



**PATIENT**

Blu Holmes

**SPECIES**

Canine

**BREED**

Mastiff

**SEX**

Male

**AGE**

1 months

**WEIGHT**

4.9 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. De Cordon

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Longbottom

**INVOICE**

42527

**DATE**

11/15/22

**PRESENTING CLINICAL SIGNS**

History: Breeder has hx of roundworms in other puppies, started with bloody, liquid diarrhea and vomiting on Thursday, Very Painful in LUQ, listless

Abnormal PE/Chem/CBC/UA Results: Blood Gases WNL Glucose WNL BUN/Creat 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 was noted. Ureteral papillae were normal.

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 4.94 cm. The right kidney measured 5.08 cm.

**Adrenal Glands**

The region of the **adrenal glands** were imaged with no evidence of pathology.

**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.

**Gastrointestinal**



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Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Intussusception is noted in the mid abdomen and measured 3.0 cm. The mesenteric lymph nodes are juvenily enlarged. The mesenteric lymph nodes measured up to 2.0 cm each. Free fluid was noted.

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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.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

Obstructive gastrointestinal pattern with dilated upper GI followed by empty small intestine. Regional mesenteric lymphadenopathy.

**AGE**

1 months

Free fluid may be physiological or related to the obstructive pattern.

**WEIGHT**

4.9 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical intervention is necessary in this patient. This may be manually reducible without enterectomy. Intestinal and GI biopsies are warranted to assess for concurrent disease.

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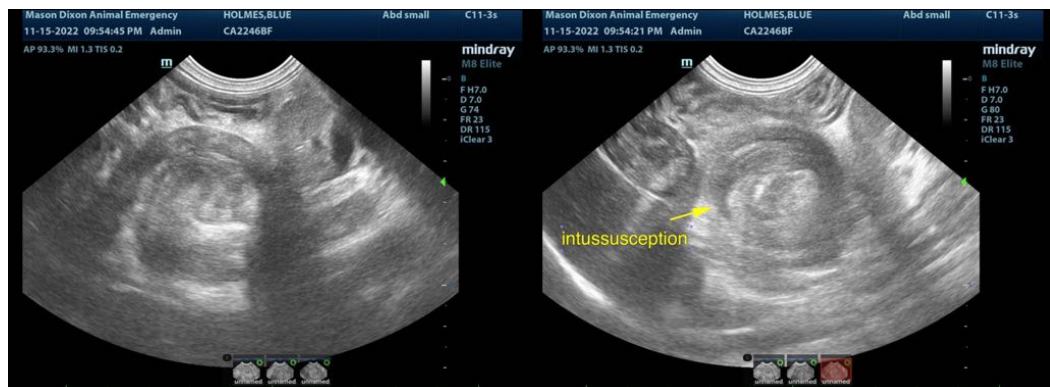
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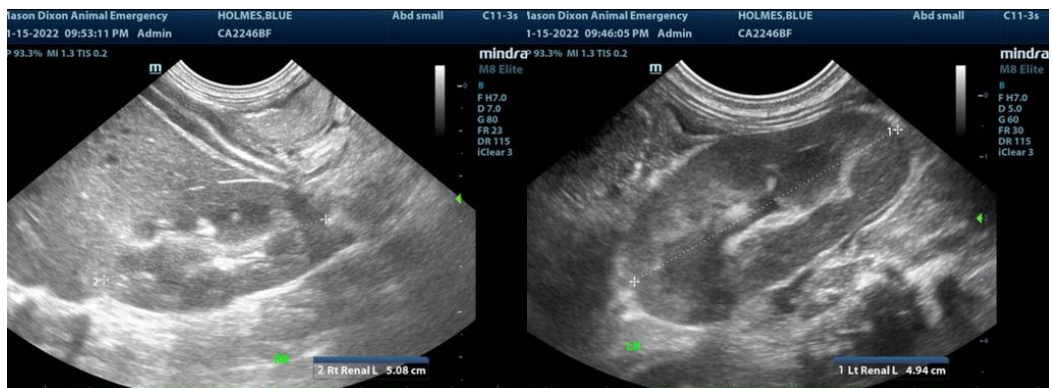
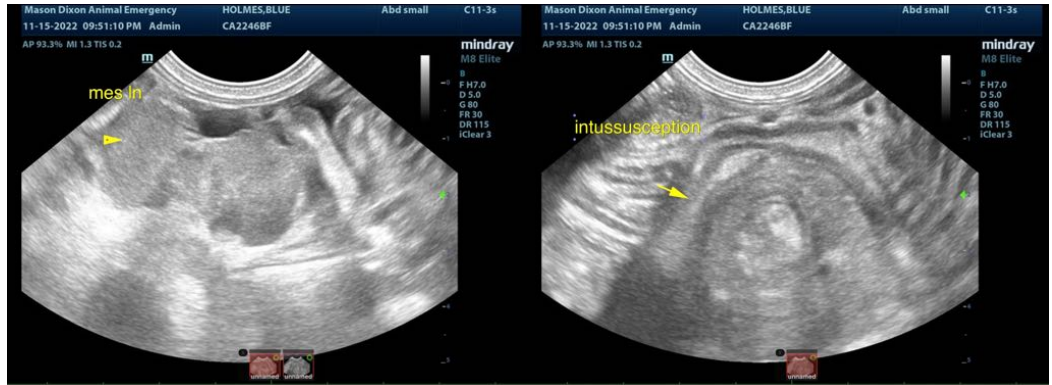
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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