

PATIENT

Winston Kennedy

SPECIES

Canine

BREED

Mixed Breed Dog/Lab Mix

SEX

Neutered Male

AGE

3 Years

WEIGHT

65.3

INTERPRETED BY

Eric Lindquist, DMV,
DABVP (CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Wasserman

HOSPITAL NAME

Morningside AH

REFERRING VET

Dr. Wasserman

INVOICE

36070

DATE

3/3/36

PRESENTING CLINICAL SIGNS

- History of eating foreign material. Has not needed surgery or no surgery reported by owners before.
- Acute history of collapsing this morning, acting lethargic and obtunded, NO MURPHY sign on AUS today. Family though P was poisoned. Grandmother was recently visiting feeding grapes raisins, and other food dogs should not eat.
- Initially attempted Aspirate of FF. Was serosanguinous on gross appearance. Cytology revealed RBCs diluted. Not frank blood. Unable to find a safe location for aspirate. Fluid presents itself when scanning deep cranial abdomen near liver.
- Not current on prevention. No lepto vaccine history

Abnormal PE/Chem/CBC/UA Results: Radiographs revealed colon full of fecal material. No overt evidence of FB but suspicious for emerging obstruction. UA Cysto: 0.5mg/dl Bilirubin, 2+ protein, >2.5mg/dl Microalbumin, ALP 13, ALT 371, Creat 1.5, Glob 2.1 g/dL, ALB 4.0 on chemistry, HW negative, CBC: HGB 18.9g/dL, MCH 25.1 pg, PLT 139 10⁹/L

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. A minor amount of suspended debris was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 1.6 cm. The iliac trifurcation was unremarkable.

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 left kidney measured 6.2 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 2.41 cm x 0.69 cm at the caudal pole and 0.57 cm at the cranial pole.

The region of the **right adrenal gland** was imaged and revealed no evident pathology.

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. Caudal folding of the spleen was noted.



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Liver

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Ascites was noted between the **liver** lobes. Hepatic parenchyma was uniform. Edematous gallbladder was noted.

SPECIES

Gastrointestinal

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The **stomach** was filled with ingesta. The mid to distal small intestine adjacent to the right kidney revealed an abnormal intestinal pattern with stasis. Portions of small intestine were normal otherwise. The colon was unremarkable.

BREED

Pancreas

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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.

Neutered Male

AGE

Free Abdomen

3 Years

Minor pockets of **free fluid** were noted in the abdomen.

WEIGHT

ULTRASONOGRAPHIC FINDINGS

65.3

- Irregular distal small intestinal pattern with embedded luminal material, suspect obstruction with free fluid
- Edematous gallbladder
- Urinary bladder debris
- Caudal splenic fold

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

Recommend abdominocentesis of the free fluid and/or direct exploratory surgery in this patient depending upon fluid analysis results. However, given the patient history and the abnormal intestinal pattern, direct exploratory surgery is likely in this patient's best interest.

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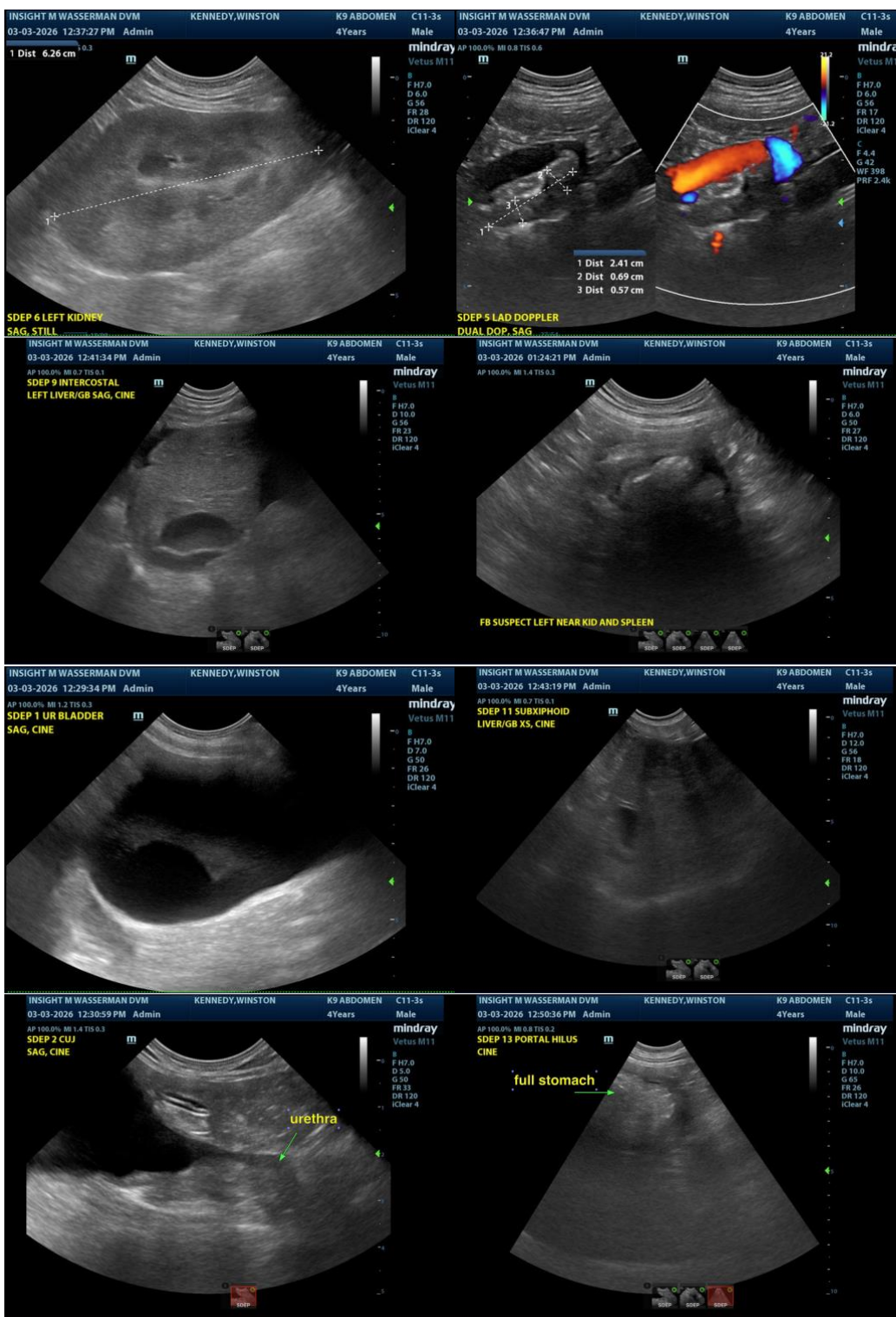
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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