



**PATIENT PRESENTING CLINICAL SIGNS**

Willow Coon History: Barely eating 2 days, gulpy/gaggy. painful. trichobezoar surgery 9/21  
Abnormal PE/Chem/CBC/UA Results: uncomfortable, gas distended loops intestine

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

**BREED** The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

**SEX** Spayed Female 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.24 cm. The right kidney measured 4.21 cm.

**WEIGHT** 19.3 lbs **Adrenal Glands**

Both **adrenal glands** were flattened and isoechoic. The left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.4 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Michelle Roche

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.

**HOSPITAL NAME**

Fredon AH

**Liver**

**REFERRING VET**

Dr. Grau

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**INVOICE**

96865

**DATE**

3/15/22



**PATIENT** *Gastrointestinal*

Willow Coon

The **stomach** was over distended with echogenic chyme and prominent rugae. There was no overt obstruction noted. The small intestine and colon were unremarkable. Irregular epithelial thickening was noted and measured 1.5-2.0 cm in length. This may be contributing to delayed outflow. Endoscopy is warranted.

**SPECIES**

Canine

**BREED**

Pug

*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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Delayed outflow.

**AGE**

11 years

Minor amount of chyme accumulation.

**WEIGHT**

19.3 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If the patient was n.p.o. delayed outflow may be a significant issue. Screening for Addison's is warranted. Urinary work-up is warranted to assess for UTI. GI protectant protocol is warranted. Gastroscopy and esophagoscopy is warranted as well as screening for Addison's given the flattened adrenal glands and vague clinical signs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Michelle Roche

**HOSPITAL NAME**

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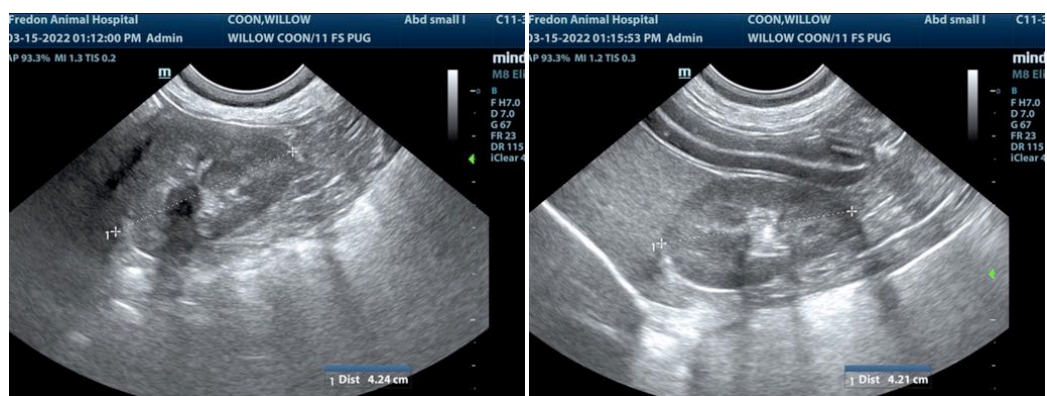
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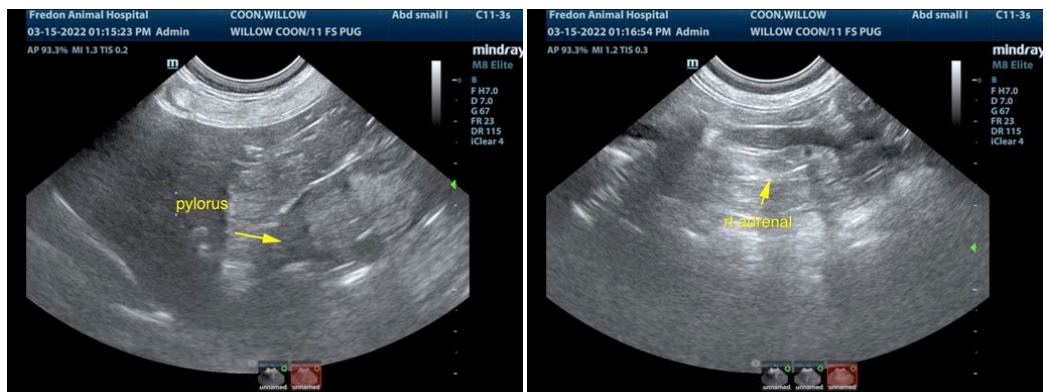
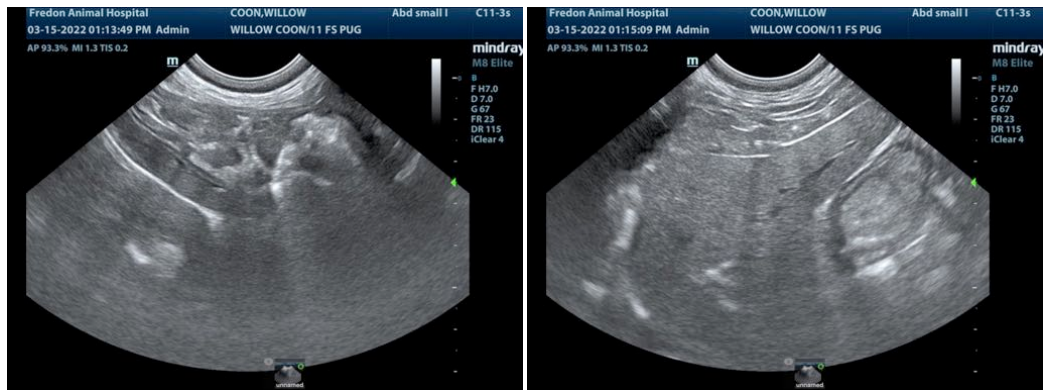
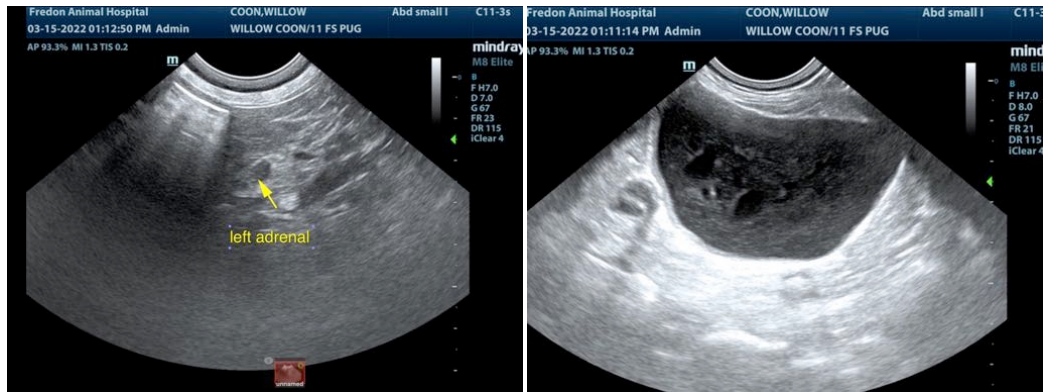
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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