



**PATIENT**

Sunny Furr

**SPECIES**

Canine

**BREED**

Miniature Schnauzer

**SEX**

Male

**AGE**

9 Years

**WEIGHT**

17.83 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Dorris

**HOSPITAL NAME**

County Line VC

**REFERRING VET**

Dr. Dorris

**INVOICE**

46119

**DATE**

3/23/23

**PRESENTING CLINICAL SIGNS**

O noted decrease in activity level approximately 2-3 days ago. Still e/d. Last meal was at 6pm last night. Has not had normal BM since Tuesday. Yesterday pt attempted to have BM but only had small amount of what o described as liquid stool come out. Pt continued straining, trying to defecate. Not one to eat foreign objects, but o has grandson in the house so pt could have gotten into play dough or gotten a slime toy. No vomiting. 1 and a half weeks ago o noticed pt had a hack/cough, since pt has begun feeling lethargic the cough stopped. O said pt seems 'not there.'

Abnormal PE/Chem/CBC/UA Results: Large firm painful abdomen. Slight cough. Harsh lung sounds. Pale mm.

**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 a diffuse interstitial nephrosis pattern with loss of corticomedullary definition. Severe hyperechoic cortical changes and minor pyelectasia noted. The left kidney measured 4.3 cm. Mineralization also noted. Blood flow is subnormal on power doppler assessment. The right kidney measured 4.8 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 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**

The **stomach** was overdistended with progressively shadowing luminal material, particularly in the pylorus. Some transit of chyme present. The small intestine was unremarkable. The colon was empty.



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**Pancreas**

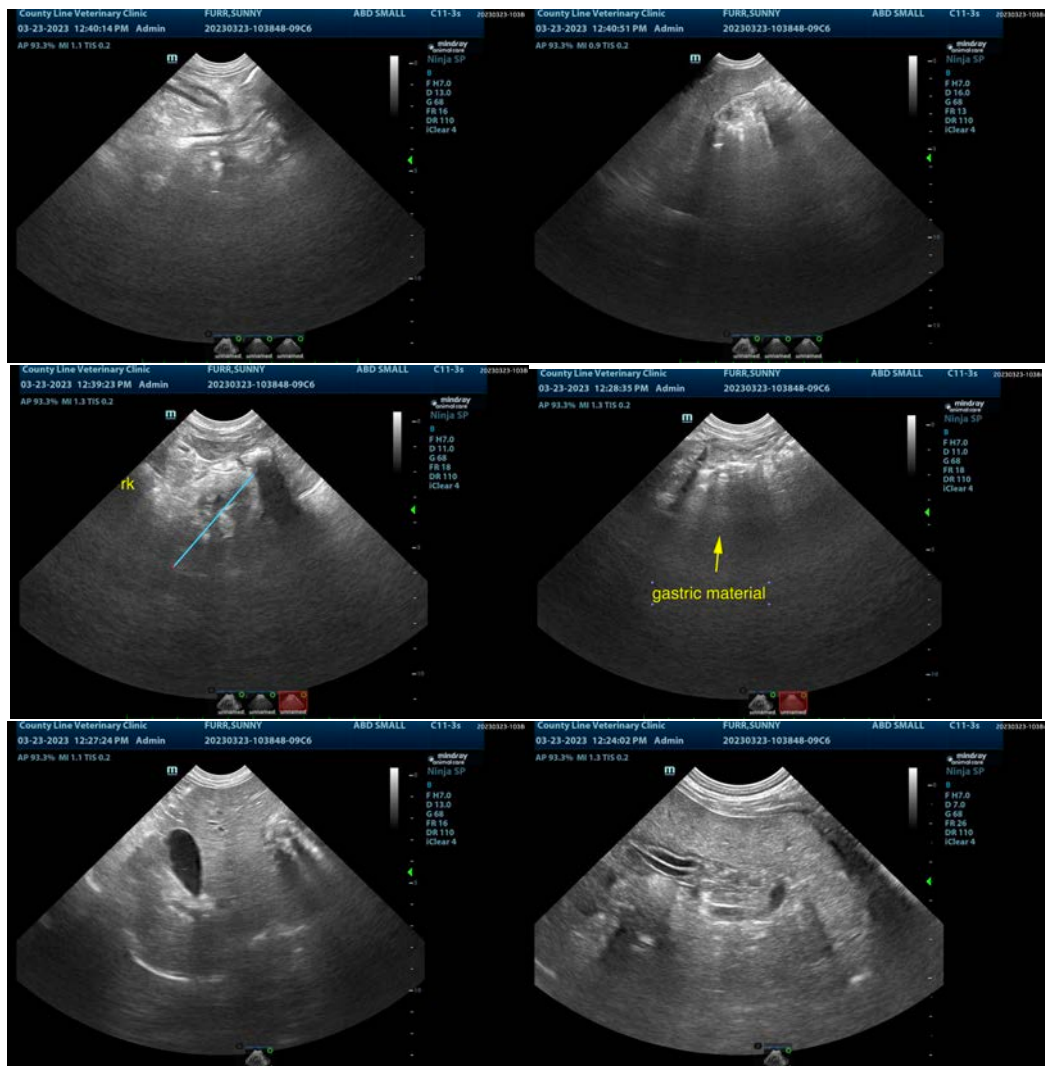
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Possible gastric foreign matter with possible partial obstruction or delayed outflow pattern
- Chronic renal disease

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

72 hour IV fluid protocol, full urinary workup, and blood pressure measurements indicated. Recheck sonogram after 12-18 hour NPO, primarily assessing the gastric content. If persistently overdistended with shadowing material, then gastrotomy would be indicated. It is difficult to ascertain if the stomach is filled with ingesta with metabolic ileus and delayed outflow versus foreign matter.





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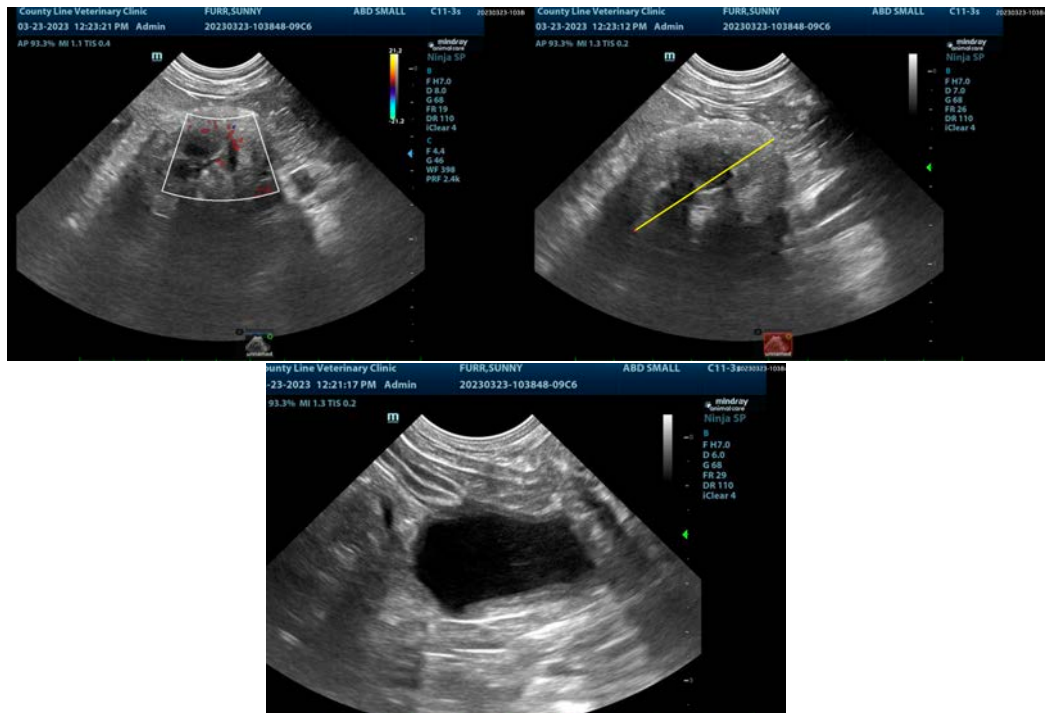
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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