



DATE PRESENTING CLINICAL SIGNS

2/3/26 Patient History: Monday (2/2/26), patient ate breakfast and then later vomited pieces of fabric/rag. Patient then had liquid diarrhea. Owner could not find the rest of the fabric/rag. Patient had to be sedated for exam/diagnostics. There was a small amount of frank blood on rectal exam

PATIENT

Duke Lynch Current Medications: Norm-R IVF twice maintenance with KCl 20mEq/L, Dexmedetomidine CRI 1mcg/kg/hr

SPECIES

Maropitant 1mg/kg IV q24, Pantoprazole 1mg/kg IV once, Metronidazole 10mg/kg IV q12, Panoquell 0.4mg/kg IV q24 for 3 days

Canine

BREED

German Shepherd

SEX

Intact Male

AGE

2/2/25

WEIGHT

38.3 kg

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

Labwork Results: Labwork not attached, reported as: CBC: slight neutrophilia 12.82 (ref 3.05-12.1) Chem Pre-Surg & Lytes: -Stress hyperglycemia 137 (ref 75-125) -Slight hypokalemia 3.6 (ref 3.8-5.3). cPL elevated 1082 (>400 consistent with pancreatitis). 3-view abdominal radiographs submitted to VetsChoice Radiology: Findings: The stomach contains a mild amount of gas and fluid and the pyloric antrum and duodenum are gas-filled on the left lateral projection. The colon contains no formed fecal material and is diffusely gas and fluid-filled. The small intestines contain fluid and gas and are normal in course and diameter. There is no evidence of segmental small intestinal dilation, corrugation or plication. The liver, spleen, kidneys and urinary bladder are normal. There is normal peritoneal and retroperitoneal detail. The included musculoskeletal structures are normal. Conclusions: 1. Diffuse gastrointestinal gas and fluid. This may indicate gastric stasis/ileus which could be secondary to gastritis from an infectious or inflammatory cause, dietary indiscretion, or pancreatitis. Foreign material in the small intestinal tract is not seen. 2. Empty colon. This is consistent with the patient's reported diarrhea and likely represents a component of colitis. Comments: This radiographic study does not demonstrate evidence of pyloric outflow obstruction or small intestinal mechanical obstruction. The patient's gastrointestinal signs are most consistent with gastroenterocolitis. If clinical signs do not improve with supportive medical therapy, abdominal ultrasound is recommended to further evaluate the gastrointestinal tract and pancreas.

Date of Previous IntraPet Ultrasound: No previous.

Sedation: IV Domitor and Propofol.

Stat Report: STAT requested.

Imaging Performed by: Rachel Brillhart, RDMS.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

HOSPITAL NAME

Mason Dixon AEH

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.

REFERRING VET

Dr. Hengst

The **prostate** was uniformly enlarged (3.6 cm) with lobar swelling appeared to impinge upon the urethra and mildly deviate the descending colon. The prostatic tissue was hyperechoic containing focal areas of decreased echogenicity. These changes are suggestive of either chronic inflammatory episodes, benign cystic pathology or both. Underlying neoplasia cannot be completely ruled out but is lower on the differential list. This presentation is most consistent with benign prostatic hyperplasia with possible active prostatitis. Neutering or off-label Finasteride (Propecia) (0.1-0.5 mg/kg Sid) treatment is indicated +/- FNA or prostatic wash cytology and culture. This is a minor change.

INVOICE

35681

The **testicles** were imaged and found to be uniform, no evident pathology.

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 7.35 cm. The right kidney measured 6.31 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 left adrenal gland measured 3.16 cm x 0.43 cm. The right adrenal gland measured 3.55 cm x 0.74 cm at the cranial pole and 0.43 cm at the caudal pole.

Spleen

The **spleen** in this patient was uniform, yet mildly volume contracted. Hydration status should be assessed.

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

Minor excessive **GI** gas was noted, yet no evidence of foreign body. The small intestine and colon were unremarkable. The cecum was mildly dilated with excessive gas filled lumen. Underlying typhlitis is a potential.

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.

Free Abdomen

The mesenteric **lymph nodes** (up to 2.0 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

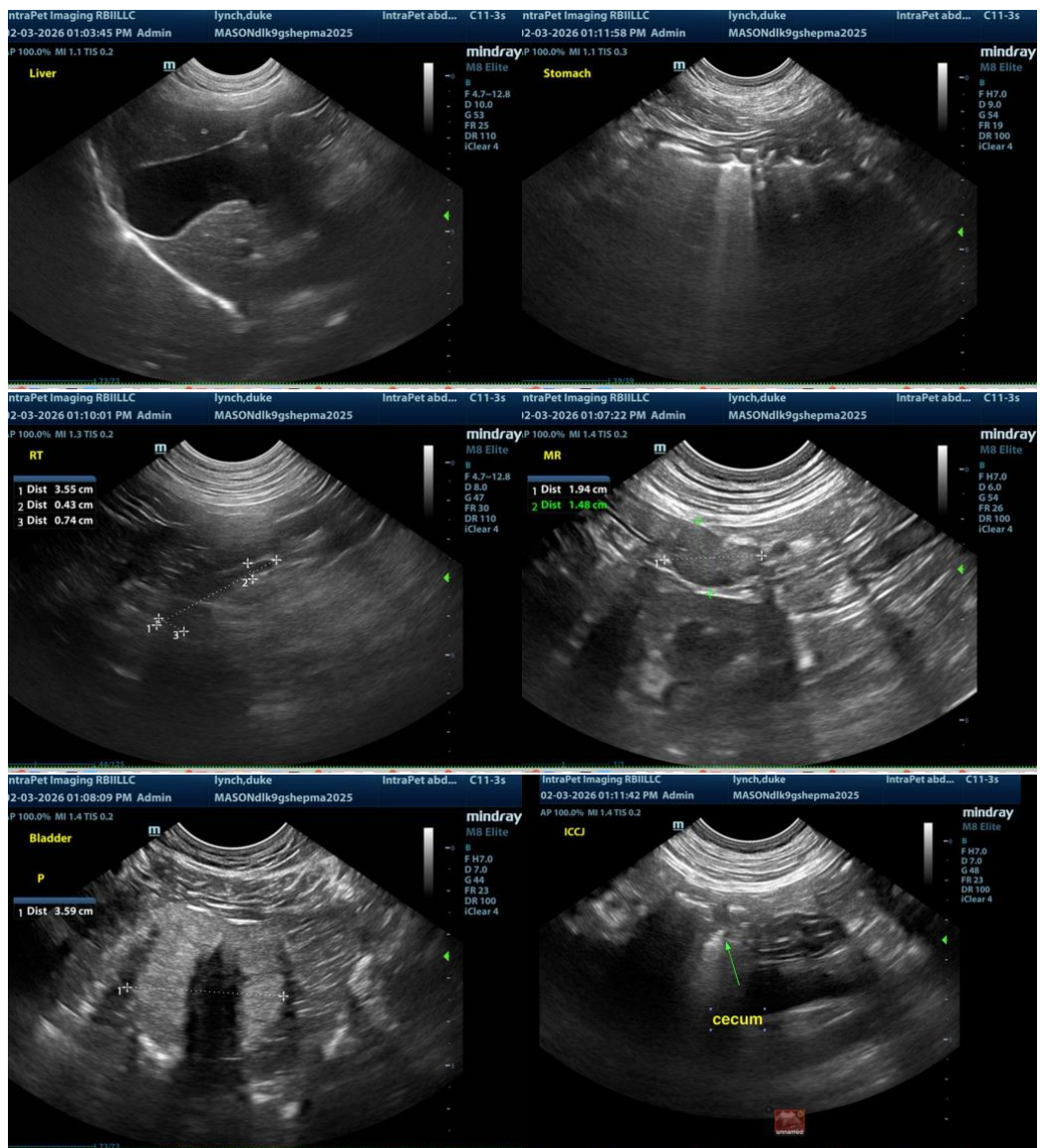
ULTRASONOGRAPHIC FINDINGS

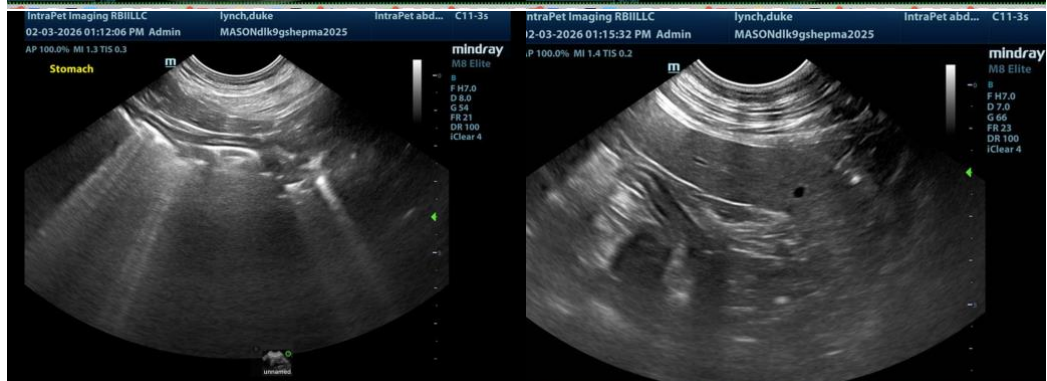
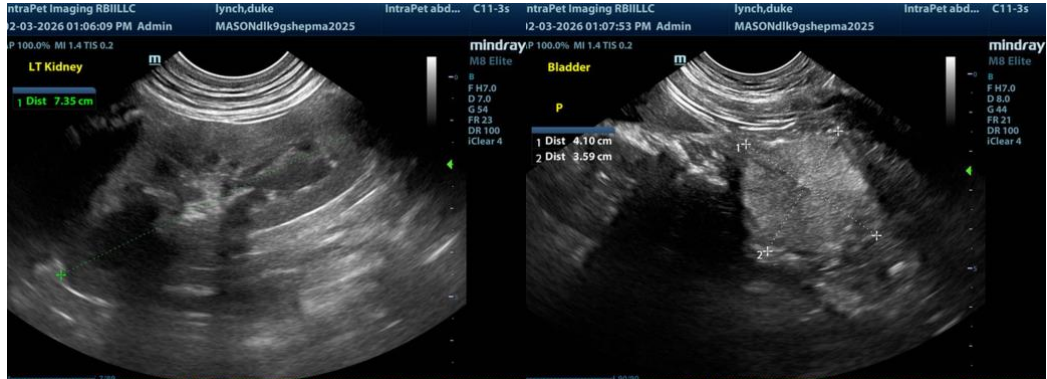
- Mesenteric lymphadenopathy, reactive pattern
- Minor BPH prostate

- Volume contracted spleen
- Nonspecific gastrointestinal upset without evidence of foreign matter, though there is some gas accumulation in the stomach that obscures some view.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Management for possible enterotoxins and parasite disease is indicated. Medical management should prove effective in this patient. Hydration status should be assessed, given the volume contracted spleen.





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(CFM), Cert. IVUSS,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com