



PATIENT

Silver Belle Bott-
Wentworth

SPECIES

Canine

BREED

English Springer
Spaniel

SEX

Spayed Female

AGE

5 Years

WEIGHT

39.9 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Vincent Ravancho CVT

HOSPITAL NAME

Willowbrook AC

REFERRING VET

Dr. Bott-Wentworth

INVOICE

13632

DATE

02/06/26

PRESENTING CLINICAL SIGNS

- potential FB
- D+
- stomach ulcer
- peritoneal effusion
- interrogate intestinal tract for PLE, neoplasia, IBD
- current meds: IV Cerenia was given this AM, Metro, Pepcid, B12, PenG 1.7cc

Abnormal PE/Chem/CBC/UA Results: Low protein 4.9 Albumin 2.0

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 **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 6.63 cm in length. The right kidney measured 5.95 cm in length.

Adrenal Glands

The **left adrenal gland** was 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 2.16 cm x 0.67 cm width at the caudal pole and 0.52 cm width at the cranial pole.

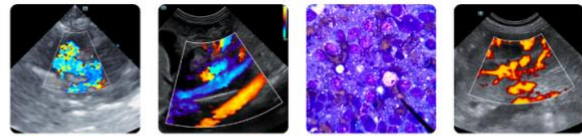
The **right adrenal gland** was slightly heterogenous but normal in size and contour. The right adrenal gland measured 2.47 cm x 1.0 cm width at the cranial pole and 0.50 cm width at the caudal pole.

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



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pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

The **stomach** in this patient revealed some retention of chyme with transit of chyme into the small intestine, however, some areas of empty small intestine were noted and regional bowel dysfunction. No overt foreign bodies were present, however, transit of chyme appears to be occurring yet delayed. Soft stool was noted in the colon. Cranial to the urinary bladder, slight intestinal thickening was noted without overt neoplastic criteria. No evidence of peritonitis or mesenteric inflammation. Some areas of mucosal striations noted in the small intestine that would suggest lymphangiectasia. Portions of bowel appear to be spastic.

Pancreas

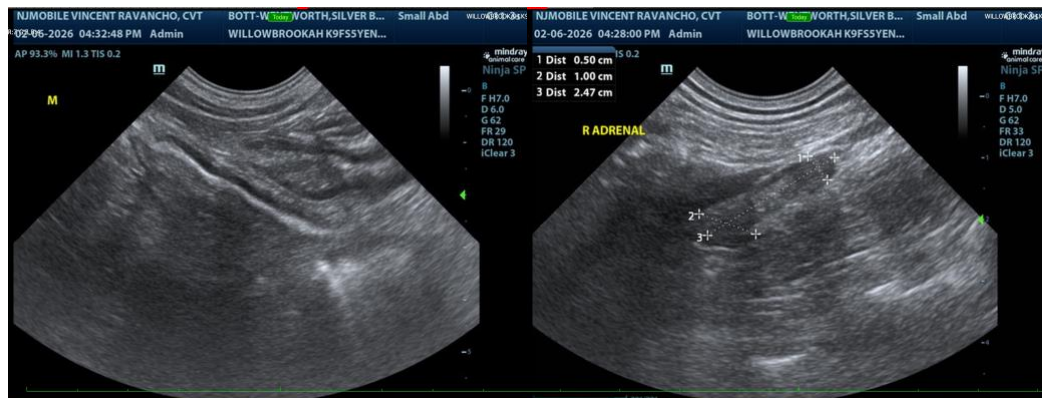
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- inflammatory bowel type presentation with regional intestinal dysfunction.
- Partial delayed outflow pattern, suspect regional.
- Heterogenous right adrenal gland.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I believe that there are areas of intestine that are not functioning correctly. This may be rectified with IV fluid support and hydration of the GI tract. Recommend a parasite assessment and GI protectants. Bland hydrolyzed or canned diet or similar is recommended. A complete rescan at 24-hour NPO status would be ideal.





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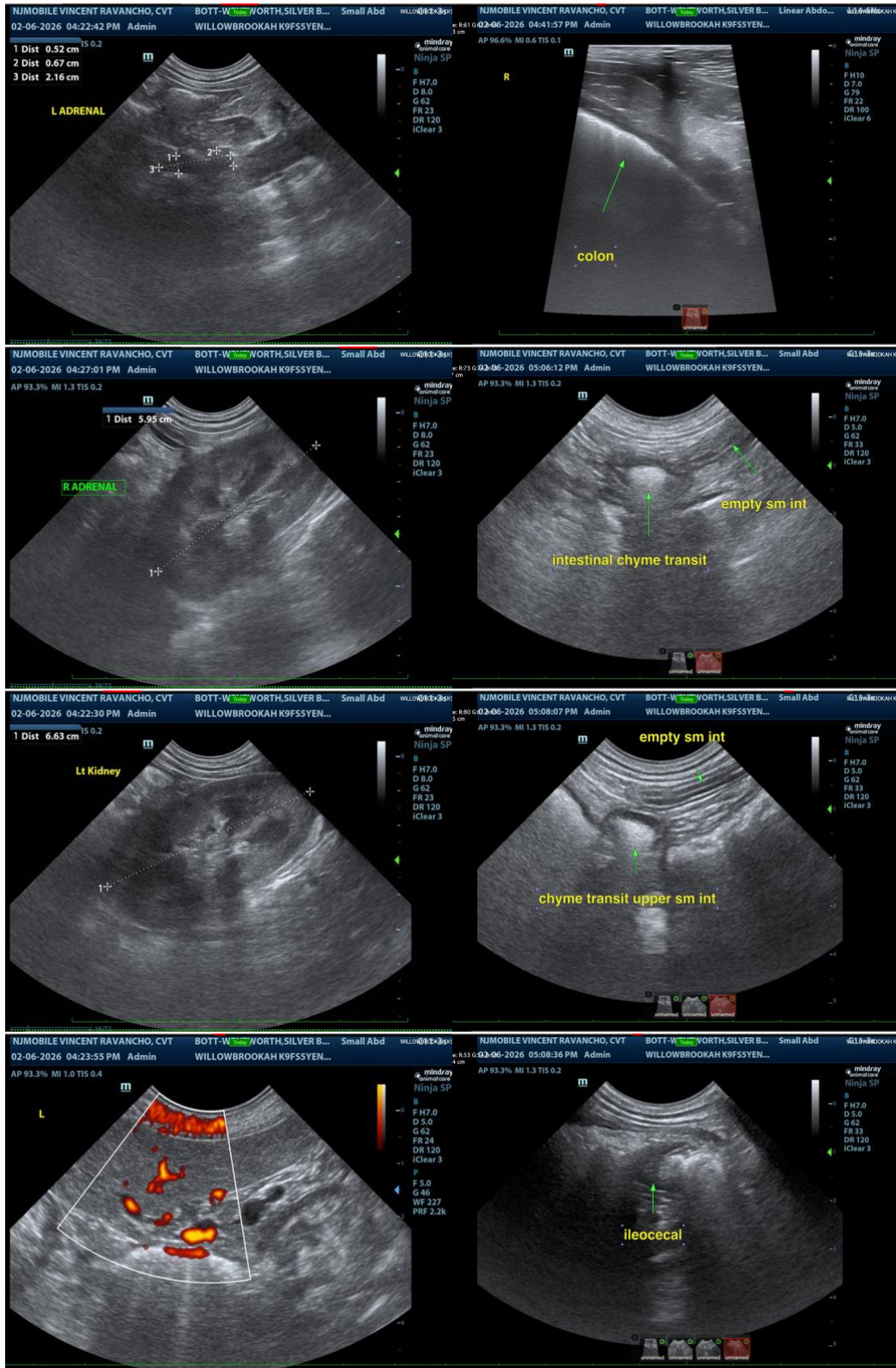
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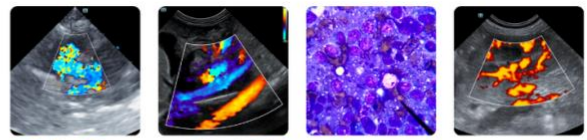
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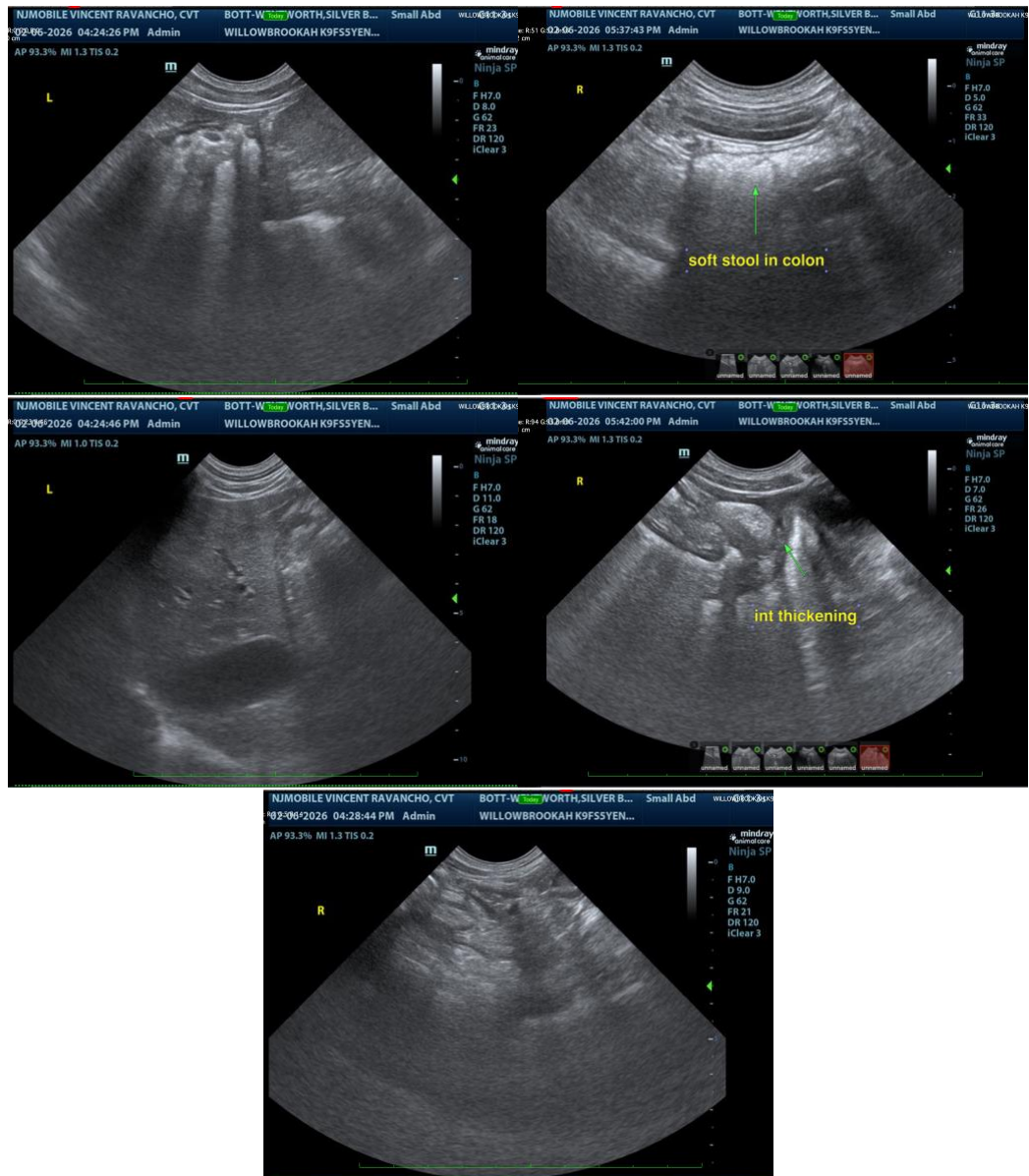
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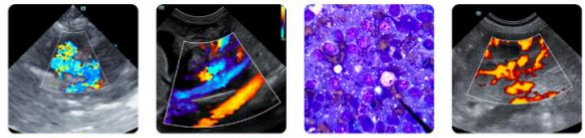
The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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