**PATIENT**Maggie Jenkins  
266050**SPECIES**

Canine

**BREED**

Komondor

**SEX**

Spayed Female

**AGE**

9 Months

**WEIGHT**

16.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC - Dr. Witzel

**INVOICE**

36476

**DATE**

3/25/22

**PRESENTING CLINICAL SIGNS**

3/4 - Vomited a worm - confirmed to be a roundworm - Rx Simp trio x3 3/9 - Routine OHE performed by rDVM - PE - 40.6 lb, BCS 3 - No bloodwork noted in record - Given Rimadyl 0.7mL SQ post op 3/12 - Owner reports that Maggie became anorexic and lethargic. 3/17 - Presented to rDVM for anorexia, vomiting for 2 days, soft stool (dark) - PE - 34.7 lb, light pink MM, emaciated, heavy ocular discharge - CBC - HCT 30.5%(L), RBC 4.65(L), Hgb 10.5(L), Retic 45.6(N), Plt 238(N), WBC 5.13(N) - Chem - TP 4.9(L), Alb 2.7(N), Glob 2.2(L) - Rx Panacur, Sucralfate, LF i/d 3/23 - Fecal float + Giardia Ag - negative - Rx Mirtazapine, Panacur, Carprofen 3/25 - Presented to rDVM for anorexia, black soft stool - PE - 37.6 lb, MM white, emaciated, sunken eyes, vulvar discharge, spay dehiscence with purulent material, black stool near rectum - CBC - HCT 11.3%(L), RBC 1.83(L), Hgb 4.1(L), Retic 9.7(L), WbC 15.4(N), Neut 10.8(N), suspect bands, Mono 1.98(H), Plt 47k(L), MPV 15(H) - Chem - TP 4.1(L), Alb 1.9(L), Glob 2.2(L), Amy 2337(H), Na 142(L) - T4 <0.5 Maggie ate a small amount yesterday but has not had any interest today. She last vomited one week ago. Her stool has been dark and soft but turned to diarrhea today. Medical History: Maggie's parents both have a Vit B12 deficiency Current Medications: Received Mirtazapine, Panacur, and Carprofen yesterday Vaccination Status: UTD

**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 right kidney measured 7.22 cm. The left kidney measured 6.68 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 0.48 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 0.53 cm at the caudal pole and 0.64 cm at the cranial pole.

**Spleen**

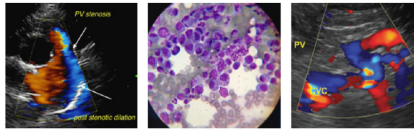
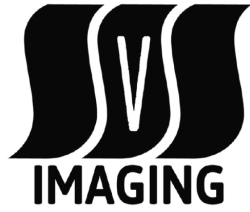
The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

**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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SVS Mobile Imaging CT 262 - 366 - 5970  
fredgromalak@gmail.com



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**Gastrointestinal**

The **stomach** was overdistended with fluid and gas, interfering with the visibility of the pylorus. The pyloric position appeared to be abnormal. The small intestine was unremarkable. Reactive mesenteric lymph nodes noted up to 0.73 cm in width.

**Pancreas**

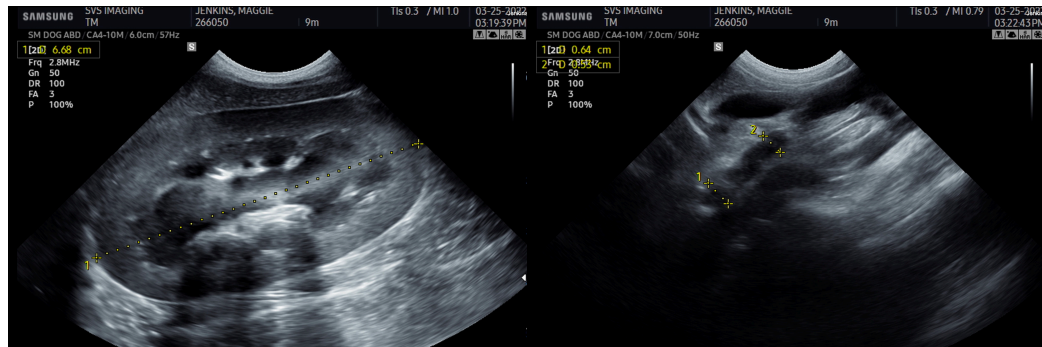
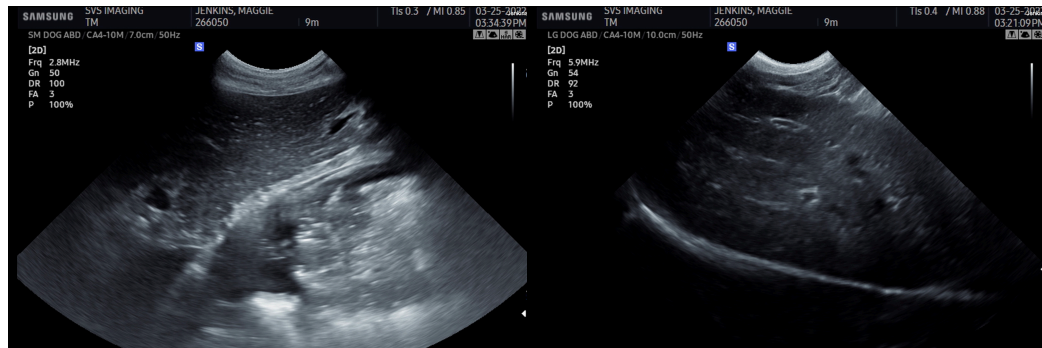
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Gastric bloating type presentation – possible GDV.

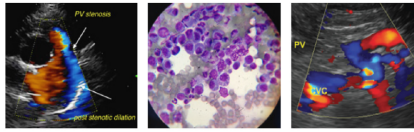
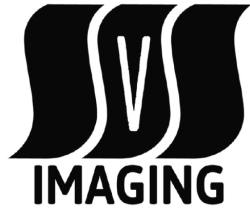
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Radiographic evaluation recommended to assess gastric overdistention. Gastric tube and decompression recommended. Low albumin may be owing to underlying protein losing enteropathy. The cause of anemia is unclear. No free fluid noted in the abdomen.



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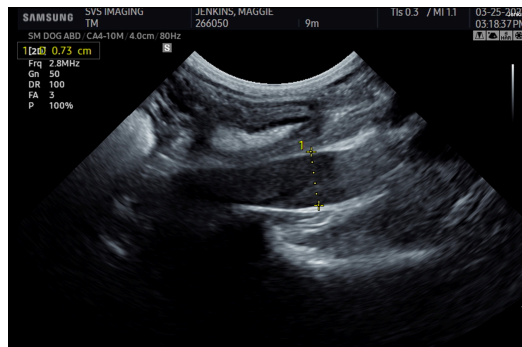
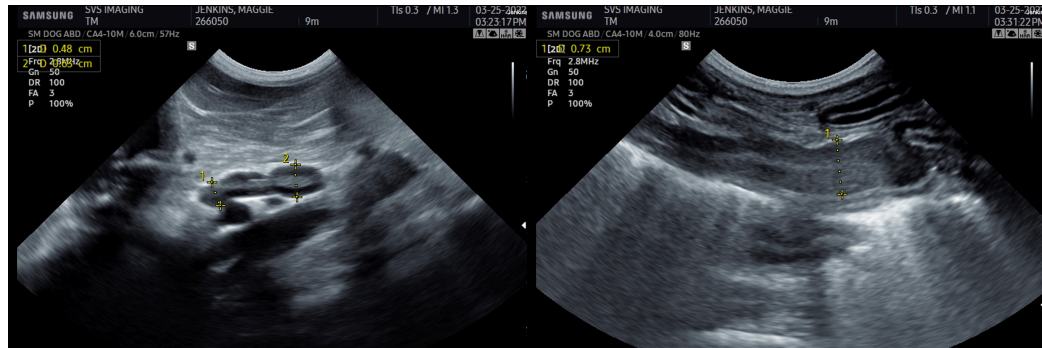
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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