



**PATIENT**

Kovu Iannelli

**PRESENTING CLINICAL SIGNS**

History: 2 days of anorexia and vomiting. Palpation results in vomiting. Temp of 104, dehydration. Positive murphy sign during ultrasound. WBC=25K with band cells, low chloride, GLOB=4.6, ALKP=314.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Shepherd

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 was noted. Ureteral papillae were normal.

**SEX**

Neutered male

The iliac trifurcation was unremarkable.

**AGE**

9 years

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 7.0 cm. The right kidney measured 7.0 cm.

**WEIGHT**

90.3 lbs

**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 0.5 cm. The right adrenal gland measured 0.5 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Nicole Gotfredson

**Spleen**

The **spleen** was mildly enlarged and folded upon itself cranially. This is a positional variant. Hypochoic nodules were noted at the caudal body. The largest nodule measured 1.5 cm at the caudal pole. Slight scalloping contour was noted along with mildly enhanced surrounding mesentery.

**HOSPITAL NAME**

Buffalo VC

**Liver**

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypochoic 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.

**REFERRING VET**

Dr. Garry Gotfredson

**INVOICE**

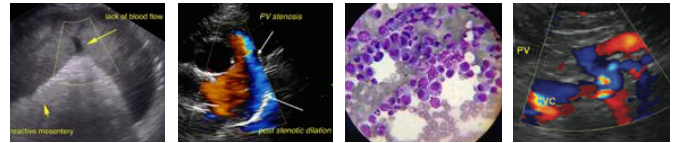
96608

**DATE**

3/7/22

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



**PATIENT**

Kovu Iannelli

demonstrated normal luminal chyme and stool consistency respectively. A focal portion of jejunum was thickened with reactive surrounding mesentery and trace free fluid.

**SPECIES**

Canine

**Pancreas**

The **pancreas** was unremarkable; however, some reactive mesentery was noted in the midabdomen and may be extending to portions of the caudal pancreas.

**BREED**

Shepherd

**Free Abdomen**

Slight free fluid was noted in the mid caudal abdomen adjacent to the intestine.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Local enteritis and reactive mesentery/peritonitis is suspected.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

90.3 lbs

I am concerned about the splenic nodules in the intestine. There is no evidence of foreign body or obstruction. Underlying neoplasia such as mast cell disease can play a role in this type of presentation. I recommend screening FNA of the splenic nodules and general spleen to ensure no neoplasia is present. IV fluid support, broad spectrum antibiotics and pain management is warranted. A recheck sonogram is recommended daily upon the intestinal presentation in the midabdomen. There is a minor potential for intestinal infarct especially given the patient's history and positive Murphy's sign in that region.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Otherwise, direct exploratory surgery can be considered with expectations towards resection of that portion of intestine as well as the spleen. Biopsies of the liver would be warranted as well even though structurally it appears unremarkable. Guarded prognosis.

**IMAGING PERFORMED BY**

Nicole Gotfredson

**HOSPITAL NAME**

Buffalo VC

**REFERRING VET**

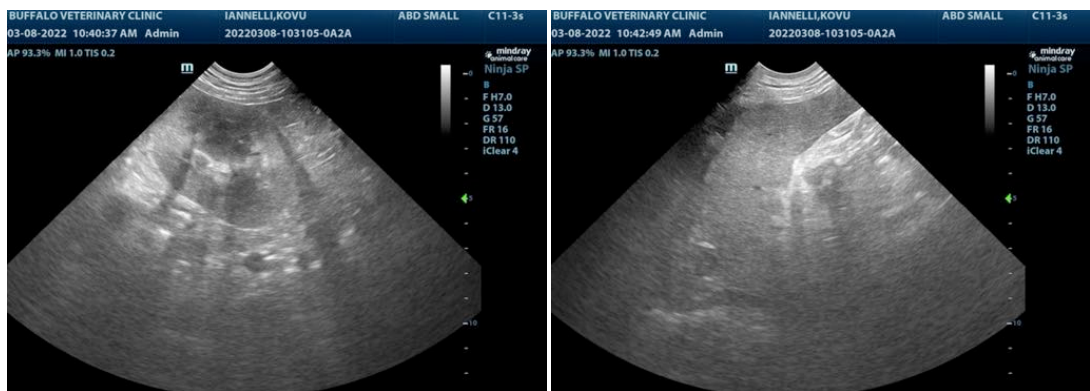
Dr. Garry Gotfredson

**INVOICE**

96608

**DATE**

3/7/22





**PATIENT**

Kovu Iannelli

**SPECIES**

Canine

**BREED**

Shepherd

**SEX**

Neutered male

**AGE**

9 years

**WEIGHT**

90.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Nicole Gotfredson

**HOSPITAL NAME**

Buffalo VC

**REFERRING VET**

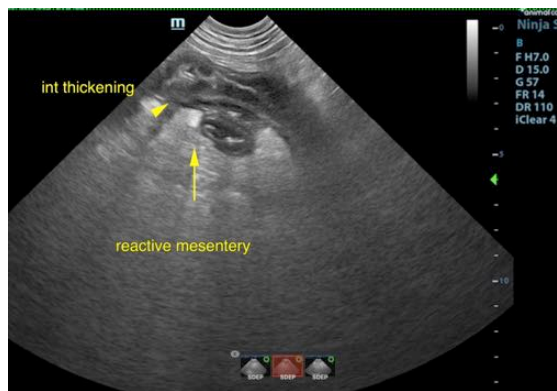
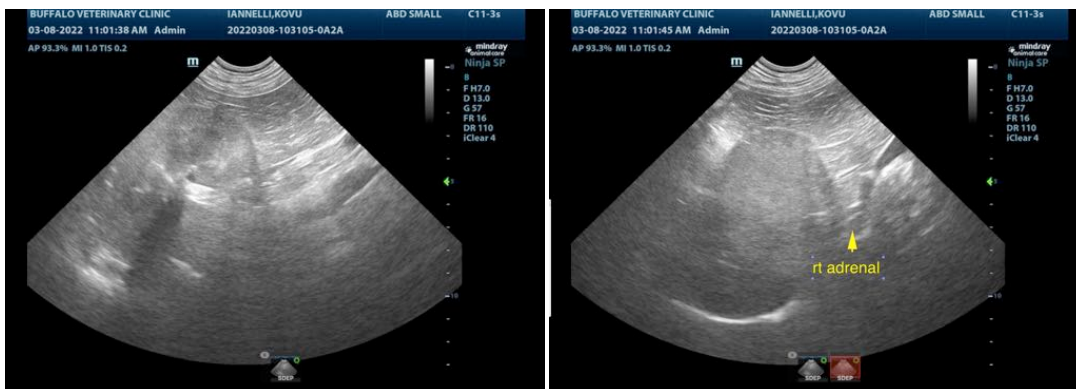
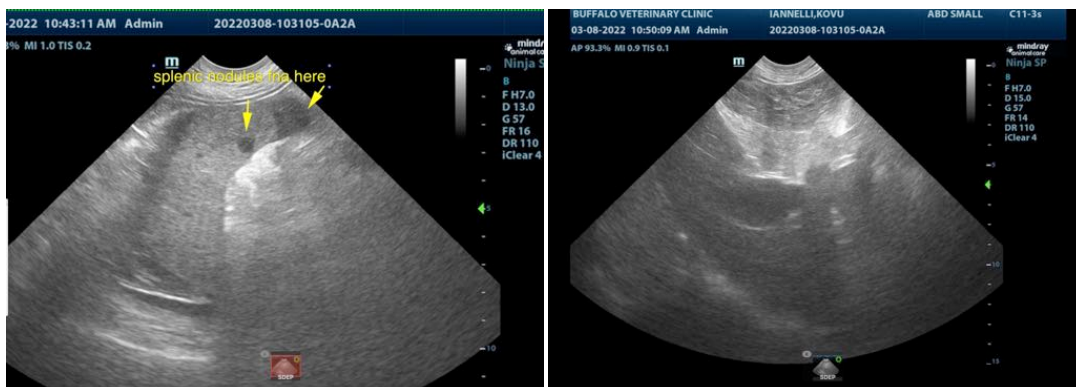
Dr. Garry Gotfredson

**INVOICE**

96608

**DATE**

3/7/22



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  
info@SonoPath.com