



## PATIENT

Asta Weston

## SPECIES

Canine

## BREED

Vizsla

## SEX

Femlae

## AGE

5 ½ years

## WEIGHT

18 lbs

## INTERPRETED BY

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

## IMAGING PERFORMED BY

Dr. Smatt

## HOSPITAL NAME

The Pets I Love

## REFERRING VET

Dr. Smatt

## INVOICE

74694

## DATE

4/21/26

## PRESENTING CLINICAL SIGNS

History: O adopted this dog about 2 months and was underweight at different vet hospital. They ran fecal and Fecal PCR which were negative., Has been on antiparasitical medication and prescription diet but patient is constantly losing weight. Patient is severely anorexic. Still acting normal and BAR. Last week performed a Canine Maldigestive panel and the Folate and B12 was low and TLI was normal. Differential at that time - IBD, PLE or Lymphangectasia. Here for ultrasound.

Abnormal PE/Chem/CBC/UA Results: B12 - low Folate - Low TLI - normal fecal - neg Fecal PCR - neg

## 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 was 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 left kidney measured 5.2 cm. The right kidney measured 5.8 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.

### 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 was noted.

### Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Mild hepatic vein dilation was noted in this patient. This would be normal if the patient was sedated at the time of the sonogram. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common



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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 a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Dilated distal small intestine was noted followed by empty small intestine with surrounding ascites. Intussusception was noted at the mesenteric root. This is likely the cause of obstruction. The mesenteric lymph nodes were enlarged and reactive measuring up to 3.0 x 1.3 cm.

### ***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.

### ***Free Abdomen***

A minor amount of ascites is noted between the liver lobes and adjacent to the spleen.

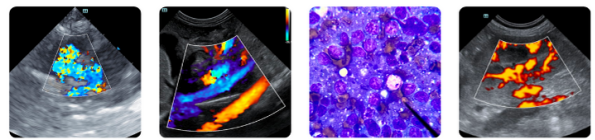
## **ULTRASONOGRAPHIC FINDINGS**

Dilated small intestine followed by empty small intestine. Intussusception at the mesenteric root causing obstruction. Enlarged mesenteric lymph nodes.

Ascites.

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Thoracic work-up is warranted to assess for causes of passive congestion. I recommend exploratory surgery with reduction of the intussusception, GI and lymph node biopsies. Malassimilation/maldigestion should be considered. There was no overt neoplasia; however, I cannot rule out the underlying potential.



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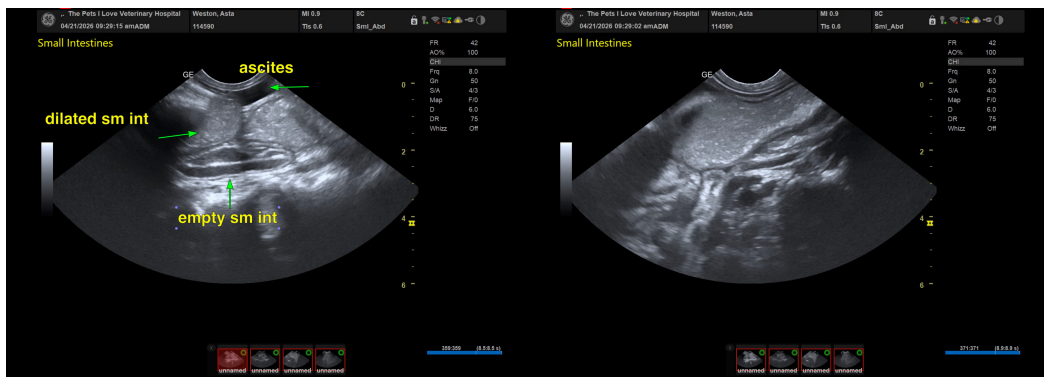
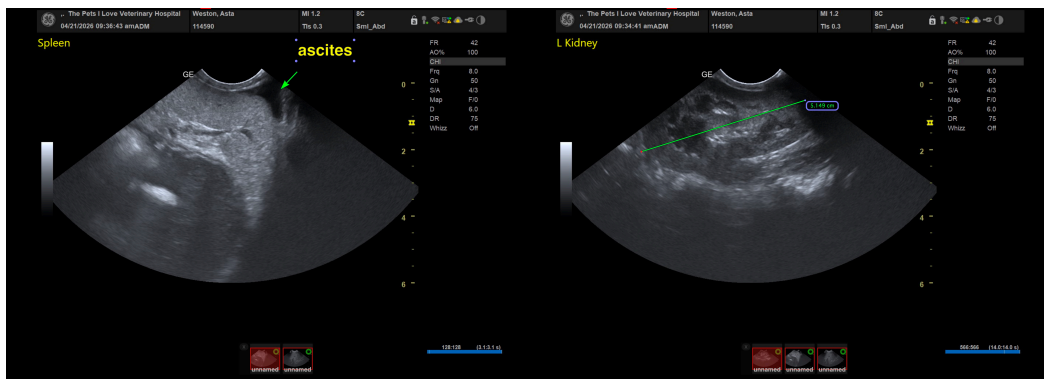
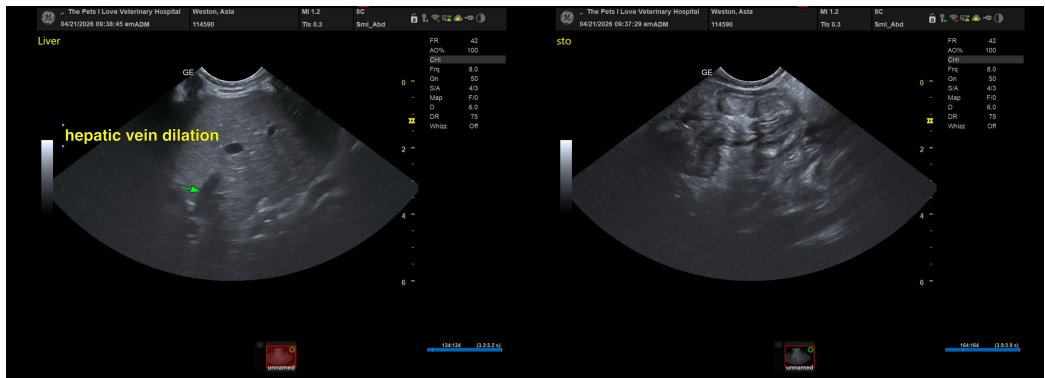
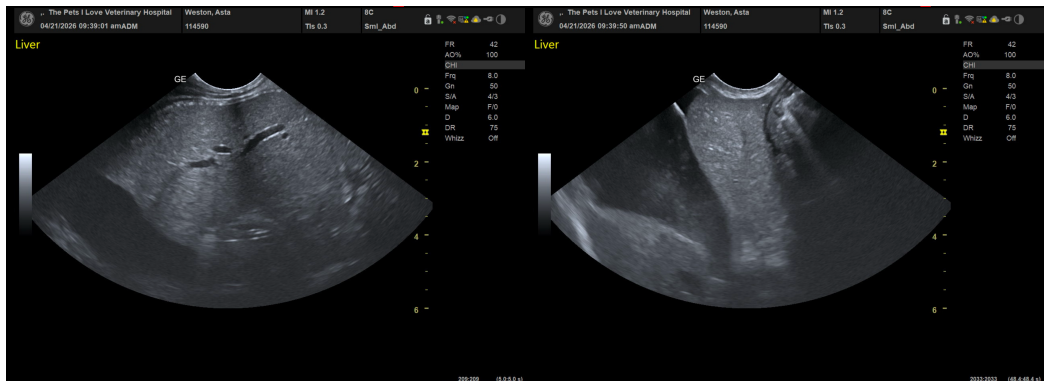
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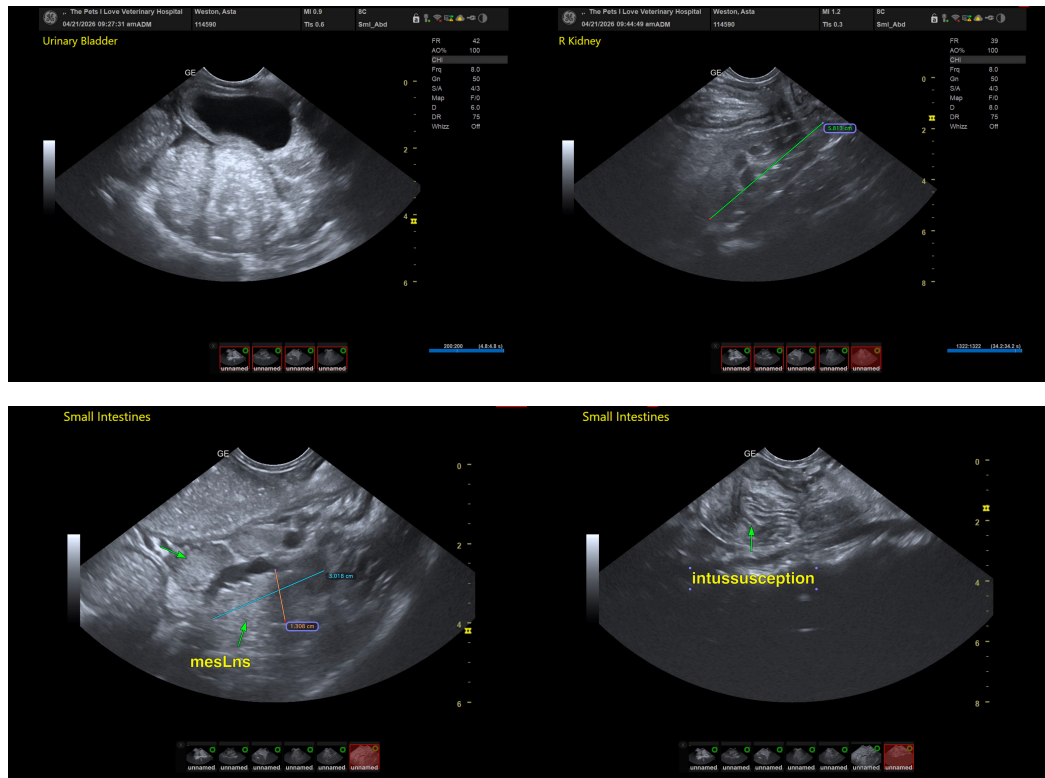
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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 of SonoPath.com

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