



PATIENT

Baxter Zabel

SPECIES

Canine

BREED

Italian Water Dog

SEX

Neutered Male

AGE

11 Years

WEIGHT

53 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Rotella

INVOICE

12531

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: Suspect intestinal FB Current meds: Polyflex, pepcid

Abnormal PE/Chem/CBC/UA Results: HCT 54, otherwise WNL

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 6.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 right kidney measured 6.78 cm. The left kidney measured 6.78 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 2.43 cm x 0.47 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 2.77 cm x 1.33 cm at the cranial pole and 0.5 cm at the caudal pole.

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

Some minor artifact noted in the **stomach**- may be foreign matter anchored in the stomach. Upper duodenal stasis as well as jejunal stasis noted in this patient followed by empty small intestine creating an obstructive pattern. The exact cause of the obstruction is unclear; however, a clear obstructive pattern is present.



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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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Free Abdomen

Slight **mesenteric lymphadenopathy** noted, reactive, measuring 6.0mm x 1.0 cm. Trace amounts of free fluid noted.

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ULTRASONOGRAPHIC FINDINGS

SEX

- Obstructive small intestinal pattern
- Mesenteric lymphadenopathy, reactive
- Age-related renal changes

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Immediate exploratory surgery warranted to assess the cause. Some gas artifact may be obscuring a foreign body, mural lesion or possible intestinal rotation.

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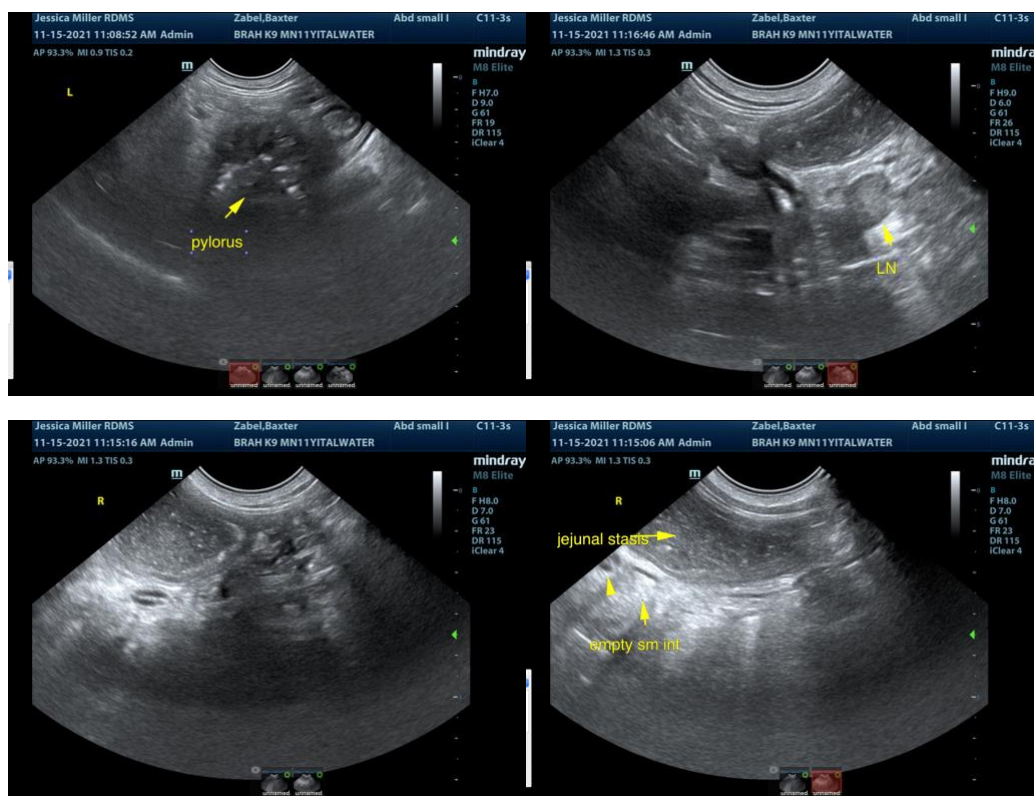
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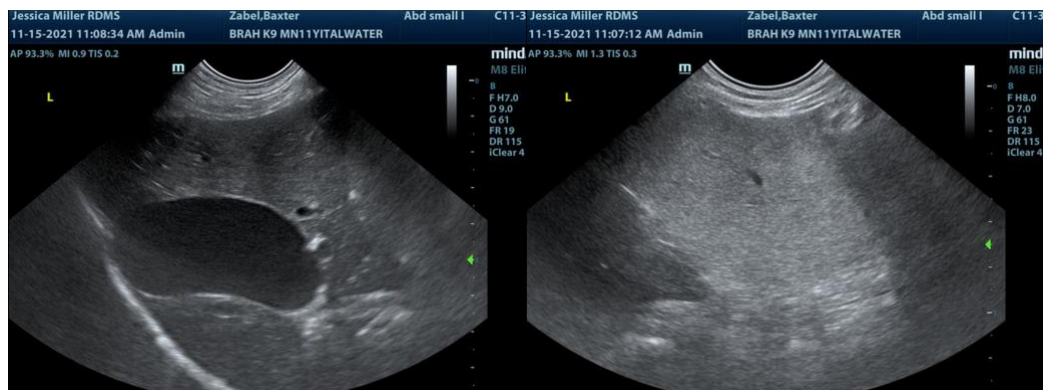
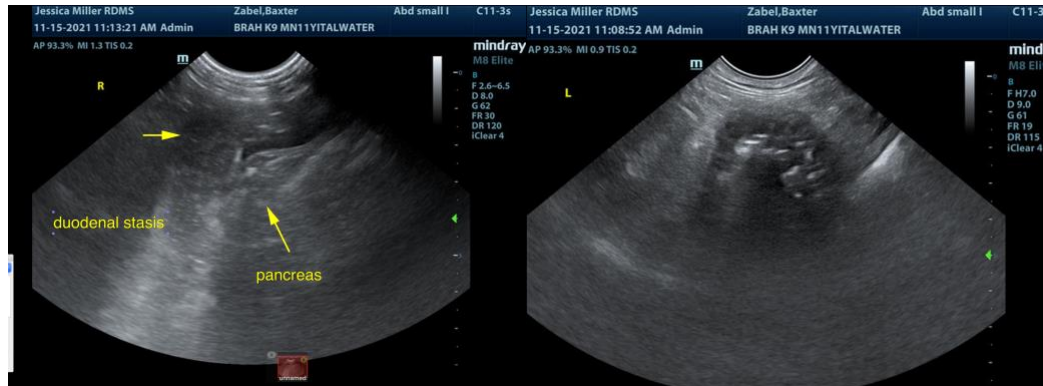
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The information and recommendations provided are based on the images presented by the



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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.

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

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