



PATIENT

Sylvie Bernal

SPECIES

Canine

BREED

Doberman Pinscher

SEX

Intact Female

AGE

7 Months

WEIGHT

39 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Aaron Deml

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Emma Kate
Womack

INVOICE

45598

DATE

3/1/23

PRESENTING CLINICAL SIGNS

Presenting for a two-day history of vomiting, diarrhea, and decreased appetite. She has also been lethargic and disinterested in playing with her toys. P does occasionally try and eat things she is not supposed to and the O recently had her at her parent's house where she may have ingested plants in the yard. Patient is not on any medications or supplements. There are no known vaccine or medication allergies.

Abnormal PE/Chem/CBC/UA Results: Elevated ALP: 200 (5-131) Hyperphosphatemia: 6.7 (2.5-6) Hyponatremia: 137 (139-154) Hypochloridemia: 98 (102-120) Neutrophilia: 14508 (2060-10600) Monocytosis: 1488 (0-840)

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. The capsules were acceptably uniform without significant irregularities. Slight pyelectasia noted in the left kidney. The left kidney measured 6.7 cm. The right kidney measures 6.5 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 0.64 cm at the caudal pole and 0.60 cm at the cranial 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.

Gastrointestinal

Upper **gastrointestinal** stasis noted with hyperperistalsis. Soft shadowing jejunal foreign body noted, which was followed by empty small intestine. Reactive mesenteric lymph nodes noted.



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Pancreas

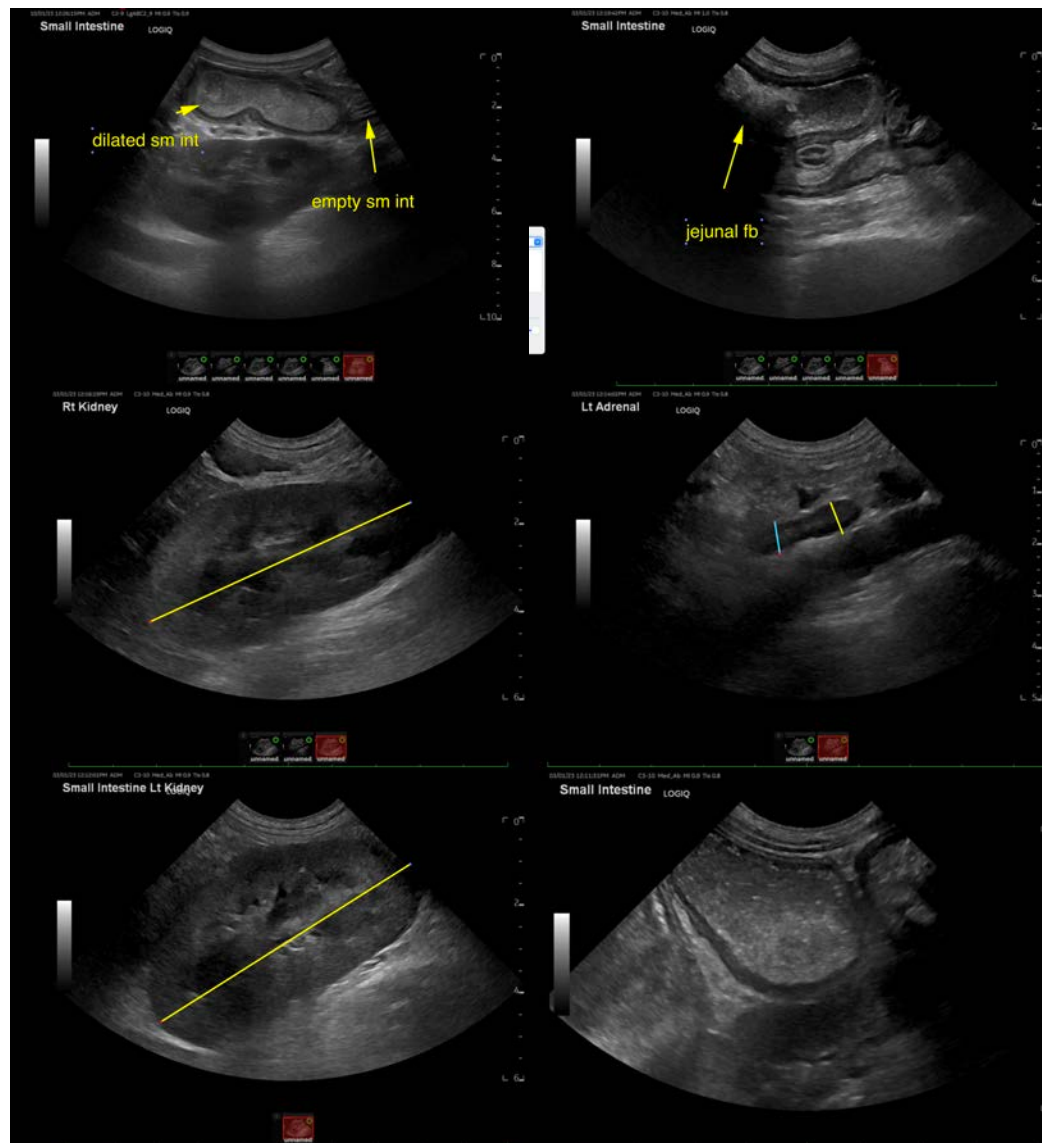
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Intestinal foreign body obstruction

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Surgical intervention with enterotomy and GI biopsies warranted to rule out underlying disease that may be predisposing to PICA.





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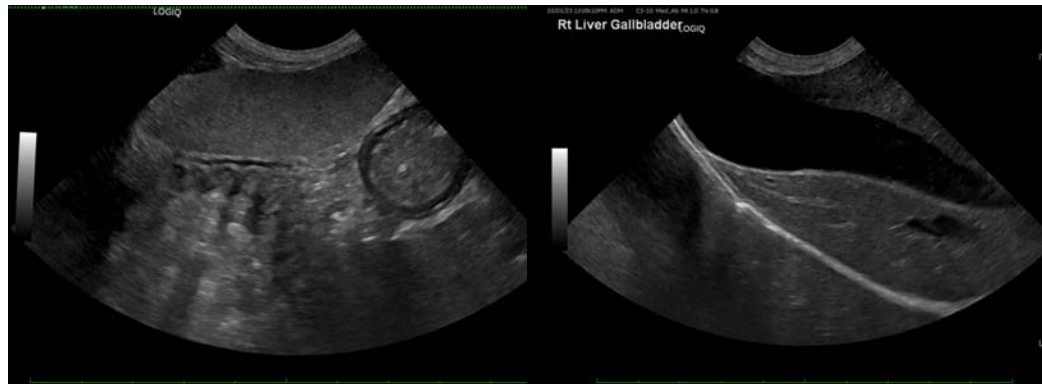
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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