



PATIENT

Santos Rojas

SPECIES

Canine

BREED

Pit Bull X

SEX

Neutered Male

AGE

7 Years

WEIGHT

50 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional

REFERRING VET

Dr. Taylor McConnell

INVOICE

33139

DATE

12/1/21

PRESENTING CLINICAL SIGNS

Weight loss, cachexia, anorexia, severe dehydration, cardiac silhouette elevated on right lateral view, loss of detail right lateral abdomen. Patient is QAR, lethargic, severely emaciated body condition, severely muscle-wasted, prominent ribs, spine and hip bones. Body score 3/9. Declined hospitalization: received SQ fluids and Cerenia injection.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem: WNL, NSF - does not correlated with radiographic findings and clinical exam findings.

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 residual prostate was uniform at 1.34 cm.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.7 cm. The right kidney measured 6.54 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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

Mild chronic **gastrointestinal** thickening noted with echogenic mucosa. Gastric stasis noted with echogenic debris. The small intestine revealed intussusception measuring approximately 4.0 cm. A mesenteric lymph node was mildly enlarged, reactive, measuring 2.04 cm x 0.7 cm.



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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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ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal obstruction with intussusception and chronic GI changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention recommended with resection and anastomosis of the intestine as well as biopsies to rule out chronic disease that may be related to the emaciated state of the patient. No obvious evidence of neoplasia.

SEX

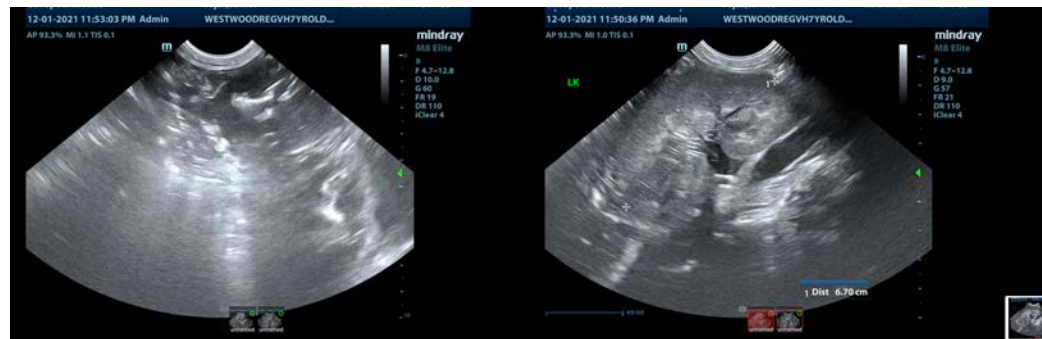
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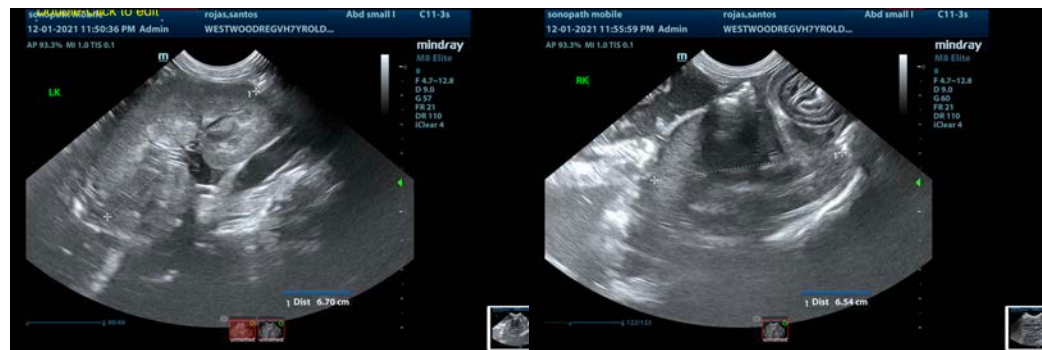
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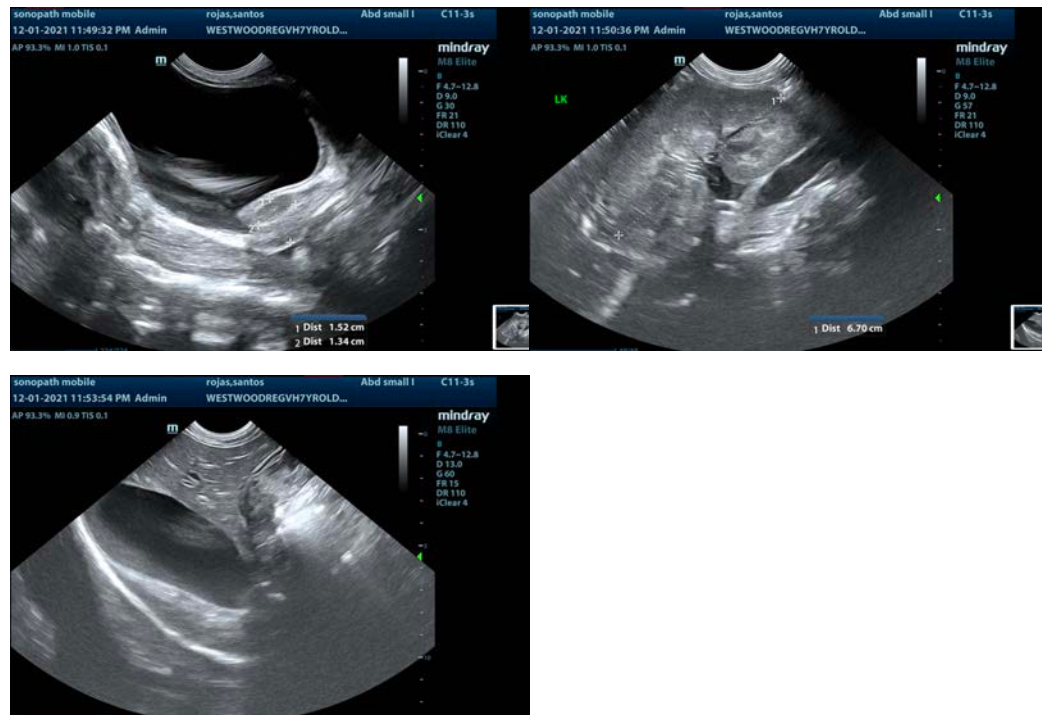
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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