



PATIENT

Houston Bartolone

SPECIES

Canine

BREED

Weimaraner

SEX

Neutered Male

AGE

9 Years

WEIGHT

36 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healing Traditions AH

REFERRING VET

Dr. Balac

INVOICE

33653

DATE

12/22/21

PRESENTING CLINICAL SIGNS

vomiting recently with perfuse diarrhea for last week. Marked leukocytosis and elevated TGG. Urobilinogen present in the urine.

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 prostate was uniform at 1.7 cm.

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 6.87 cm. The left kidney measured 7.32 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 0.65 cm at the cranial pole and 0.58 cm at the caudal pole. The left adrenal gland measured 0.7 cm at the cranial pole and 0.57 cm at the caudal pole.

Spleen

The **spleen** was not visualized.

Liver

The **liver** presented mild irregular swelling. Minor gallbladder polyp noted. Enhancement around the apex of the gallbladder noted, yet no evidence of mucocele formation.

Gastrointestinal

The **stomach** was empty. Regional gastric stasis was present. Curvilinear patterns were maintained. Variable gastrointestinal thickening noted with hyperperistalsis, increased submucosal echogenicity and thickness. The ileocecolic junction was thickened. Reactive mesentery noted. The cecum was significantly dilated in this patient.

Pancreas

Minor heterogeneous **pancreatic** changes present.

Free Abdomen

Sublumbar lymph nodes were enlarged, hypoechoic and irregular, measuring 2.0 cm x 1.0 cm. FNA indicated.

ULTRASONOGRAPHIC FINDINGS

- Acute on chronic gastroenteritis
- Dilated small intestine



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- Hepatic swelling
- Possible cholecystitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The cause of the dilated small intestine is unclear. Regional adhesion or dysfunctional bowel suspected. Underlying foreign body could be present, yet not evident. Recommend ultrasound guided FNA of the accessible lymph nodes and liver. Treatment for gastroenteritis warranted until cytology results can be evaluated. Cytology and culture of the accessible lymph nodes recommended. Underlying typhilitis is a potential. Plasma expanders, broad-spectrum antibiotics, GI protectants all warranted with fecal test and recheck sonogram in 24-48 hours. Emerging GI lymphoma is a strong potential.

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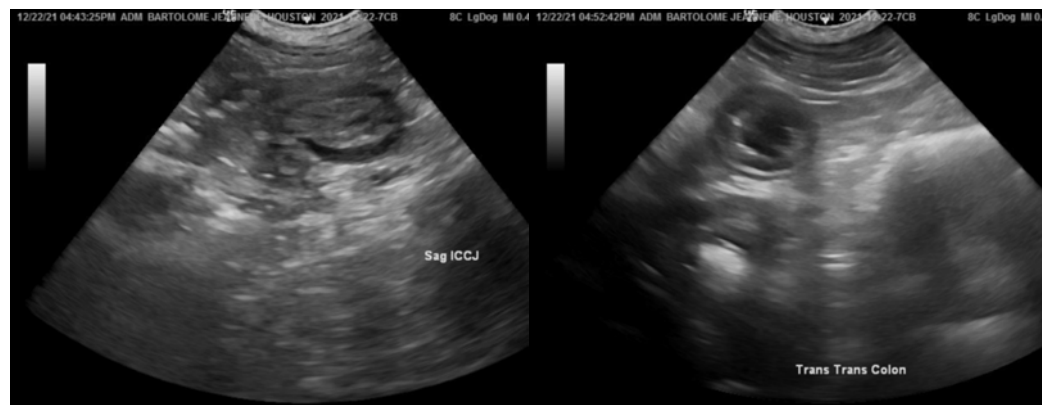
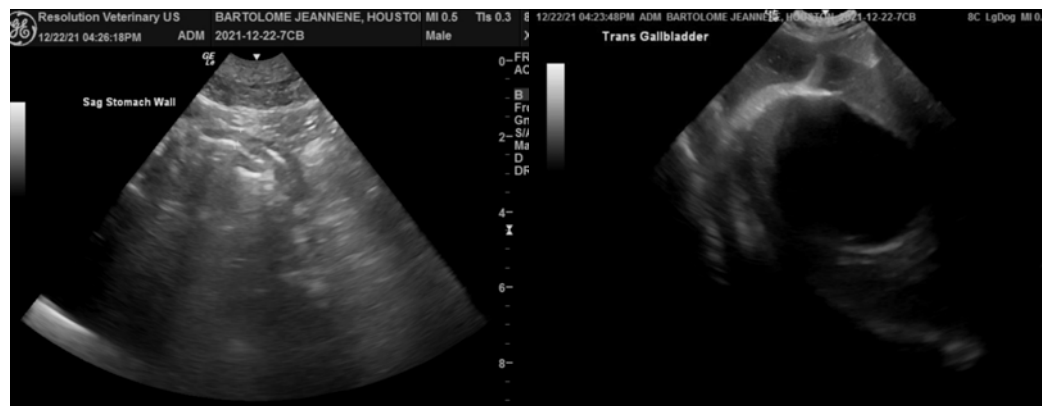
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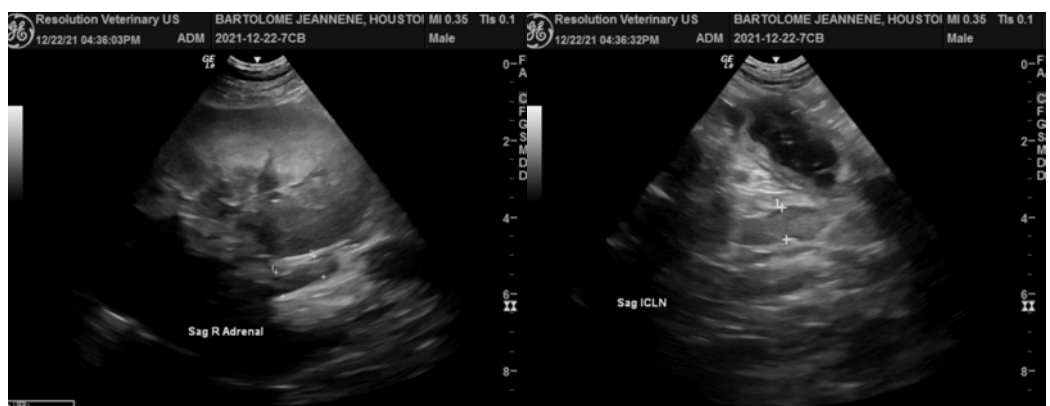
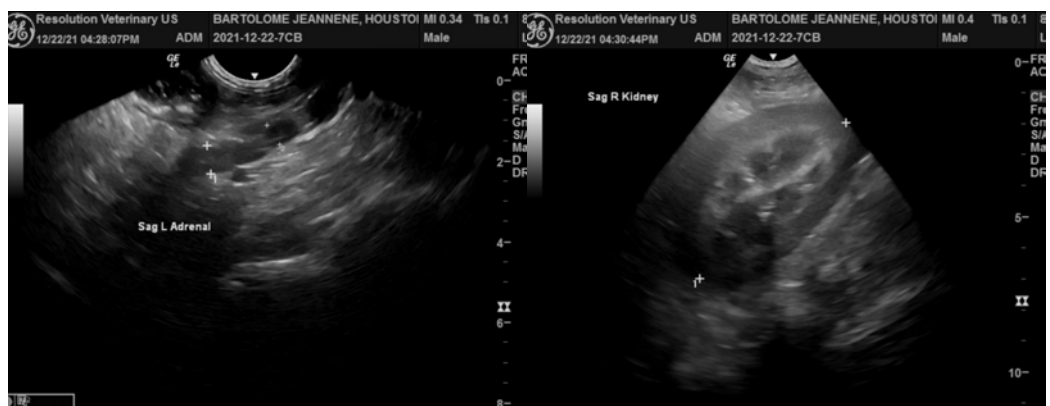
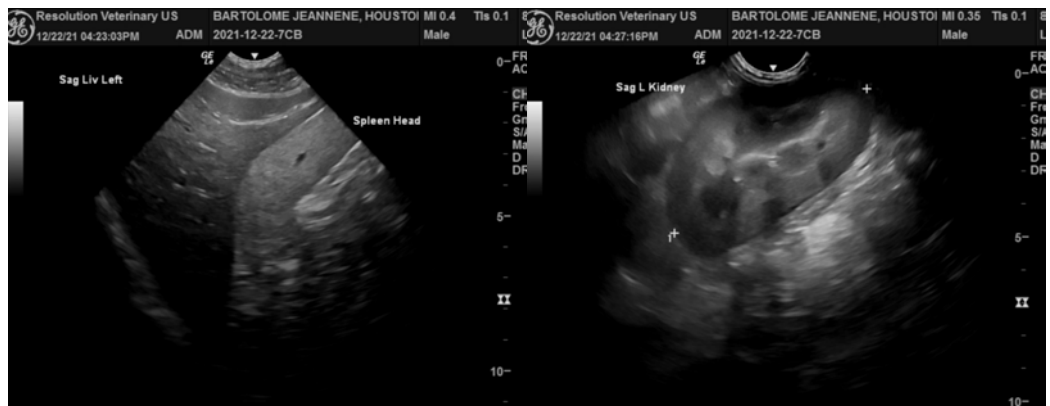
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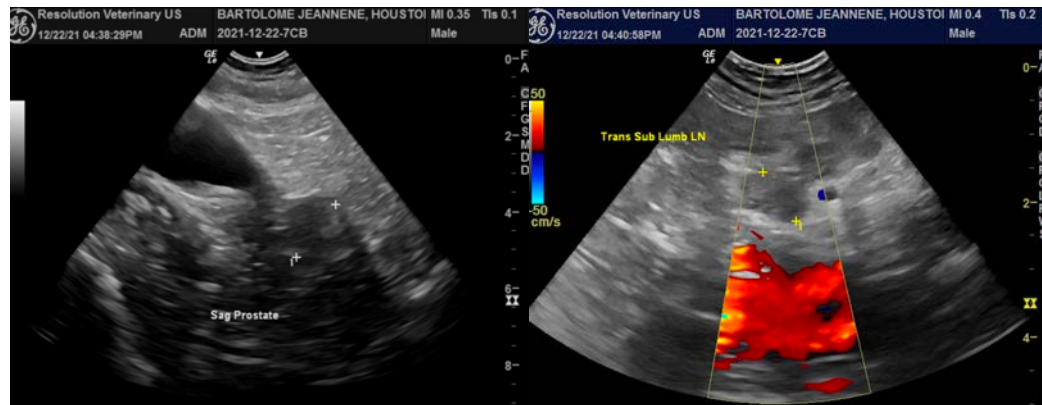
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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