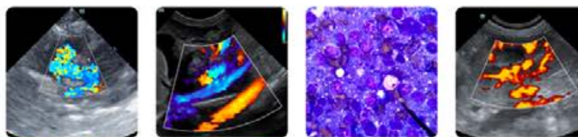


PATIENT

Jemma Prosper

SPECIES

Canine

BREED

Lagotto Romagnolo

SEX

Spayed Female

AGE

10 Years

WEIGHT

15.7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Natalia Franco

HOSPITAL NAME

Eagleson Veterinary Clinic

REFERRING VET

Dr. Moaaz Radwan

INVOICE

73504

DATE

3/9/26

PRESENTING CLINICAL SIGNS

Presented for lethargy since the previous afternoon (3 days) and hematemesis (blood tinged vomit). She was not eating her regular meals for 2 days but has had some snacks. Now, refusing all food today, including treats.

Abnormal PE/Chem/CBC/UA Results: Elevated hematocrit (62.5%)was noted, consistent with dehydration. Elevated BUN (22.9) and phosphorus (2.73)were noted. Creatinine is within normal limits. Pancreatic lipase is significantly elevated at 463 U/L (reference range 0-200 U/L). Amylase (1765) and lipase (2647) are also elevated. - Electrolytes: Hyponatremia (139), hyperkalemia 6.4), and hypochloremia (I107) are present, resulting in a low sodium-to-potassium ratio (22). After IV Fluid, Last electrolyte readings: Hyponatremia 142 , Potassium normal 4.6 Random Cortisol pending.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended at the time of the sonogram, unremarkable otherwise.

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. Right kidney measured 5.7 cm. Left kidney measured 5.4 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. Left measured 0.45 cm. Right measured 0.59 cm.

Spleen

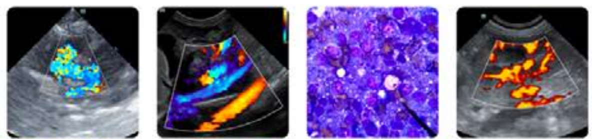
The **spleen** was enlarged and folded upon itself cranially.

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

Examination of the **gastrointestinal tract** revealed upper GI stasis and fluid filled proximal intestinal lumen followed by empty small intestine. Reactive mesentery noted throughout the mid abdomen associated with the GI tract. The mid caudal abdomen revealed an irregular portion of intestine.



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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.

Other

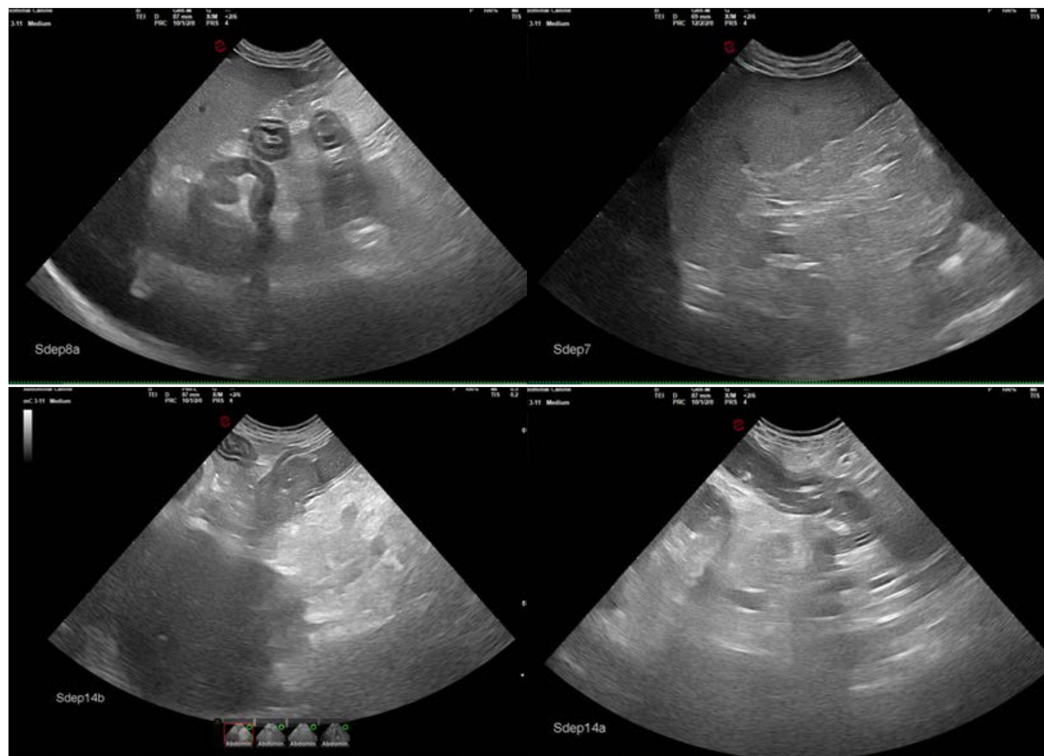
Comet tail lung pattern noted, indicative of alveolar disease.

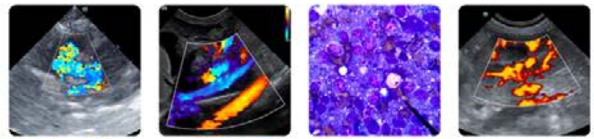
ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory bowel with potential obstruction versus a neoplastic process.
- Enlarged, folded spleen.
- Comet tail lung pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Contrast resolution was poor throughout the abdomen. Therefore, distinguishing abnormal tissue from mesentery was challenging. Given the patient history and the GI presentation, strongly recommend exploratory surgery with the objective of inspecting the dilated bowel, following it to its finality, with probable resection and anastomosis. However, omental involvement in a neoplastic process is possible. Chronic inflammatory bowel with potential obstruction is also a possibility. However, I do feel that exploratory surgery is the best option in this patient after plasma expansion and management for the azotemia.





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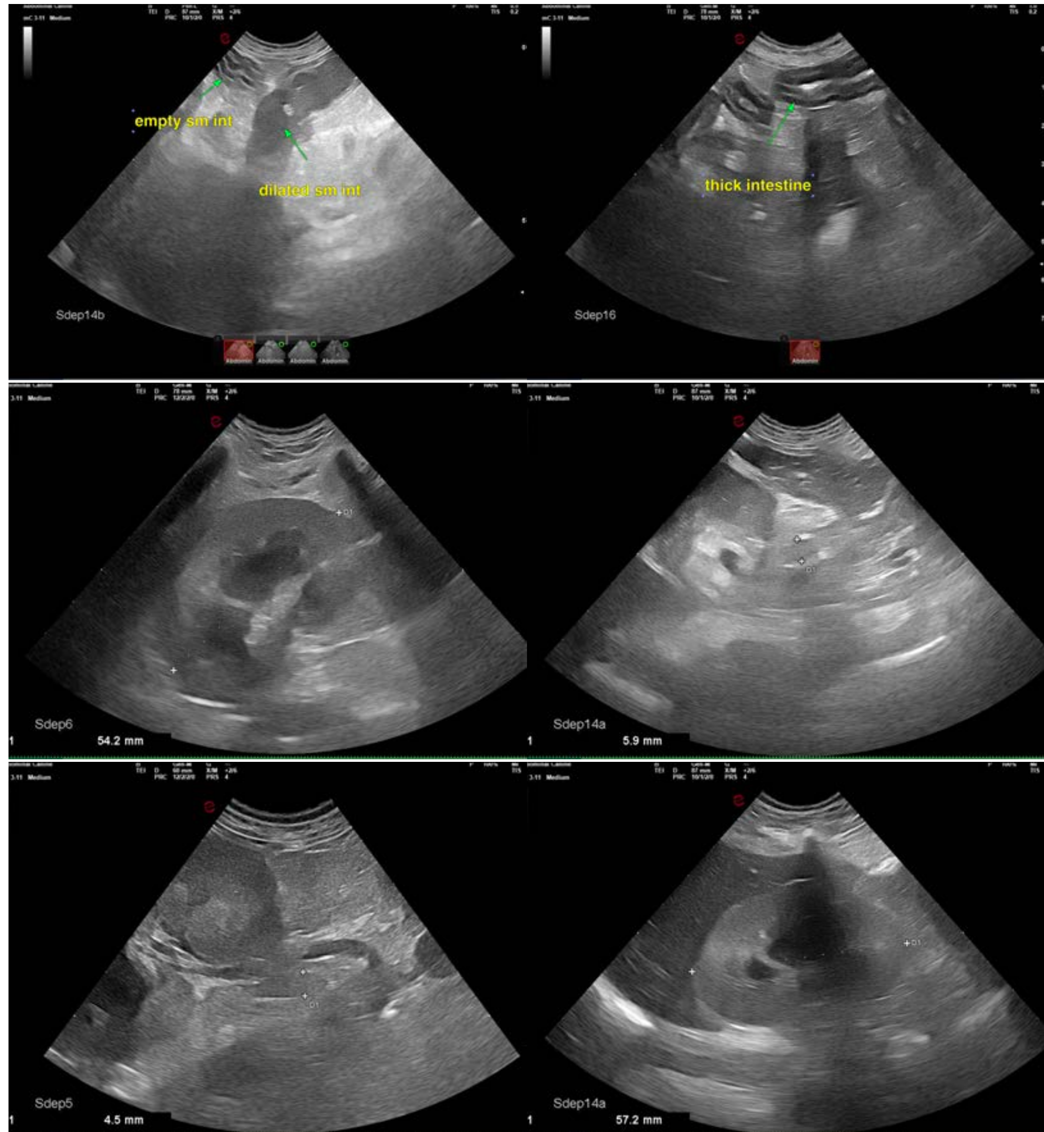

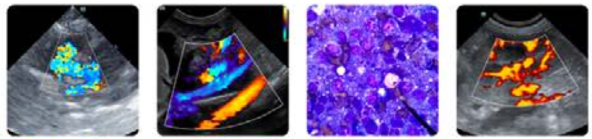

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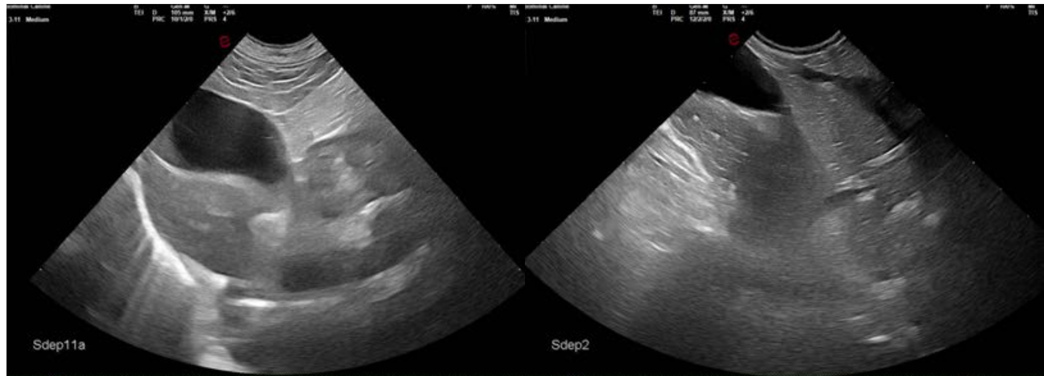

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,
CEO, Owner, Founder -- SonoPath.com
info@SonoPath.com