



**PATIENT**

Stella Harrison

**SPECIES**

Canine

**BREED**

Labrador Cross

**SEX**

Spayed Female

**AGE**

12 years

**WEIGHT**

38 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Bailes

**HOSPITAL NAME**

All Creatures Great  
and Small

**REFERRING VET**

Dr. Bailes

**INVOICE**

92227

**DATE**

10/7/21

**PRESENTING CLINICAL SIGNS**

History: Starting having vomiting/diarrhea 9/9/21 since ingesting a corn cob that patient vomited back up. Abdominal rads performed: NSF. Bloodwork performed: NSF other than abnormal CPL. Waxing/waning picky appetite, vomiting and soft stool since then; seen @ local ER clinic 10/3/21 - CPL repeated and was abnormal. Right lateral abdominal radiograph was performed as well then - NSF. Responded well to cerenia, Sucralfate and gabapentin. Doing well currently but not 100% back to normal. NSF on exam; no obvious abdominal pain during scanning

**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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.1 cm. The left kidney measured 5.17 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 1.47 x 0.34 cm at the caudal pole and 0.38 cm at the cranial pole. The right adrenal gland measured 0.45 cm in width.

**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



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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**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A portion of small intestine had a wall thickness that measured up to 0.5 cm. A minor amount of detail loss was noted. Transit of chyme into the small intestine appeared to be adequate. A portion of dilated small intestine was noted in the caudal abdomen with variable intestinal thickening. The descending colon was thickened.

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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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**ULTRASONOGRAPHIC FINDINGS**

Partial obstructive pattern in the distal small intestine with minor area of intestinal thickening.

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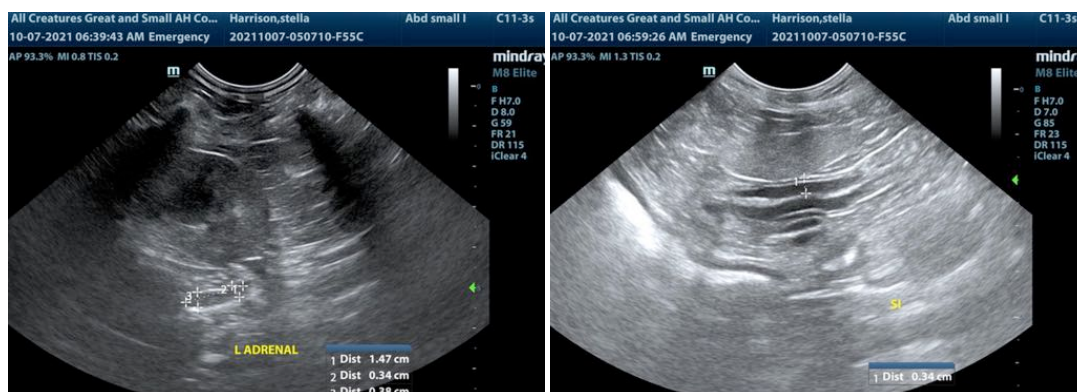
Eric Lindquist, DMV  
DABVP, Cert. IVUS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend 24 hour n.p.o. with a recheck sonogram following the dilated intestine to its finality. Either a focal, dysfunctional bowel or portion of foreign body is possible.

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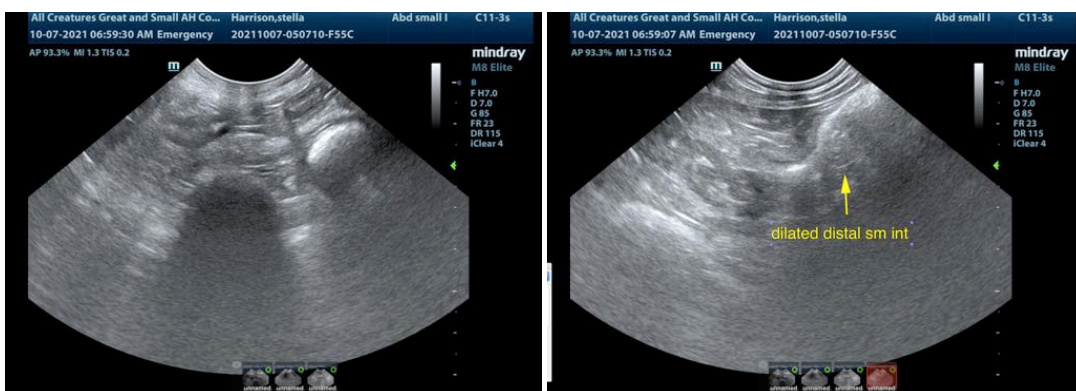
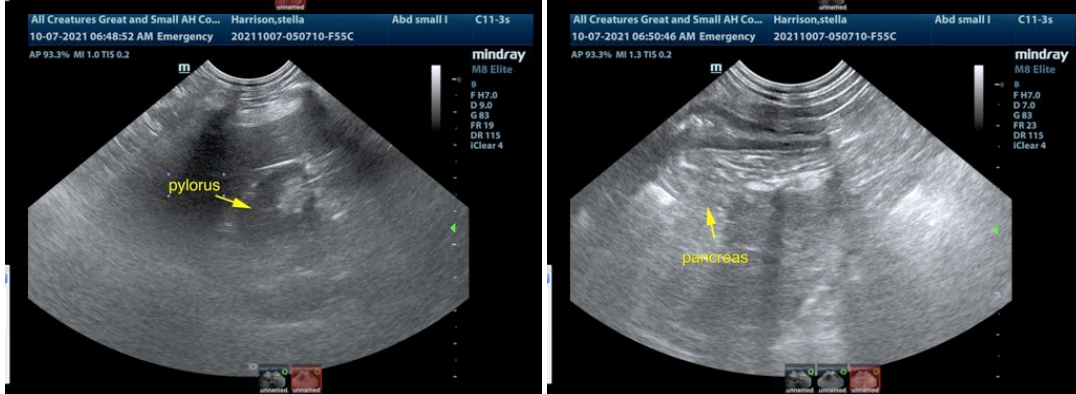
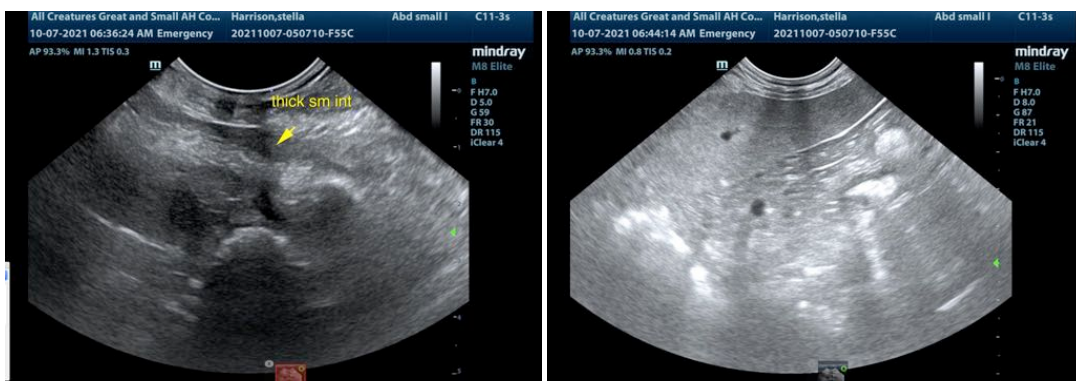
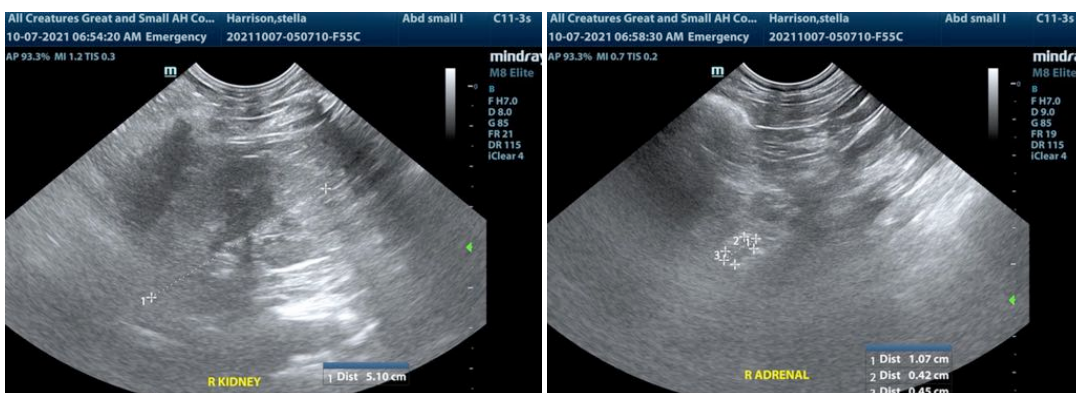
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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