



**PATIENT**

Odin Brown

**SPECIES**

Canine

**BREED**

Rottweiler

**SEX**

Male

**AGE**

1 Year

**WEIGHT**

48 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Matthew Olcha

**HOSPITAL NAME**

East Meadow VC

**REFERRING VET**

Matthew Olcha

**INVOICE**

21719

**DATE**

3/20/23

**PRESENTING CLINICAL SIGNS**

History: Presented for vomiting, lethargy, inappetence, began last night. Vomited copious amounts of brown colored fluid in treatment room prior to ultrasound.

Abnormal PE/Chem/CBC/UA Results: Depressed, borderline elevated HCT, possible band cells, >ALP, tachycardic (~150bpm), temperature and respiration normal

**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 kidneys measured 7.0 cm each.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**Spleen**

The **spleen** was uniform yet the echogenic free fluid was adjacent to the spleen.

**Liver**

The **liver** revealed increased portal markings. Normal vascularity was noted with no evidence of passive congestion.

**Gastrointestinal**

The upper **gastrointestinal tract** revealed stasis and obscured visibility owing to reactive and nodular omentum. The small intestine and colon were unremarkable.

**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. Portions of the pancreas were obscured by the heterogenous omentum.

**Free Abdomen**

Echogenic **free fluid** was noted throughout the cranial abdomen. Heterogenous omentum was noted throughout the cranial abdomen, obscuring portions of the pancreas.

**ULTRASONOGRAPHIC FINDINGS**

- Nodular omentum obscuring the pancreas



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- Obscured upper GI tract owing to adhesions
- Echogenic free fluid throughout the cranial abdomen
- Stasis in the stomach, cannot rule out a penetrating foreign body
- Increased portal markings in the liver

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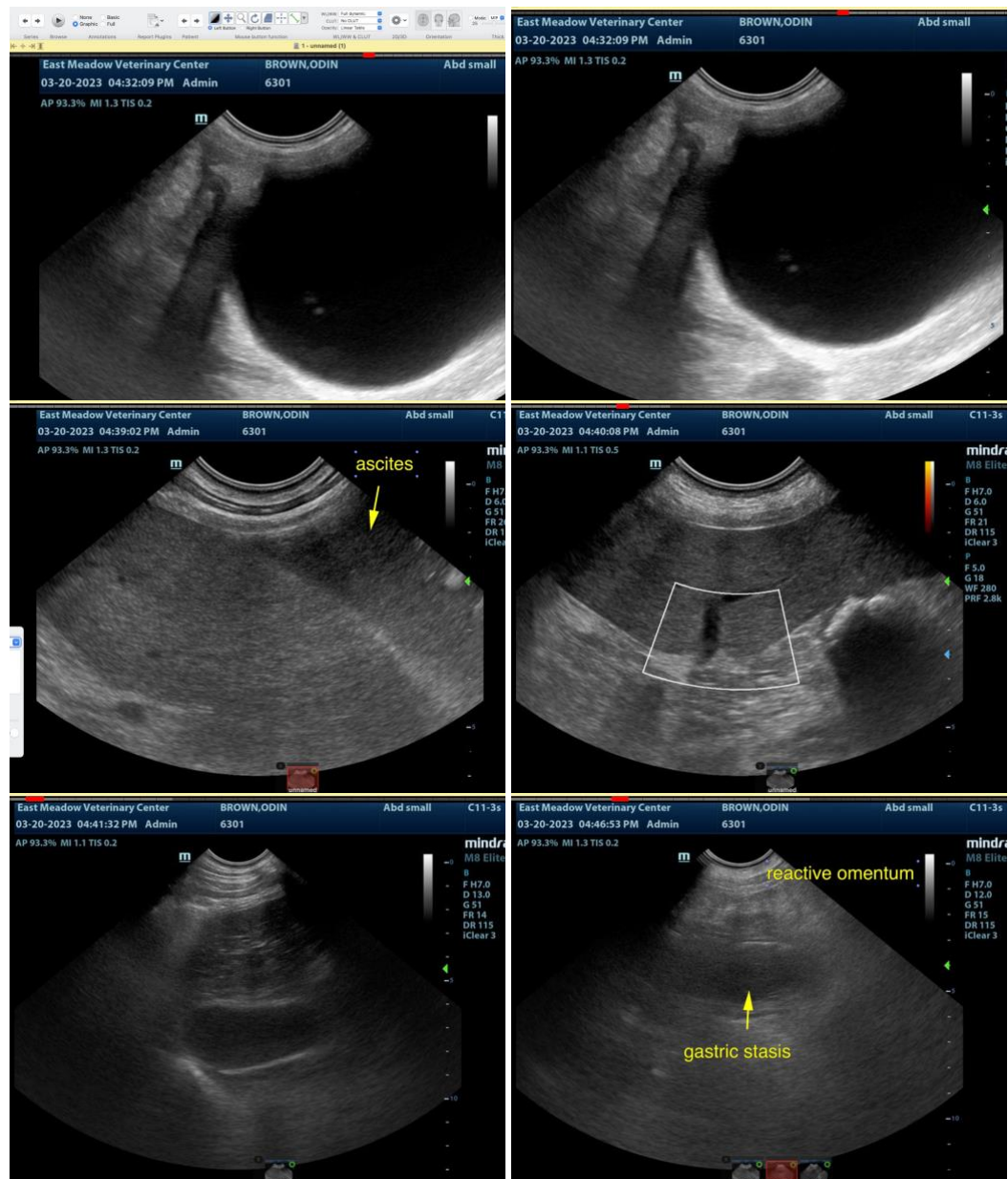
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If frank blood is noted in the abdomen, then coagulation panel is indicated. If septic abdomen is present, then exploratory is indicated. There is a possibility of neoplasia, however, given the age of the patient this is less likely.





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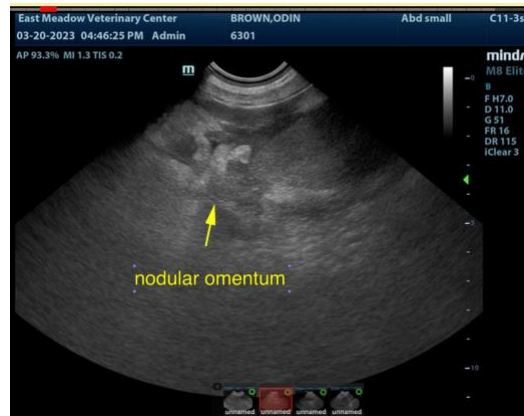
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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