



## PATIENT

Emerald Hoover

## SPECIES

Canine

## BREED

Lab

## SEX

Intact Female

## AGE

23 weeks

## WEIGHT

31.2 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert IVUSS

## IMAGING PERFORMED BY

Denise Bruno, LVT,  
RDMS

## HOSPITAL NAME

Kenilworth AH

## REFERRING VET

Dr. Mansour

## INVOICE

33210

## DATE

12/02/21

## PRESENTING CLINICAL SIGNS

History: Excessive vomiting, lethargic, loss of appetite.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The **urinary bladder** presented a minor amount of urine, unremarkable otherwise.

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 right kidney measured 7.09 cm. The left kidney measured 6.69 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 2.54 cm x 0.46 cm at the caudal pole and 0.55 cm at the cranial pole. The left adrenal gland measured 2.76 cm x 0.49 cm at the caudal pole and 0.48 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 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

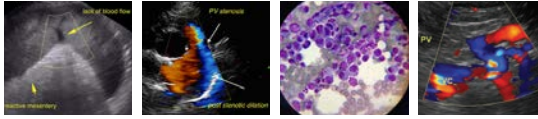
**Gastric** stasis was noted with dilated small intestine with shadowing material followed by empty small intestine, creating an obstructive pattern. Reactive mesenteric lymph node noted measuring 3.9 cm x 0.76 cm.

### 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

- Obstructive GI pattern with soft shadowing material – suspect foreign matter.



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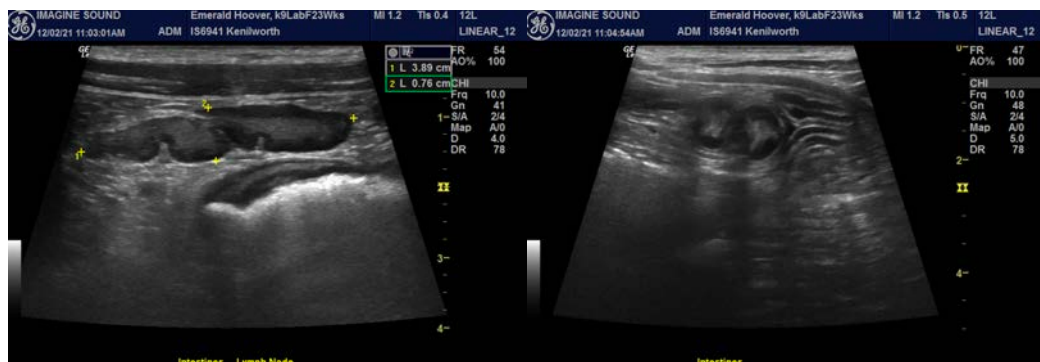
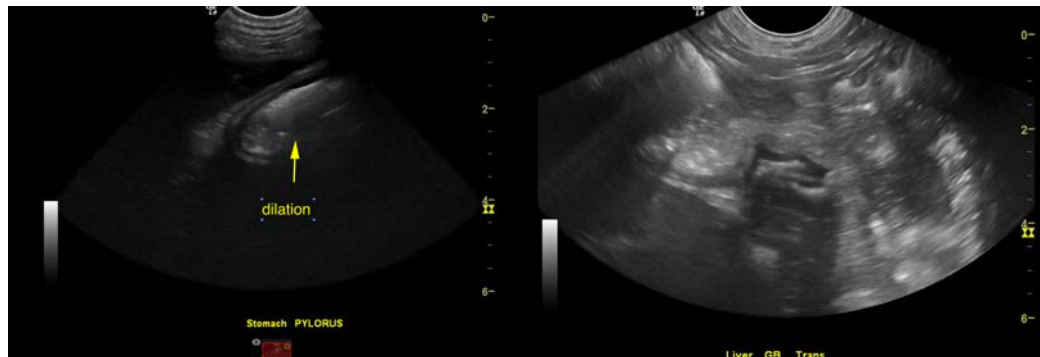
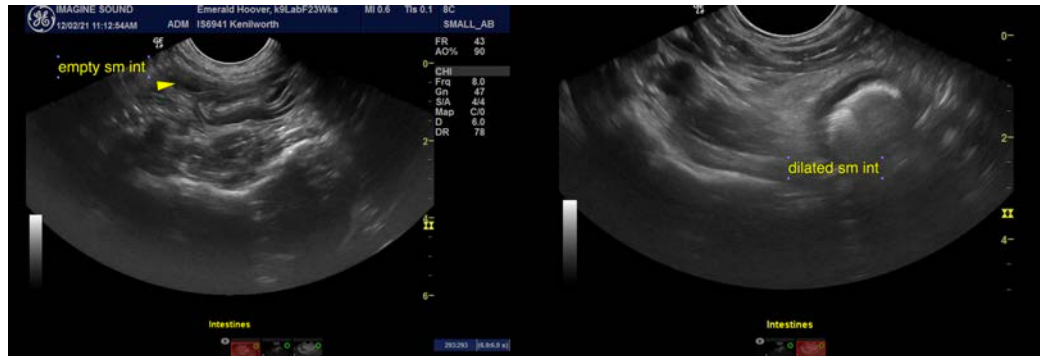
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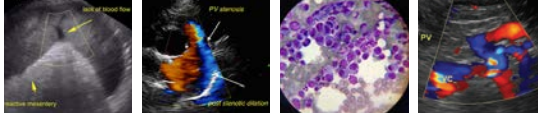
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Worm burden is also a potential in this patient. Recommend IV fluid support and 24 hour NPO and recheck sonogram if clinical signs are persistent, as the material appears to be soft and may be transiting. If surgery is to be performed, recheck sonogram immediately before surgery to ensure obstructive pattern is persistent.





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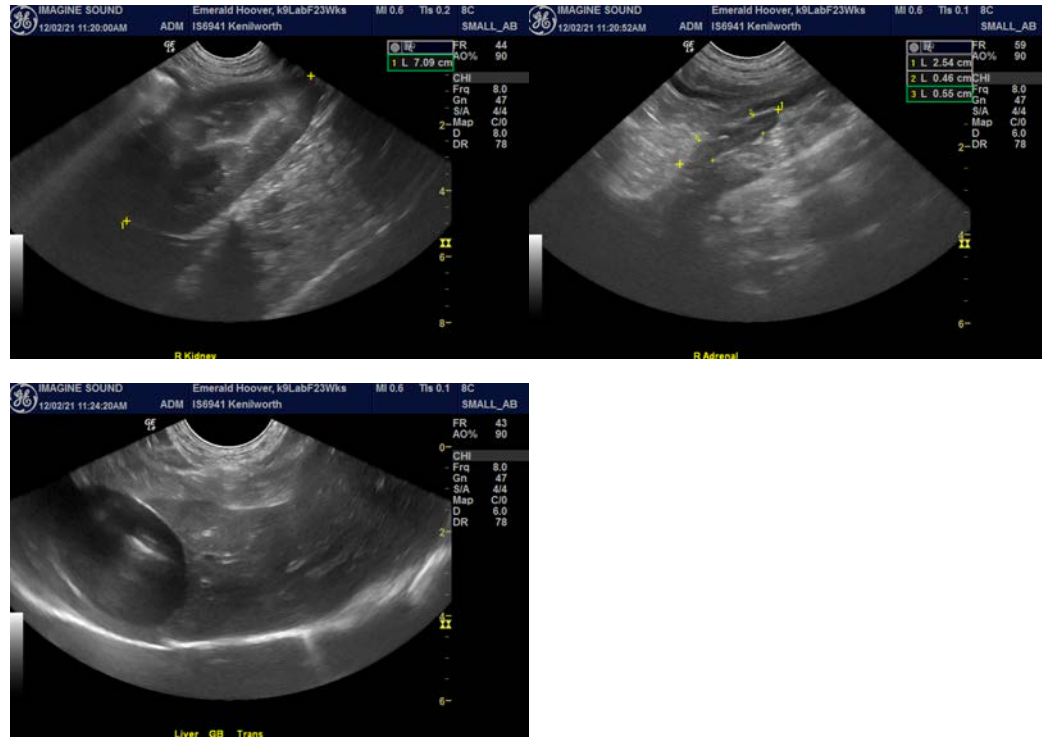
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
Eric.Lindquist@SonoPath.com