



PATIENT

Charlie Summerton

SPECIES

Canine

BREED

Shepherd Mix

SEX

Male

AGE

7 months

WEIGHT

29 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Ebert

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Ebert

INVOICE

42409

DATE

12/30/22

PRESENTING CLINICAL SIGNS

History: P is still not eating and is still having V+, P is now lethargic and has not made a bowel movement in the past two days

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. The left kidney measured 5.03 cm. The right kidney measured 6.21 cm.

Adrenal Glands

The region of the **adrenal glands** were imaged with no evidence of pathology.

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** 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

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. The pylorus was patent. The stomach was empty. The distal small intestine revealed areas of tortuous contour. There were also portions of the



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distal small intestine were dilated with some suspended, linear material, which may represent foreign body or worm burden. There is an abnormal intestinal dilation.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Male

Soft shadowing material was also noted in the bowel, but could not be differentiated from colon to small intestine. The cecum appeared dilated. Regardless, there is an abnormal distal bowel distension with suspended linear material, possible worm burden or linear foreign matter.

AGE

Adrenal glands not visualized.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

29 kgs

I recommend fecal test in this patient. If there is no evidence of parasitic shedding present then exploratory surgery is indicated. The upper gastrointestinal tract is empty and unremarkable. I recommend baseline cortisol or ACTH stimulation to ensure that congenital Addison's is not an issue.

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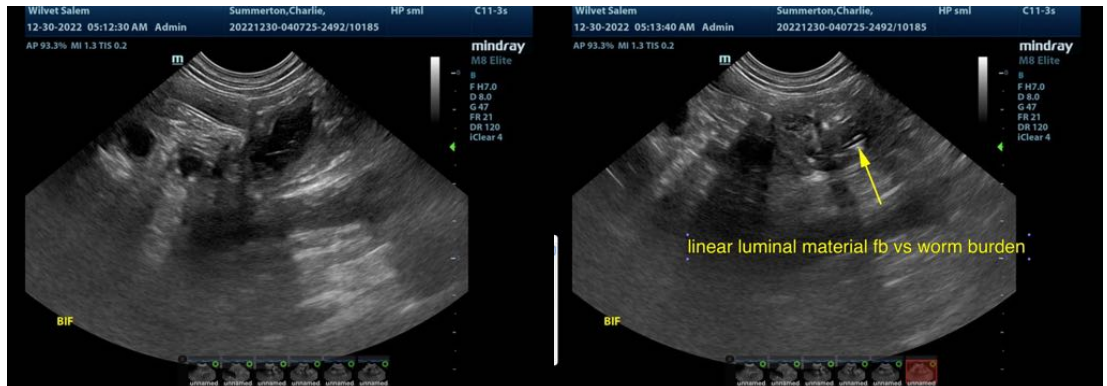
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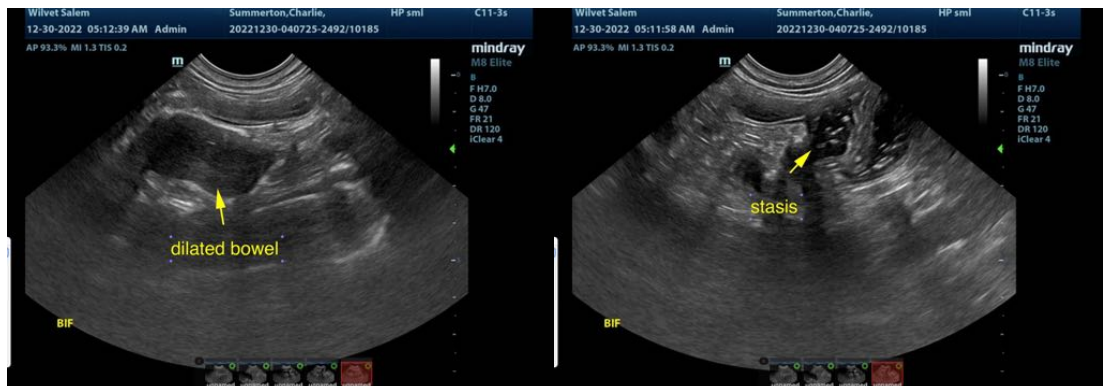
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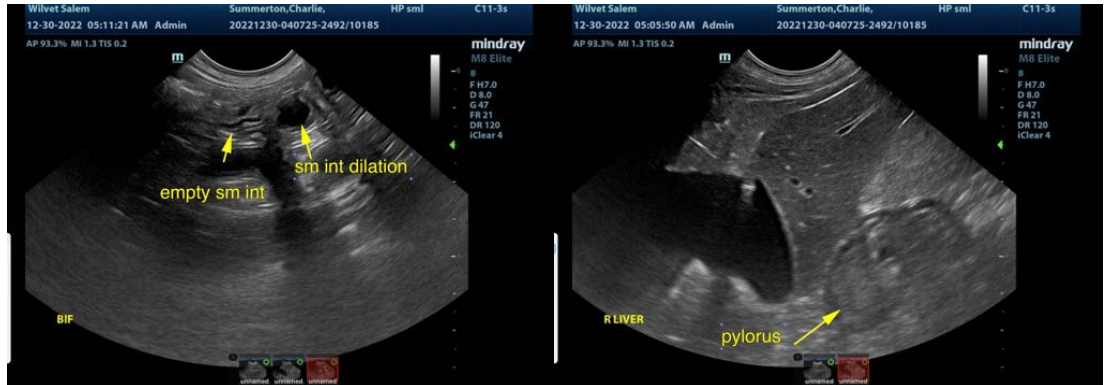
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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