



PATIENT

Tux Cole

SPECIES

Canine

BREED

Maltese Mix

SEX

Neutered male

AGE

8 years

WEIGHT

8.4 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Olcha

HOSPITAL NAME

East Meadow VC

REFERRING VET

Dr. Olcha

INVOICE

42216

DATE

12/19/22

PRESENTING CLINICAL SIGNS

History: Episode of vomiting on Wednesday and hyporexia since. Presented initially on Saturday; no response to supportive care (fluids, cerenia, entyce). P was syringe fed today prior to AUS. Patient given fluid therapy and started on doxycycline. No dietary history of jerky treats or anything known to be nephrotoxic. No known heavy metal exposure.

Abnormal PE/Chem/CBC/UA Results: QAR and dehydrated. P was mildly hyperglycemic on Saturday with glucosuria and ketonuria. Normoglycemia today and after feeding.

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. Both kidneys measured 5.0 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 right adrenal gland measured 0.6 cm. The left adrenal gland measured 0.5 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 was noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented 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.



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Gastrointestinal

The **gastrointestinal tract** revealed a minor amount of stasis. Curvilinear mural patterns were maintained. Slight shadowing material was noted in the pylorus. This may represent medications or foreign matter. The dilated small intestine was followed by empty small intestine and creates an obstructive pattern. Tethering of the small intestine with sharp turns was noted as well as plication. Distal small intestine had intestinal wall thickening. Reactive mesentery was associated noted and associated with the pancreas and small intestine.

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.

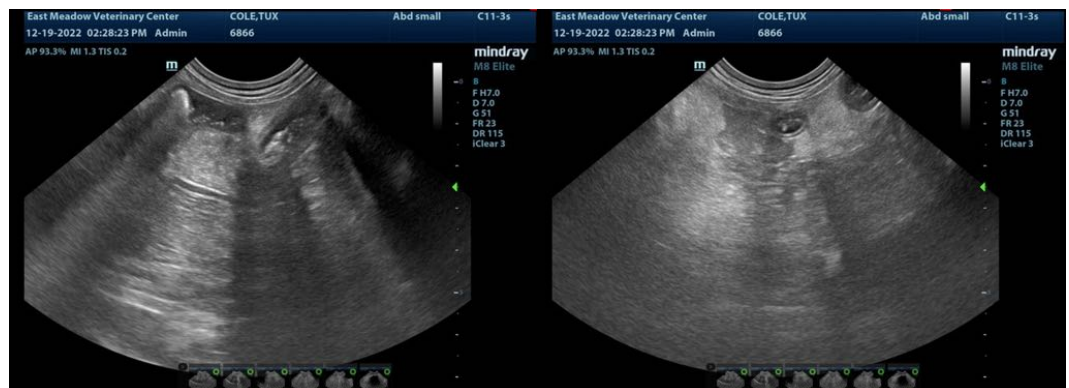
ULTRASONOGRAPHIC FINDINGS

Shadowing foreign body noted in the small intestine, appears to be jejunum with linear anchor to the pylorus. The foreign body measured approximately 4.0 cm. Underlying chronic disease is suspected.

Reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery with gastrotomy, enterotomy and GI biopsies are all indicated.





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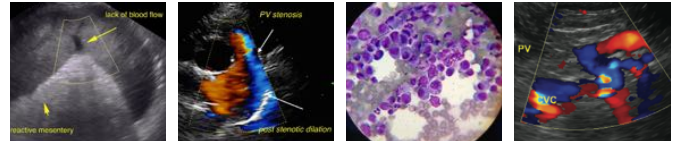
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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