



PATIENT

Looper McGowen

SPECIES

Canine

BREED

Lab Mix

SEX

Neutered Male

AGE

10 Years

WEIGHT

92.5 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Weagley

INVOICE

13163

DATE

12/27/21

PRESENTING CLINICAL SIGNS

History: Lethargic, febrile, not eating, increased drinking, V+. Current meds: Cerenia, IVF, Buprenex, Torb.
Abnormal PE/Chem/CBC/UA Results: wbc 19k, sl. elev. Tbil 1.0, sap 220

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 right kidney measured 8 cm. The left kidney measured 7.9 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 2.24 cm x 1.37 cm at the cranial pole and 0.94 cm at the caudal pole. The left adrenal gland measured 2.63 cm x 0.71 cm at the cranial pole and 0.71 cm at the caudal 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. Visibility was poor owing to regional peritonitis pattern.

Gastrointestinal

The **stomach** itself was unremarkable. A portion of abnormal intestine was noted in the mid abdomen, a region of approximately 3 cm x 2 cm. Some loss of mural detail noted. The exact portion of intestine involved cannot be completely ascertained, appear to be jejunum. The intestine revealed tortuous contour. Regional peritonitis noted. Slight free fluid noted. A small penetrating foreign body is possible.



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Pancreas

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Mixed echogenic reactive mesentery noted throughout the left **pancreatic** limb and cranial abdomen.

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ULTRASONOGRAPHIC FINDINGS

BREED

Lab Mix

- Thickened, irregular portion of intestine. Concern for intestinal neoplasia versus penetrating foreign body. Regional peritonitis noted.
- Pancreatitis

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery indicated.

AGE

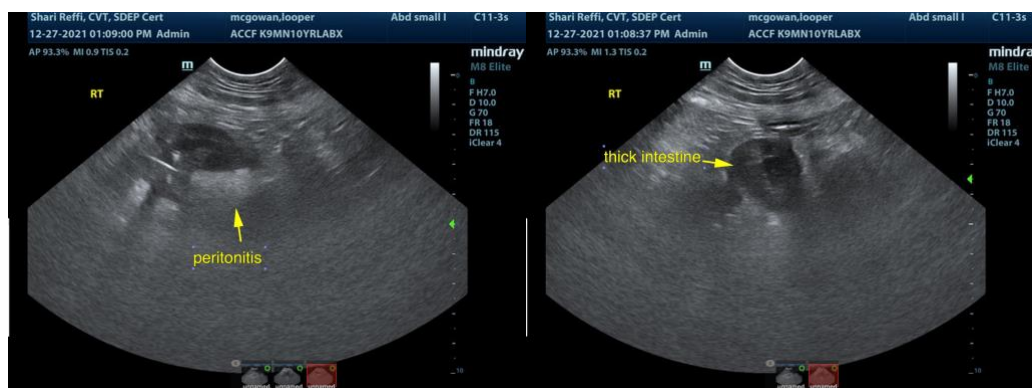
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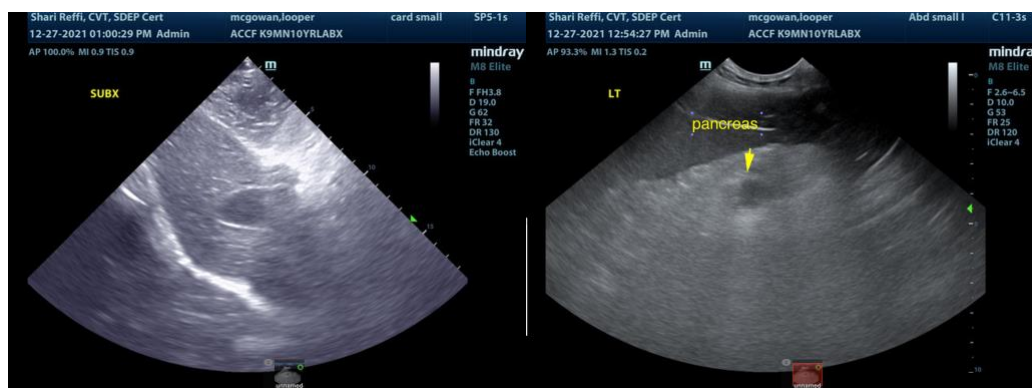
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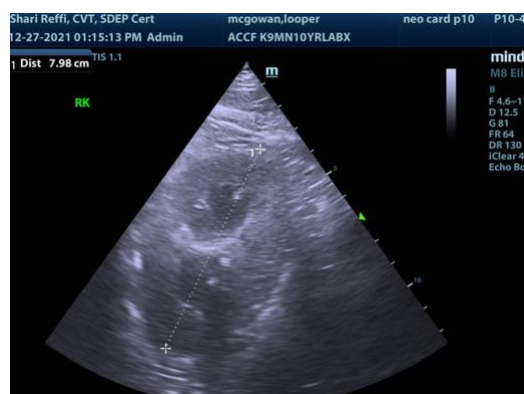
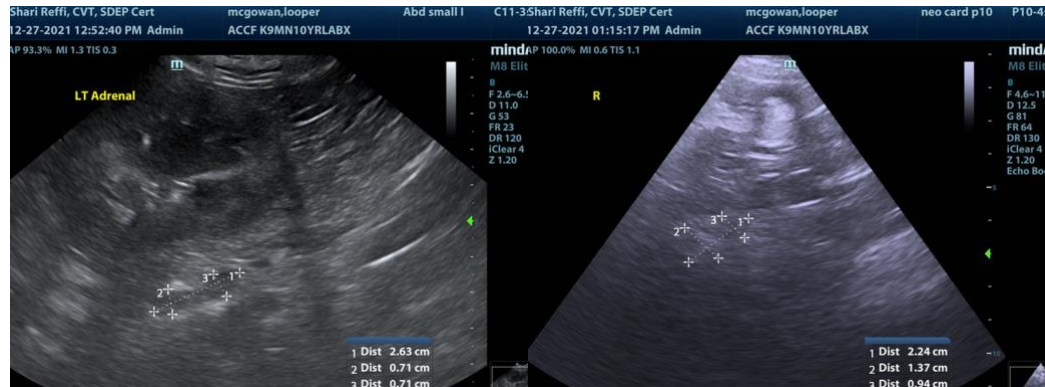
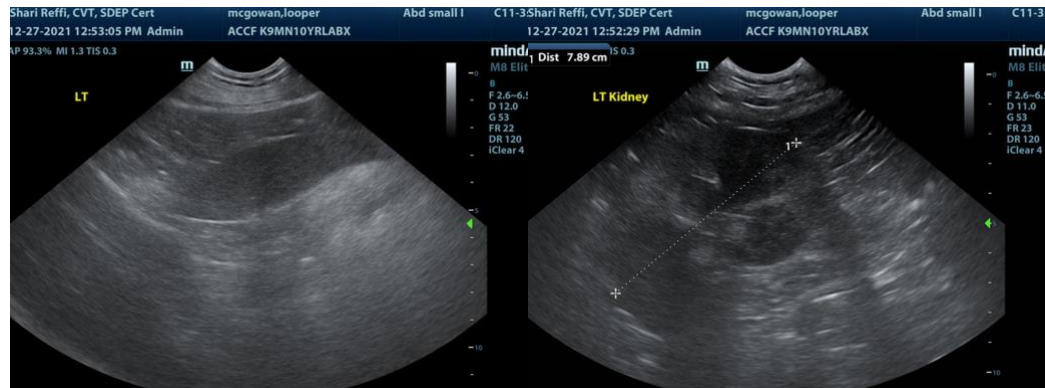
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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