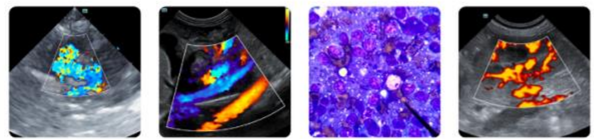


PATIENT

Doc Zohn

SPECIES

Canine

BREED

Doberman

SEX

Netuered Male

AGE

5.5 Years

WEIGHT

45 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Melissa Randolph

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Sol Sath

INVOICE

36816

DATE

4/26/26

PRESENTING CLINICAL SIGNS

*History from 4/25: Yesterday AM started NE, NE and V+. Has been eating grass and vomiting saliva, no retching. Has been up all night pacing, seems uncomfortable, and going into praying position. P is not gastropexy. Ate 3 treats yesterday but vomited up. V+ total of 5-10x times since yesterday til now. Was running around yesterday playing ball so o's held off on coming to vet. Won't chew on blanket which p normally does so knew something was wrong. Food has been offered but p won't eat it. Does chew on toys but doesn't eat them that o's know, not known to eat FB's. P 4/25 given sq fluids and cerenia injection. P was to be NPO for 1 to 2 hours after discharge 4/25. P treated for acute gastritis. sent home with sucralfate, gabapentin, and omeprazole. 4/26: P has been drinking small amounts of water. Owner offered bland diet (cooked hamburger, boiled chicken and rice) last night at 6 pm. P had no interest in eating. P is normally fed z/d diet and raw diet. P noted continued anorexia this morning. Owners have noted flatulence. Owners have noted nausea, hypersalivation. Owners have noted shaking and gi pain. P has not had a bowel movement since Friday. P admitted for supportive care. iv fluids and cerenia. *concern for gastroenteritis, gi FB, other

Abnormal PE/Chem/CBC/UA Results: PE: subtle pain 1/4; abd tense/hard to palpate Rads 4/25: L2-3 spondylosis; aerophagia; questionable material in stomach; no obvious intestinal obstruction 4/25 CBC: WBC 19.18(H) neutros 16.69(H) HCt 65% (H) Hgb 22.1(H) RBC 9.92(H); EPOC: K+ 3.3(L) Hct 59% (H) Cl 105(L); Chem: alb 4.1(H) vCheck cPL: 151.5 4/26 EPOC: Na 136, K+ 3.3, Cl 102, Glu 159, HCT 64 4/26 rads: stomach contains gas and a small amount of heterogenous soft tissue opacity. The pylorus is gas-filled. The proximal duodenum appears gas-filled. There are multiple SI segments moderately dilated with gas and fluid. Heterogenous soft tissue opacity is present within an intestinal segment in the mid ventral abdomen. There is no difficult to differentiate the colon from the SI but the distal descending colon contains gas.

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.

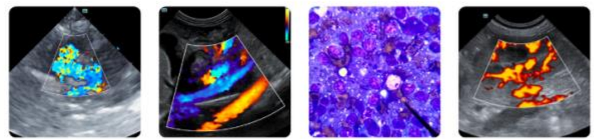
The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex, and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 8.2 cm. The left kidney measured 8.0 cm.

Adrenal Glands

The **adrenal glands** were not visualized.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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

The upper **gastrointestinal tract** revealed variable areas of GI dilation with gastric stasis. Small intestinal dilation, followed by empty small intestine. Serpentine turns to the distal small intestine were noted with trace amounts of free fluid. The colon was unremarkable. Reactive mesentery was noted around the upper GI tract.

Pancreas

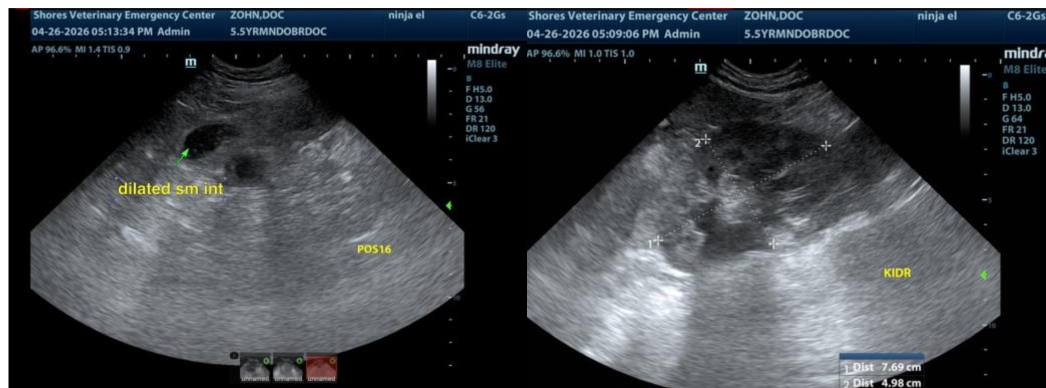
Minor heterogenous **pancreatic** changes were noted.

ULTRASONOGRAPHIC FINDINGS

- Gastrointestinal obstructive pattern of unknown cause
- Heterogenous pancreatic changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is indicated. GI biopsies are warranted at the time of surgery.



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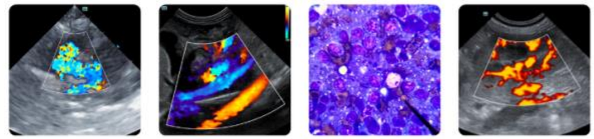

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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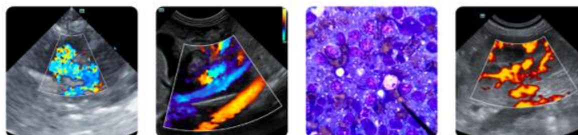

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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