



PATIENT

Atlas Townsend

SPECIES

Canine

BREED

German Shepherd

SEX

Male

AGE

7 months

WEIGHT

71 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. de Cordon

INVOICE

96725

DATE

3/10/22

PRESENTING CLINICAL SIGNS

History: Patient was acquired on October 2021, healthy in general, UTD on vaccines and preventives. Two weeks ago patient started having diarrhea and vomiting, his appetite was off. Owner changed diets and he has been in multiple different diets for the last 2 weeks, does well on Purina E/N and Hills i/d but will not eat them anymore. Patient was dewormed at RDVM and a fecal did not show any ova or parasites. Patient has lost 10 lb in the past 2 weeks. Currently on rice and beef but not eating so much. Abdominal x rays from RDVM showed dilated SI intestinal loops, gas distended stomach, no obvious obstructive pattern.

Abnormal PE/Chem/CBC/UA Results: On physical exam patient is not uncomfortable on palpation, vitals are normal. Poor body condition. CBC WNL. CHEM: TP:4.5 L, ALB:2.4 L. Normal cPL. GI panel pending

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 6.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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.



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Gastrointestinal

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A midabdominal intestinal intussusception was noted in this patient and measured 4.0 cm. This is partially obstructive as there was some fluid filled small intestine noted. Minor inflammatory pattern was noted around the intussusception. The remainder of the gastrointestinal tract was unremarkable. A region of lymph nodes were enlarged. The mesenteric lymph nodes measured 2.5 cm and was reactive.

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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.

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ULTRASONOGRAPHIC FINDINGS

Mid to distal intussusception, partially obstructive at this time and may be reducible without resection. Possibly manual reducible.

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Regional lymphadenopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A retained testicle is not visualized and may be inguinal or obscured by GI gas. Surgical intervention with manual reduction or resection is recommended. GI biopsies are warranted. The prostate was uniform and measured 1.0 cm. GI biopsies and lymph node culture is recommended.

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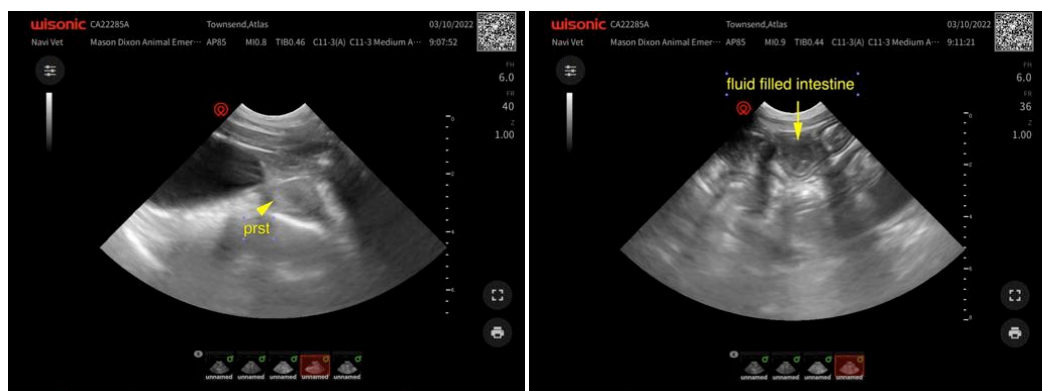
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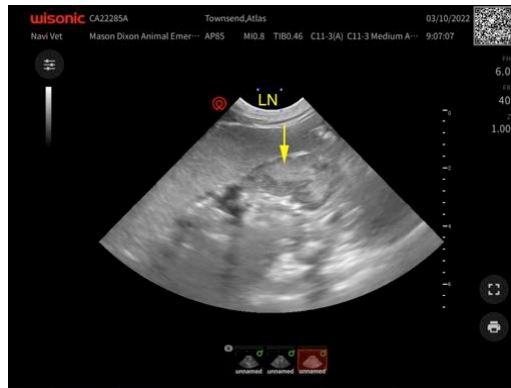
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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