



PATIENT

Ruger Koch

SPECIES

Canine

BREED

Pitbull Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

24 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershey AEC

REFERRING VET

Leann Murphy, VMD

INVOICE

35959

DATE

12/18/25

PRESENTING CLINICAL SIGNS

History: 6 day history of not drinking, decreased appetite, backing away from water/food bowls, lethargy. Vomited once Tuesday. At RDVM Tuesday: CBC/Chem normal; treated with SQF, Cerenia. Weight loss of 6 lb Oral Cavity: Mucous membranes pink/slightly tacky, chronically fractured and worn upper PM4s (left>right) Mild muscle wasting dorsum and hindlimbs.

Abnormal PE/Chem/CBC/UA Results: EPOC: Potassium 3.3 L, Sodium 152 H, Glucose 128 H PCV/TS: 54/8.2 Catalyst pancreatic lipase: 135 (0-200) Abdominal/thoracic radiographs, radiologist interpretation: 1. Moderate gastric dilation with fluid and gas with irregular soft tissue opacity at the level of the pylorus and irregular duodenum. The constellation of these findings are concerning for foreign material at the level of the pylorus and descending duodenum. Further imaging is recommended in this patient. Ideally, an abdominal ultrasound would be performed to better evaluate the pylorus and descending duodenum to determine if surgical 2. Mildly soft tissue opacity caudal esophagus- may indicate esophagitis due to the reported vomiting and/or gastroesophageal reflux.

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 5.0 mm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild 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 this age patient. Medullary structure differed distinctly from that of the cortex, and no evidence of pelvic dilation was present. The left kidney measured 7.5 cm. The right kidney measured 7.0 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 0.6 cm. The right adrenal gland measured 0.8 cm.

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



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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

The **stomach** was overdistended with echogenic chyme in the normal SDEP 13 position. The pylorus was not visible, which would suggest potential rotation. No overt foreign body was noted, even though some gastric fundic shadowing material was noted. The small intestine and colon were empty.

Pancreas

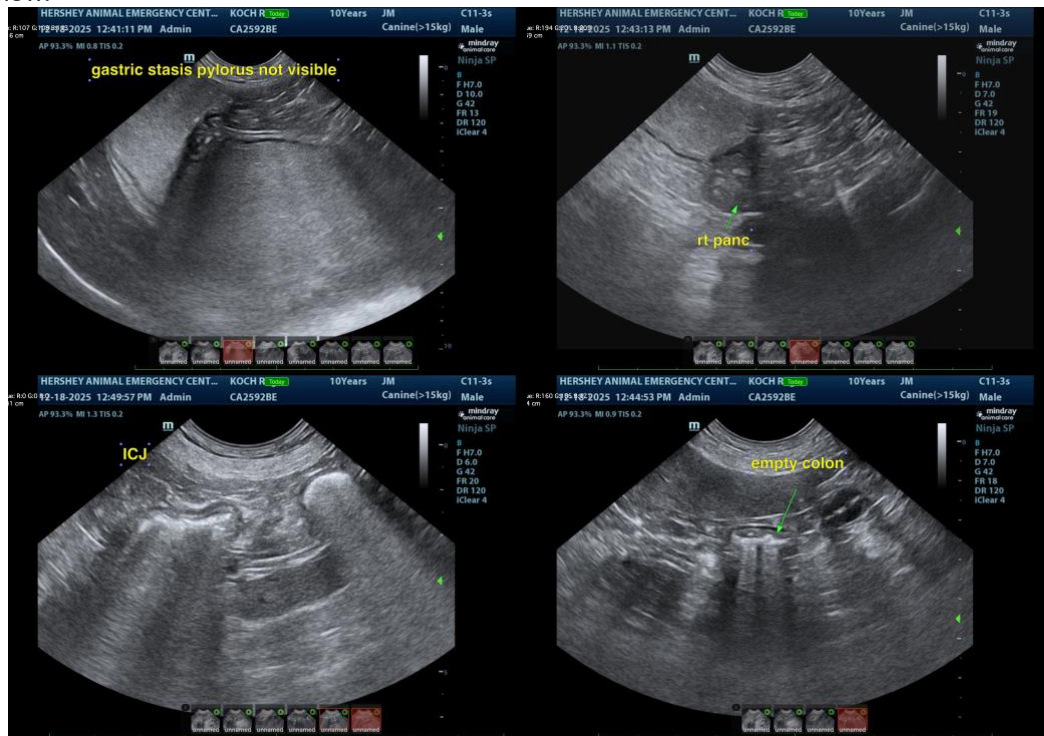
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Concern for gastric rotation (GDV), delayed gastric outflow pattern. No obvious foreign bodies were noted.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If radiographs suggest GDV, recommend exploratory surgery in this patient with focus on the pyloric outflow.





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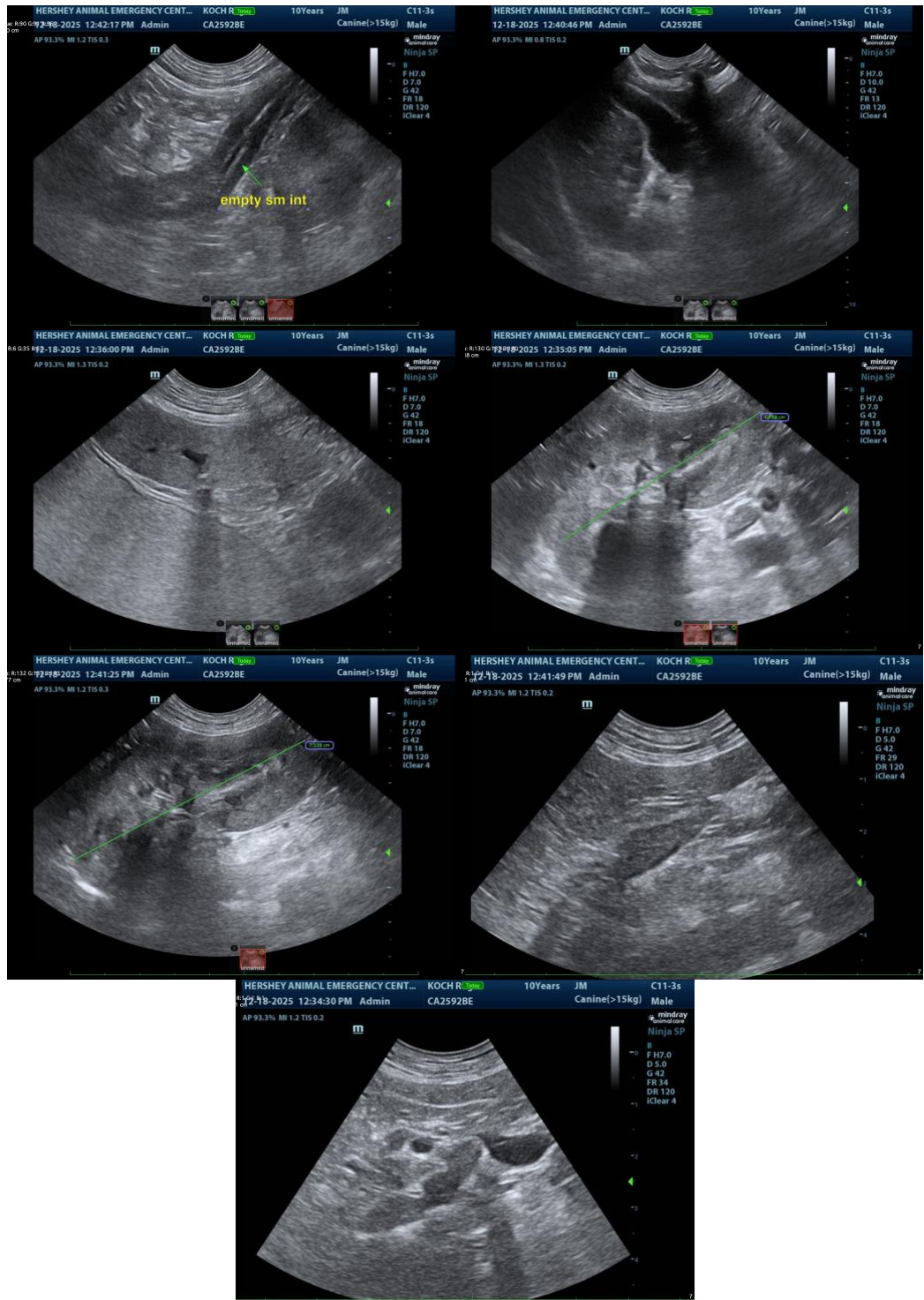
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



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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(CFM), Cert. IVUSS,
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