



**PATIENT**

Nash Markferding

**PRESENTING CLINICAL SIGNS**

Anorexic and painful post operative. Enterotomy on 5/3.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Labrador

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 **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 6.0 cm. The right kidney measured 6.0 cm.

**AGE**

2 years

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 1.78 x 0.5 cm. The right adrenal gland measured 2.0 x 0.6 cm.

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**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.

**HOSPITAL NAME**

VCA Blairstown

**REFERRING VET**

Dr. Clegg

**Liver**

**INVOICE**

30187

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.

**DATE**

5/6/22



**PATIENT**

**Gastrointestinal**

Nash Markferding

The **stomach** was moderate to severely overdistended with echogenic chyme/canned food type consistency. The pylorus was free of evident obstruction. However, the upper duodenum was tortuous, thickened and irregular with luminal artifact. This appears to be the primary source of delayed outflow. Some luminal material was noted. This may be ingesta or possible further foreign matter. The mid to distal small intestine was corrugated and irregular with an adhesion pattern and non-peristaltic. There was no transit of chyme present.

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**Pancreas**

The **pancreas** was heterogenous with minor changes, yet this is not the primary issue in this patient.

**SEX**

Neutered male

**Free Abdomen**

A moderate amount of echogenic free fluid was noted in this patient. Ultrasound-guided abdominocentesis discovered serosanguinous fluid.

**AGE**

2 years

**ULTRASONOGRAPHIC FINDINGS**

Peritonitis pattern with adhesions, corrugated bowel, thickened, irregular duodenum with minor luminal material and delayed outflow.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend exploratory surgery with evacuation of the stomach. Inspection +/- enterotomy of the upper duodenum, liberation of adhesions along with abdominal lavage is recommended. Guarded prognosis. GI biopsies are essential to rule out underlying disease.

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According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

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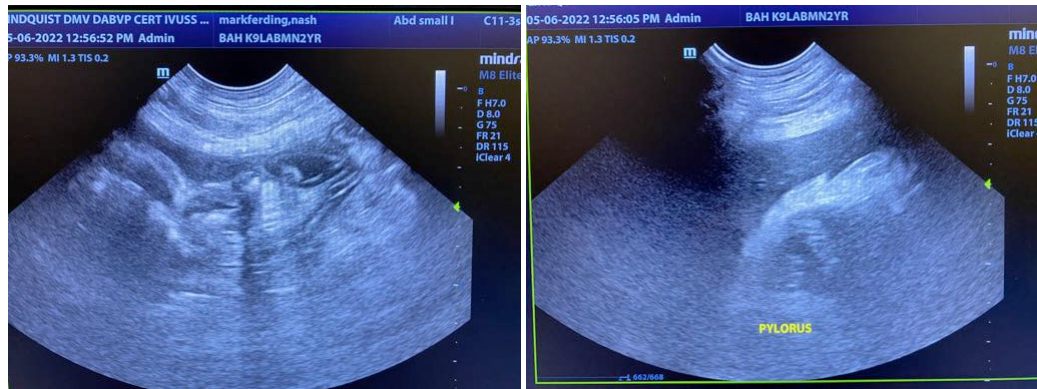
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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