

**PATIENT**

Bella Valentin

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Spayed Female

**AGE**

6 Years

**WEIGHT**

75.3

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

West Eugene AH

**REFERRING VET**

Dr. Powers

**INVOICE NUMBER**

13090

**DATE**

12/17/21

**PRESENTING CLINICAL SIGNS**

History: Presented on 12/15 for vomiting, inappetance and lethargy since Friday. Vomit has been brown/orange bile each time with feces-like odor, sometimes with a small amount of food in vomitus. Decreased BMs, but stools appear normal. P has had about 1/2 her normal energy. No recent diet change. No known dietary indiscretion or FB ingestion prior to onset of signs. Abdomen tense and uncomfortable upon palpation. Treated empirically with SQ fluids, Cerenia, omeprazole, and bland diet after exam, RG, and BW on 12/15. No significant improvement in appetite since exam, and P vomited through Cerenia today. P also has a firm, 2cm mass in her R flank fold that has been there about a year but progressively getting bigger the last 3-6 months, and in-house FNA/cytology on 12/15 was suspicious for mast cell tumor.

Abnormal PE/Chem/CBC/UA Results: K+ 3.3, Globulins 2.3, HCT 63.53 Current Medications Cerenia, omeprazole

**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 **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 5.7 cm. The right kidney measured 5.6 cm.

**Adrenal Glands**

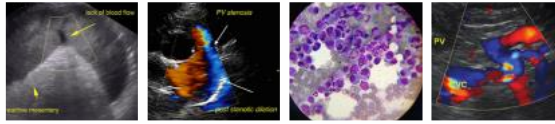
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.29 cm x 1.12 cm at the cranial pole and 0.88 cm at the caudal pole. The left adrenal gland measured 2.51 cm x 0.62 cm at the caudal pole and 0.57 cm at the cranial 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



**PATIENT** Bella Valentin  
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.

**SPECIES** Canine  
**Gastrointestinal**  
The **stomach** revealed fluid absorbing, soft shadowing material. No stasis noted prior to the structure. The soft structure measured approximately 2-3 cm. The consistency of the material was that of a grass ball or similar. Assuming the patient was NPO at the time of the sonogram, this would be consistent with soft foreign matter. Variable small intestinal thickening noted with hypertrophied muscularis. No neoplastic criteria noted. However, increased muscularis and submucosal thickening noted. Some areas of reactive mesentery present.

**BREED** Labrador  
**Pancreas**  
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** Spayed Female

**AGE** 6 Years  
**Free Abdomen**  
A large amount of **abdominal** fat was noted in this patient.

**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic inflammatory bowel type presentation with soft shadowing foreign matter consistent with grass ball or similar

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopy could be considered. No structural evidence of mast cell disease. If surgery is to be performed targeting the pyloric matter, I recommend rapid sonogram just prior to surgery to ensure the material has not moved. GI biopsies would be essential from a full thickness standpoint, if surgery is performed. Otherwise, supportive care could be considered with recheck sonogram in 48-72 hours, at complete NPO status, to assess the status of the pylorus.

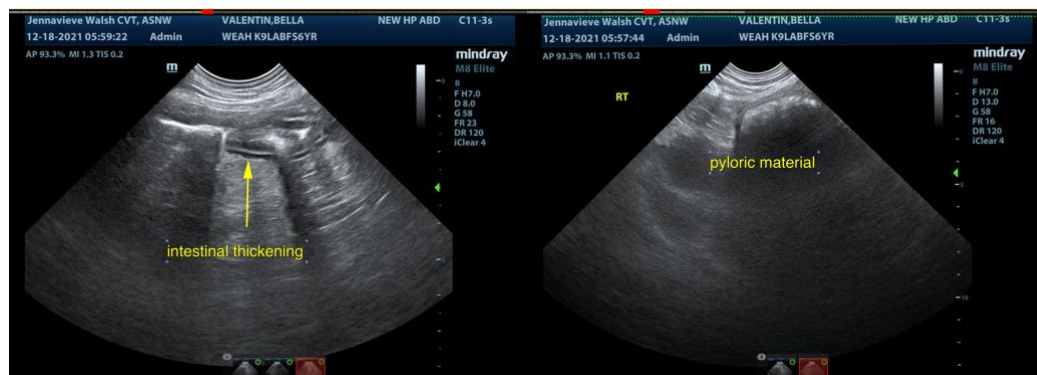
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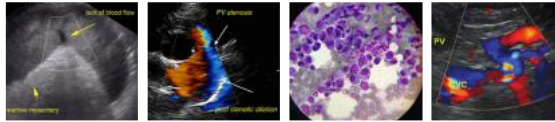
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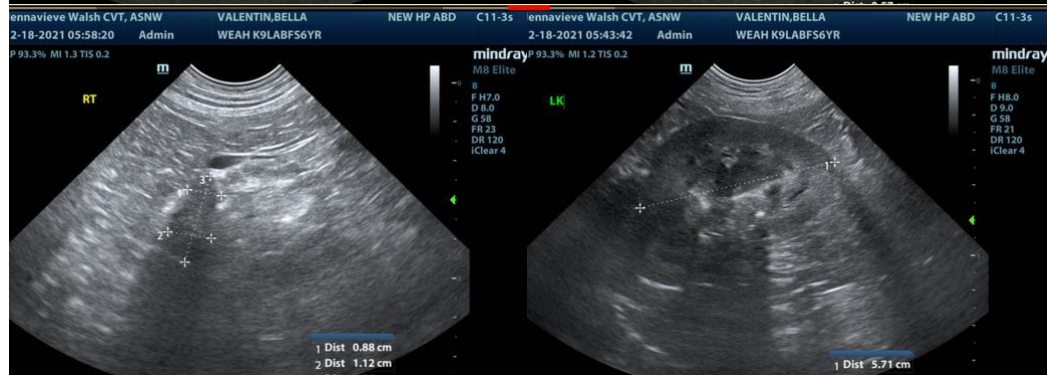
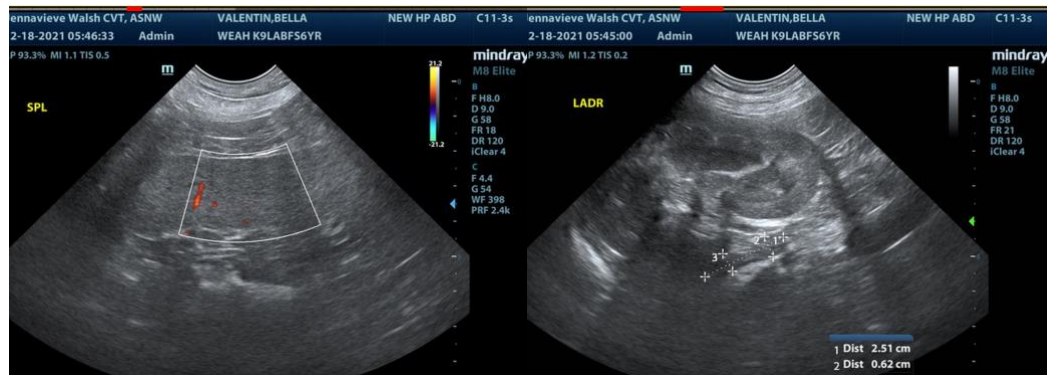
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**REFERRING VET**

Dr. Powers

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

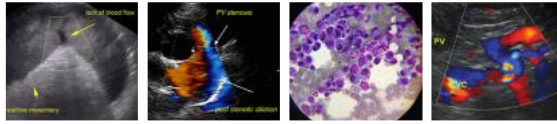
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