



PATIENT

Bruce Copeland

SPECIES

Canine

BREED

Rottweiler

SEX

Neutered Male

AGE

3 Years

WEIGHT

105.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jasmine Palacios, SDEP
Attendee

HOSPITAL NAME

River's Edge PMC

REFERRING VET

Dr. Caitlyn Baxter

INVOICE

14980

DATE

4/30/22

PRESENTING CLINICAL SIGNS

History: Vomiting and diarrhea for 4 days, now blood in the vomit and BM Current Medications: None other than dewormer a few days ago (after symptoms started)

Abnormal PE/Chem/CBC/UA Results: See attached labs: CpL normal, chem and lytes normal, cbc okay (slightly low PLT - 97 K/uL) See attached radiographs: Suspicious for possible foreign material in loops of bowel but not definitive for obstruction, normal serosal detail

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 6.0 cm. The left kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were not overtly 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 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

Some retention of ingesta was noted in the **stomach**. Transit of chyme from the stomach to the small intestine appeared to be normal. Minor thickening was noted in the distal small intestine yet no loss of detail and no obstructive disease.

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.

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Free Abdomen

The mesenteric **lymph nodes** (up to 2.0 cm x 0.8 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

- Minor distal small intestinal thickening
- Mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

This may be causing discomfort on palpation. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Screening for Addisons indicated given that the adrenals were not overtly visible.

AGE

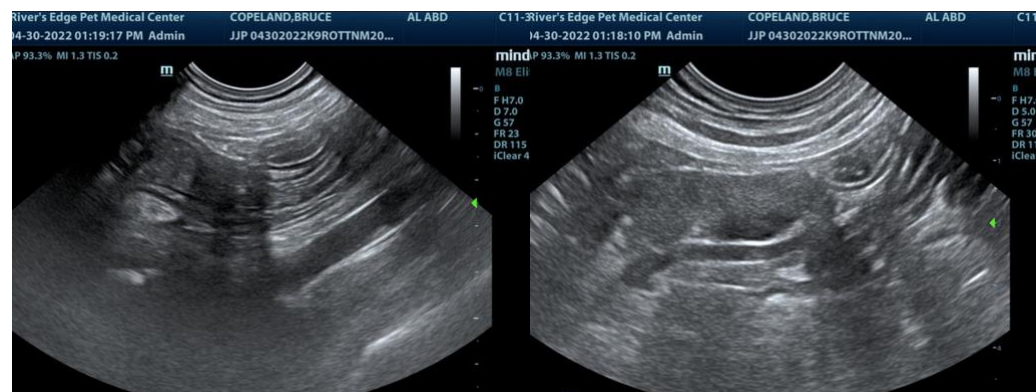
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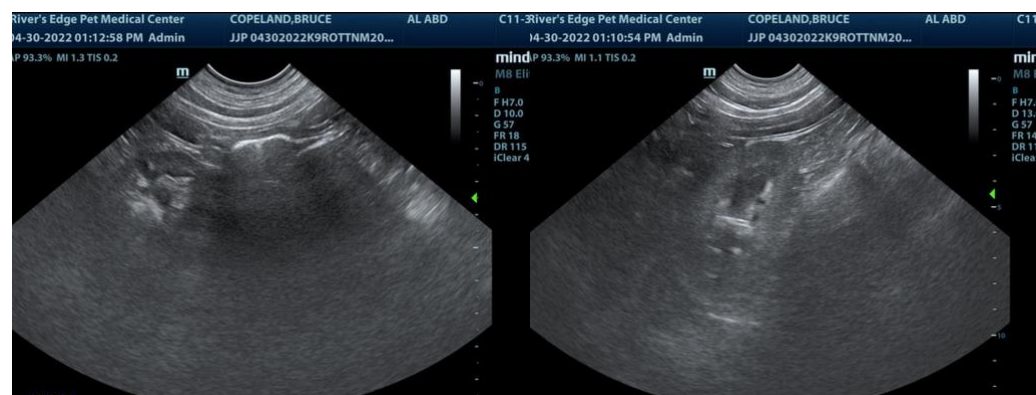
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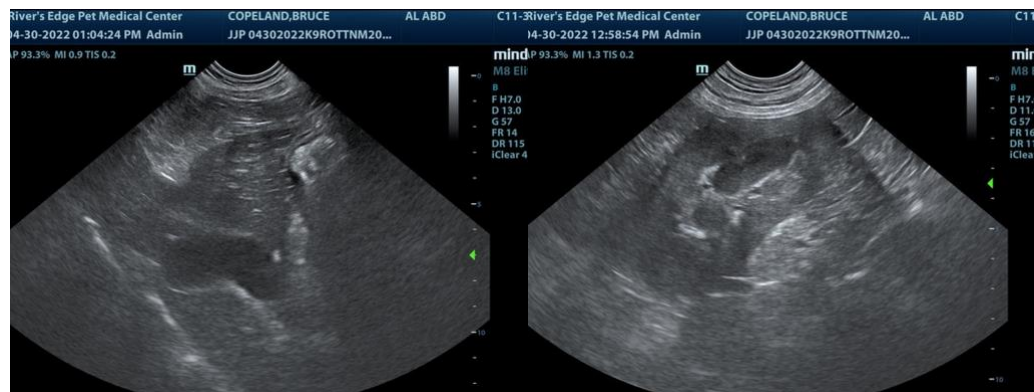
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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