



PATIENT

Lemon Petitt

SPECIES

Canine

BREED

Bernese Mountain Dog

SEX

Spayed female

AGE

9 years

WEIGHT

30.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Markland

HOSPITAL NAME

Central Island
Veterinary Emergency
Hospital

REFERRING VET

Island Mobile Paws

INVOICE

42687

DATE

11/24/22

PRESENTING CLINICAL SIGNS

History: Lemon presented to emergency hospital yesterday for inappetence x 48 hrs with vomiting. She has a history of 2 kg weight loss over the past 6 weeks. Her regular diet is raw food. PE was unremarkable except for a doughy abdomen. She had an elevated lipase with and abnormal snap cPL and neutrophilia with monocytosis. Clients declined radiographs and hospitalization. Lemon was discharged on cerenia, gabapentin, codeine, and sucralfate. Lemon returned later because she was vomiting in spite of the cerenia. Abdominal radiographs were unremarkable. She did vomit again this AM, prior to admission for the ultrasound. IV butorphanol was given prior to the exam. Lemon was moderately sedated and did not demonstrate discomfort with probe pressure.
Abnormal PE/Chem/CBC/UA Results: November 23rd: Neutrophils=13.28 (2.95-11.64)
Monocytes=1.27 (0.16-1.12) Lipase: 4929 (200-1800) snap cPL=abnormal

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 measured 6.7 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 2.21 x 0.6 cm at the cranial pole and 0.61 cm at the caudal pole.

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.



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Gastrointestinal

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The upper **gastrointestinal tract** revealed stasis in the stomach and duodenum as well as the upper jejunum. This was followed by empty small intestine. However, no overt cause of obstruction was noted. This may be owing to regional, dysfunctional bowel.

BREED

Pancreas

Bernese Mountain Dog

The **pancreas** was largely uniform with no overt evidence of inflammation, yet this cannot be completely ruled out. Cross reactivity with the intestinal lipase may be an issue.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

Possible regional dysfunctional bowel. Stasis in the duodenal and upper jejunum followed by empty small intestine.

WEIGHT

30.4 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Treatment for gastroenteritis is recommended over the next 24 hours. Recheck sonogram is recommended if the patient is not responding to medical management. I cannot completely rule out obstruction in this patient.

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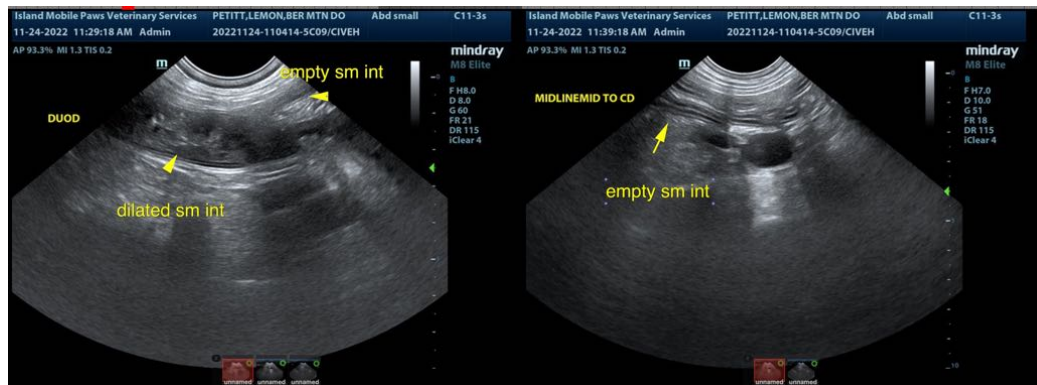
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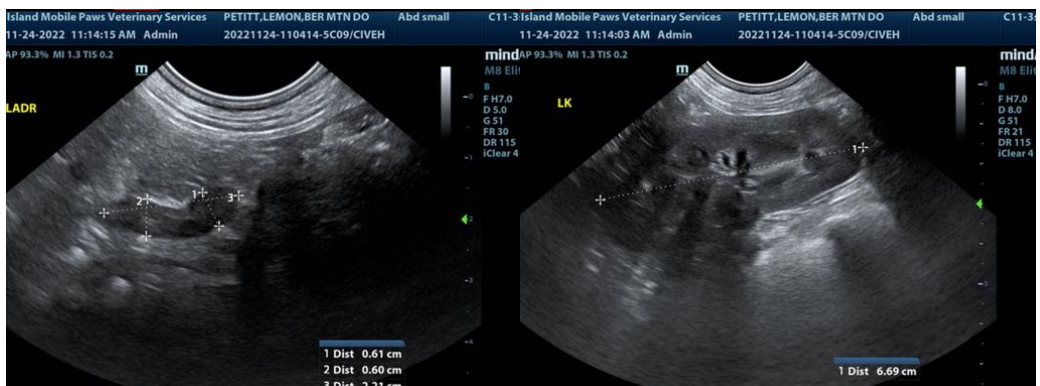
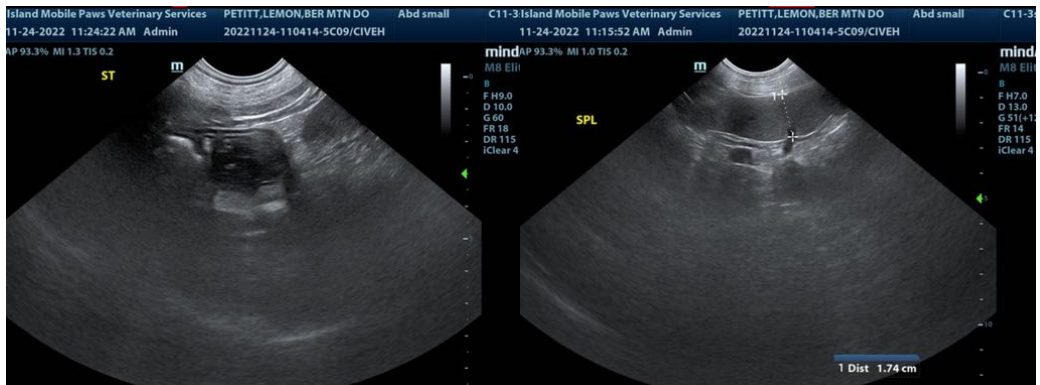
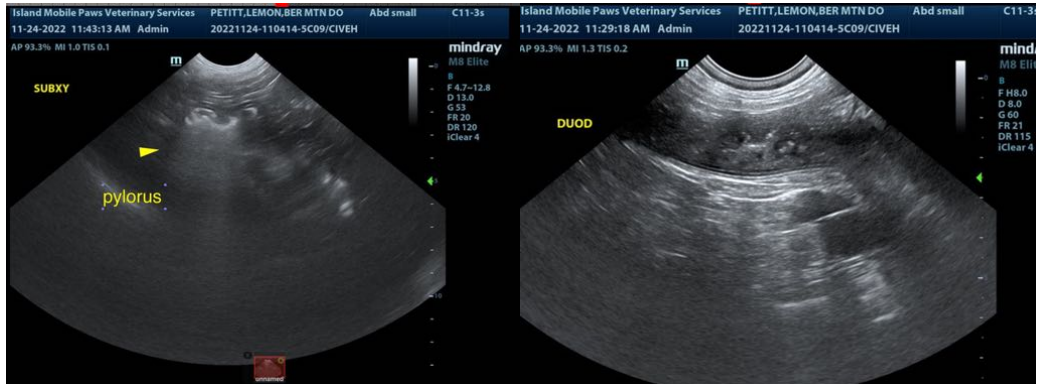
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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