistalsis and fluid filled colon. The wall was edematous and the mesentery was reactive. The mesenteric lymph nodes are enlarged, irregular and rounded measuring up to 2.0 cm.

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**Pancreas**

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The **pancreas** was obscured with hyperechoic, reactive omentum.

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**ULTRASONOGRAPHIC FINDINGS**

Gastroenteritis with regional lymphadenopathy and reactive mesentery.

**AGE**

13 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There is a strong concern for emerging lymphoma or similar neoplasia. There was no overt foreign body noted; however, areas of dilated bowel and empty bowel would suggest regional intestinal dysfunction. I recommend plasma expanders, treatment for enterocolitis, lymph node FNA and culture. A recheck sonogram is recommended in 48 hours. 24 hour n.p.o. is recommended. Prognosis is guarded. Plasma expanders and treatment for enterotoxins and GI protectants are all indicated.

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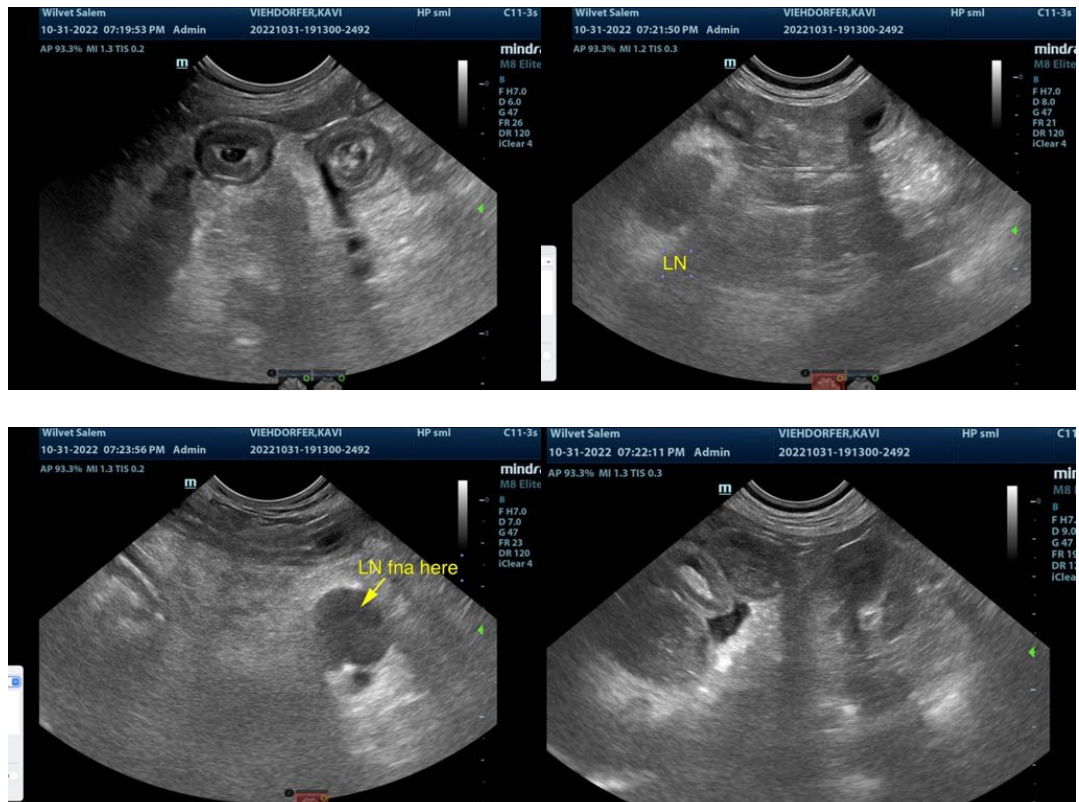
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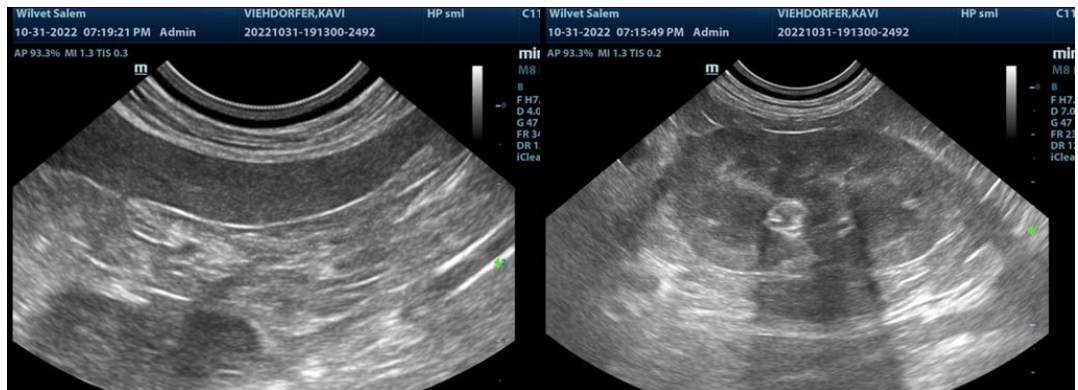
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com