



**PATIENT**

Winkin Kauffman

**SPECIES**

Canine

**BREED**

Shepherd X

**SEX**

Neutered Male

**AGE**

12.5 Years

**WEIGHT**

44 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jennifer Todd

**HOSPITAL NAME**

Lambs Gap AH

**REFERRING VET**

Dr. Jennifer Todd

**INVOICE**

36082

**DATE**

3/11/22

**PRESENTING CLINICAL SIGNS**

Winkin is a twelve year old, MN, Shepherd mix who presented on 2/21/22 with a 2-3 month history of weight loss and one week history of decreased appetite/vomiting/licking lips/trying to eat carpet. On exam, Winkin had lost 15 pounds since last year. No pain was appreciated on abdominal palpation. Cerenia and bland diet were prescribed. Bloodwork showed normal fecal, negative 4DX, normal thyroid, mildly decreased lymphocytes (798) and increased cPL (592). Gabapentin was added to his treatment. On recheck 3/8/22, Winkin had initially responded to the cerenia, but 2 days after it was finished, he began licking lips/eating carpet, has diarrhea, and was anorexic. Recheck cPL=2000 and neutrophils=13674. Winkin is still anorexic. Winkin was fasted >12 hours before his ultrasound today. Murphy sign positive at position 13.

**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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.0 cm. The left kidney measured 6.22 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 2.29 cm x 0.48 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 2.6 cm x 1.8 cm at the cranial pole and 0.80 cm at the caudal pole.

**Spleen**

The **spleen** was folded upon itself cranially and caudally, which is a positional variant.

**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 a minor amount of debris.

**Gastrointestinal**

The **stomach** was overdistended with chyme and kibble. The pylorus appeared rotated in this patient. Radiographic evaluation is recommended to assess for gastric angle.

**Pancreas**

The **pancreas** was hypoechoic and irregular in the right limb.



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**ULTRASONOGRAPHIC FINDINGS**

- Gastric overdistended – suspect bloat, possible early rotation
- Concurrent pancreatitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Radiographic evaluation warranted. 24-hour NPO if the patient is stable. If the patient is not stable, then exploratory surgery would be necessary with gastric tube placement and evacuation of the stomach. However, I'm concerned for early rotation and bloat in this patient with concurrent pancreatitis. No overt evidence of foreign matter. However, some echogenic debris noted within the stomach.

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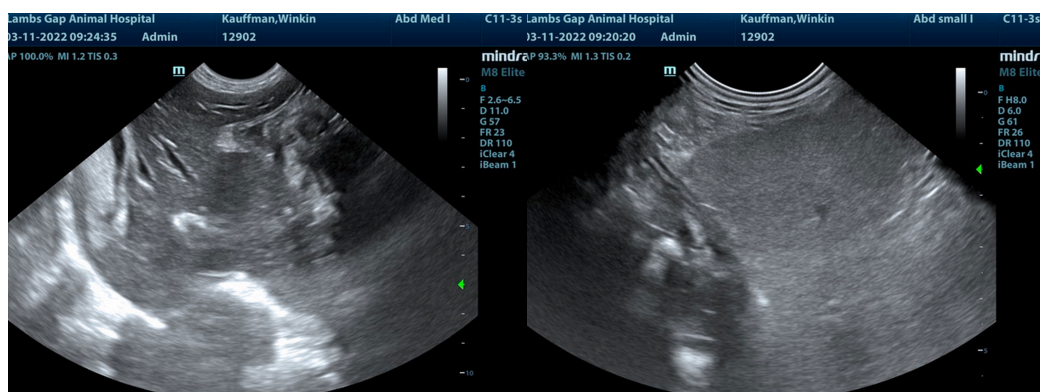
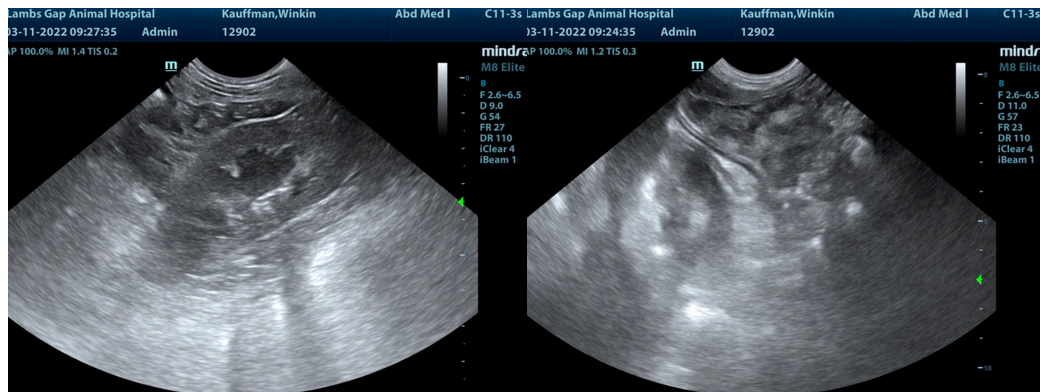
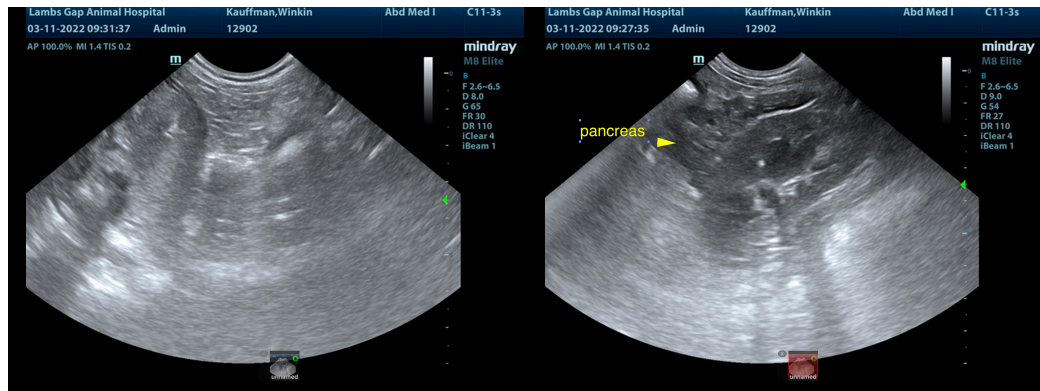
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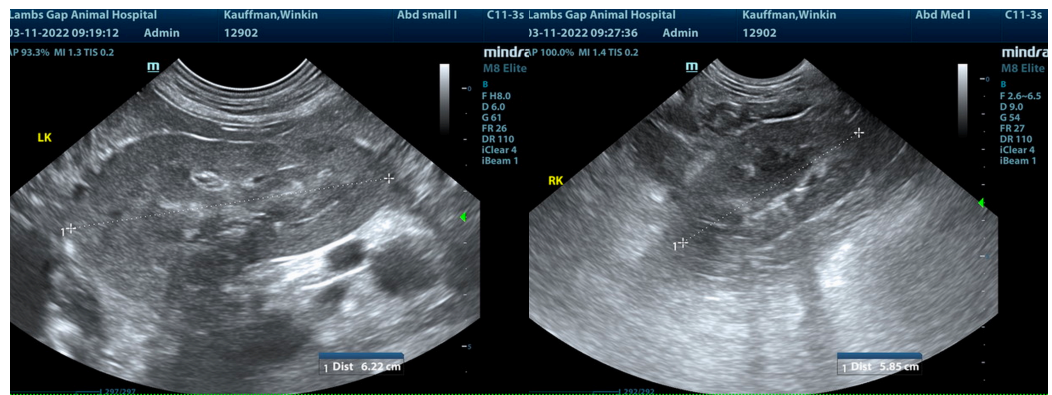
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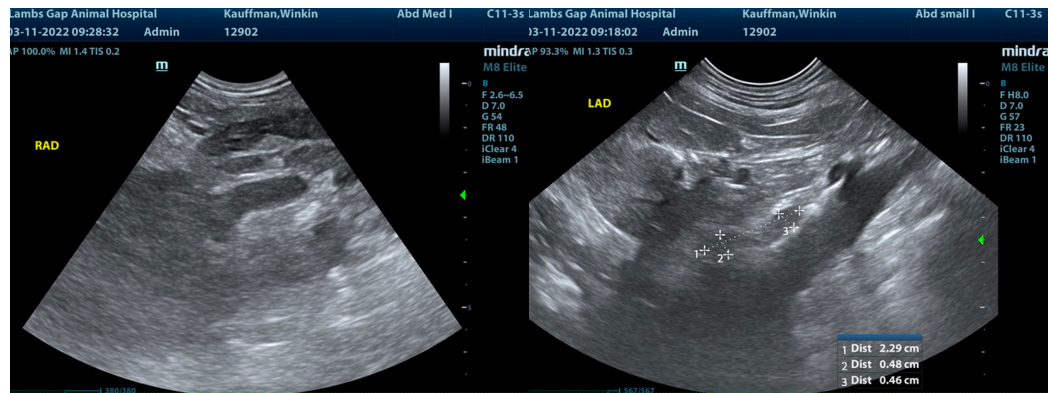
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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