



**PATIENT**

Ryder Sichley

**SPECIES**

Canine

**BREED**

Vizsla

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

24.8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ebert

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. Ebert

**INVOICE**

18832

**DATE**

11/27/22

**PRESENTING CLINICAL SIGNS**

History: O presents P for eating wood pellets and now vomiting. O came home from dinner with a bag of wood pellets from their fire place torn open and half gone. P started vomiting yesterday twice that was mostly undigested food and grass. Last time P vomited was around 11pm which was bile. Not drinking water or eating food this morning. Trembling throughout the night and arching back. No BM or diarrhea.

Abnormal PE/Chem/CBC/UA Results: CBC- all values within reference range Chem 17- decreased BUN 5 mg/dL (artifact, chronic liver disease, low protien diet, endocrinopathy (diabetes, cushings, hypoadrenocorticism) increased ALP 877 U/L Electrolytes- all electrolytes were within normal reference range CPL- negative

**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 1.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 7.1 cm. The left kidney measured 7.6 cm.

**Adrenal Glands**

The **left adrenal gland** appeared flattened, measuring 4.0 mm.

The region of the **right adrenal gland** was unremarkable.

**Spleen**

The **spleen** revealed subtle micronodular changes and minor swelling. This change is likely age-related. If any weight loss of present, then FNA is indicated.

**Liver**

The **liver** was uniformly swollen. The liver presented mild coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. The gallbladder was unremarkable, essentially empty.

**Gastrointestinal**

The **stomach** itself was unremarkable. A 3.0 cm distal small intestinal foreign body was noted with a minor amount of stasis and trace free fluid. The foreign body appeared to be present 2-3 cm cranial to the urinary bladder. The colon was empty. A minor amount of soft shadowing material was noted prior to the foreign body structure. Regional inflammation was 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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Vizsla

- Distal small intestinal foreign body with regional inflammation
- Age-related renal changes
- Hepatopathy
- The left adrenal gland appeared flattened
- Subtle micronodular changes and minor swelling in the spleen. This change is likely age-related. If any weight loss of present, then FNA is indicated.

**SEX**

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Surgical intervention with GI biopsies is recommended to rule out underlying disease.

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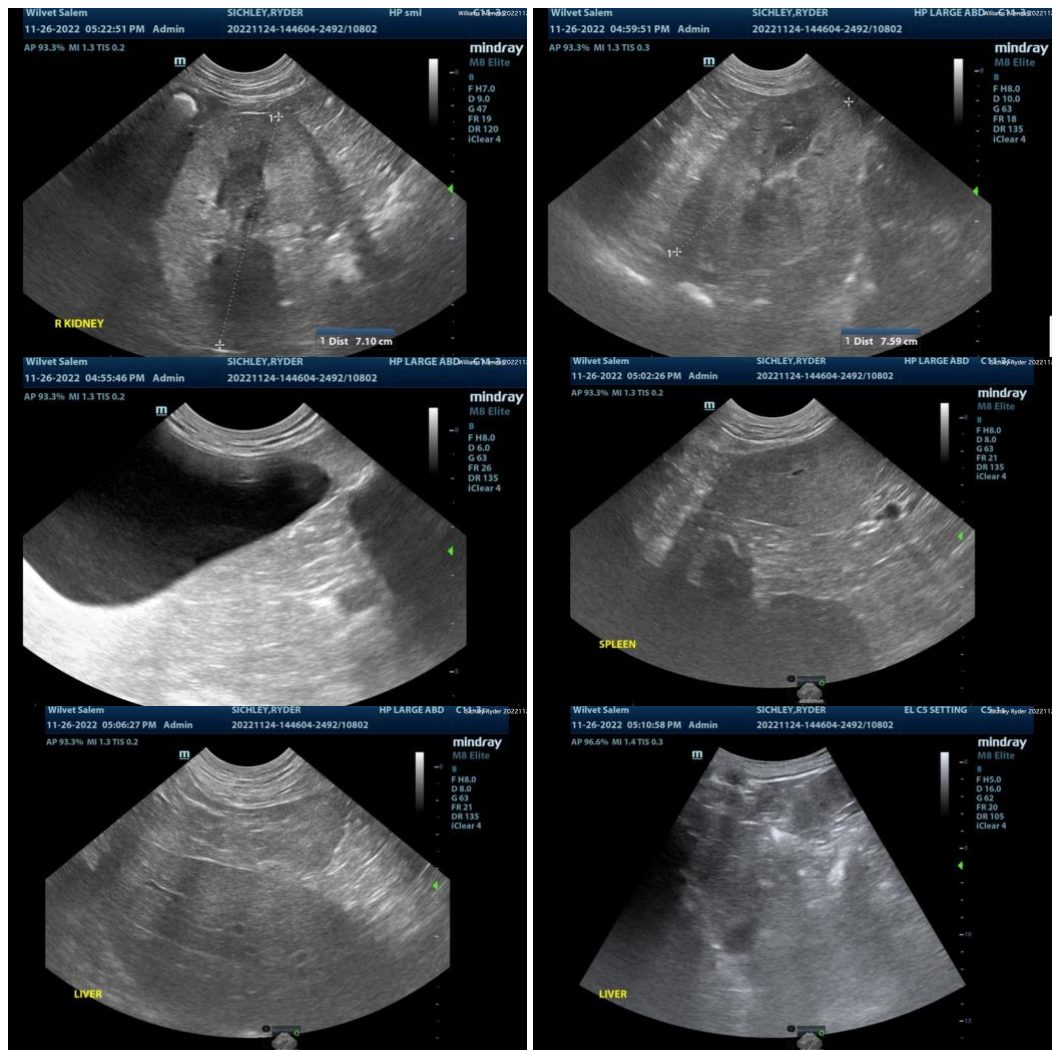
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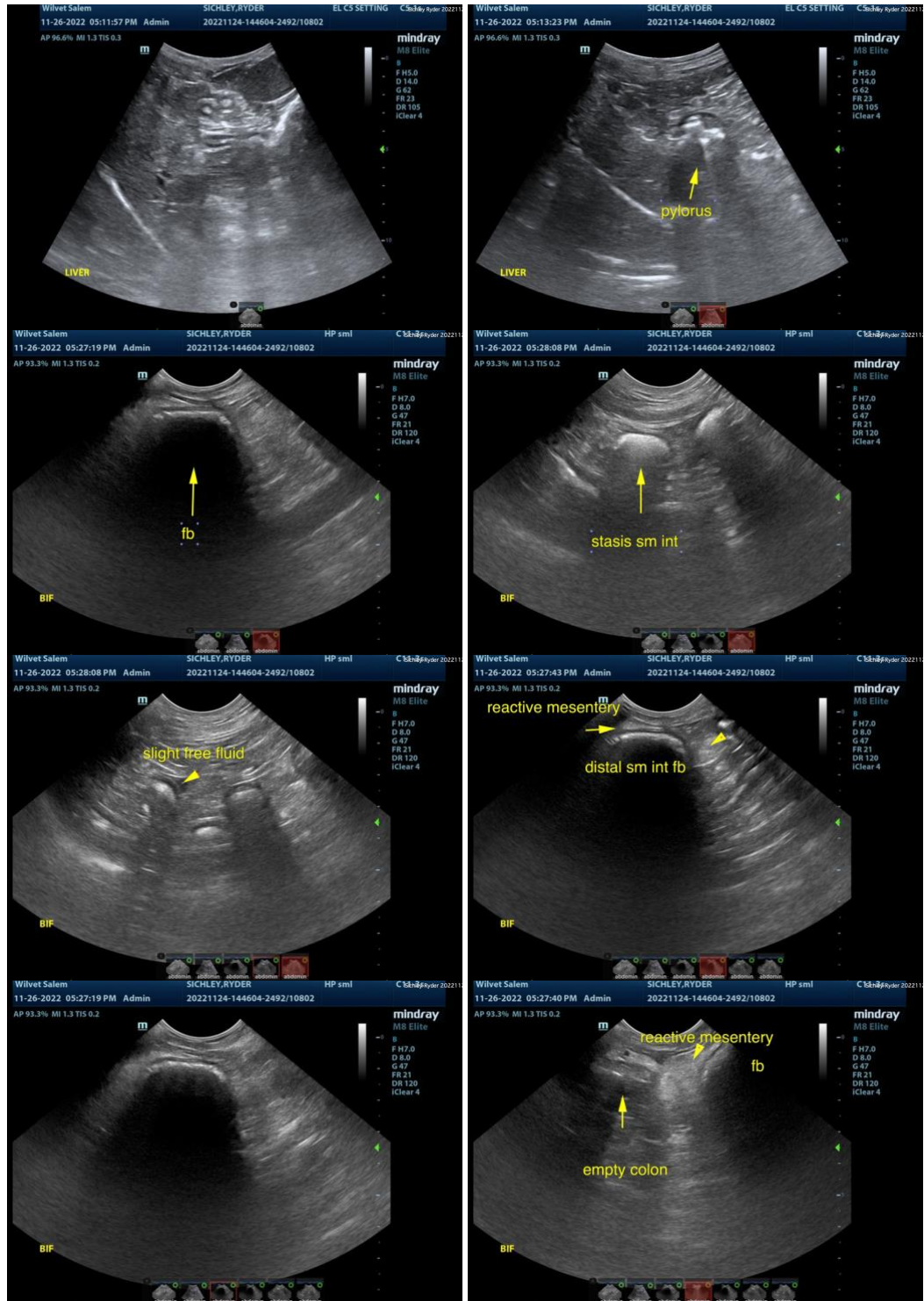
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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