

**DATE**

7/18/22

PRESENTING CLINICAL SIGNS

Vomiting for about 24 hours within 30 minutes of eating. Tends to eat things.

PATIENT

Charlie Hall

Current Medications: Ampicillin, Buprenorphine, Cerenia, Metronidazole. Provable, Protonix.

Lab Results: See attached.

Radiographs: Large dilated colon and small intestine. Suspicious of FB

Date of Previous IntraPet Ultrasound: No previous.

SPECIES

Canine

Sedation: Not required to complete full diagnostic ultrasound.

Stat Report: STAT requested.

BREED

Weimaraner

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.

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 8.68 cm. The right kidney measured 7.88 cm.

AGE

7/6/19

WEIGHT

94.9 Pounds

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 3.3 cm x 0.61 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 3.55 cm x 0.64 cm at the caudal pole and 0.68 cm at the cranial pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**Spleen**

The **spleen** was enlarged with subtle micronodular changes, consistent with hyperplasia.

IMAGING PERFORMED BY

Rachel Brilhart RDMS

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.

HOSPITAL NAMEAnimal Emergency
Hospital**REFERRING VET**

Dr. Ruby

Gastrointestinal

The **stomach** was overdistended with echogenic debris. The upper duodenum was dilated and hyperperistaltic, followed by empty small intestine, creating an obstructive pattern. Trace amounts of free fluid noted.

INVOICE

39618

Pancreas

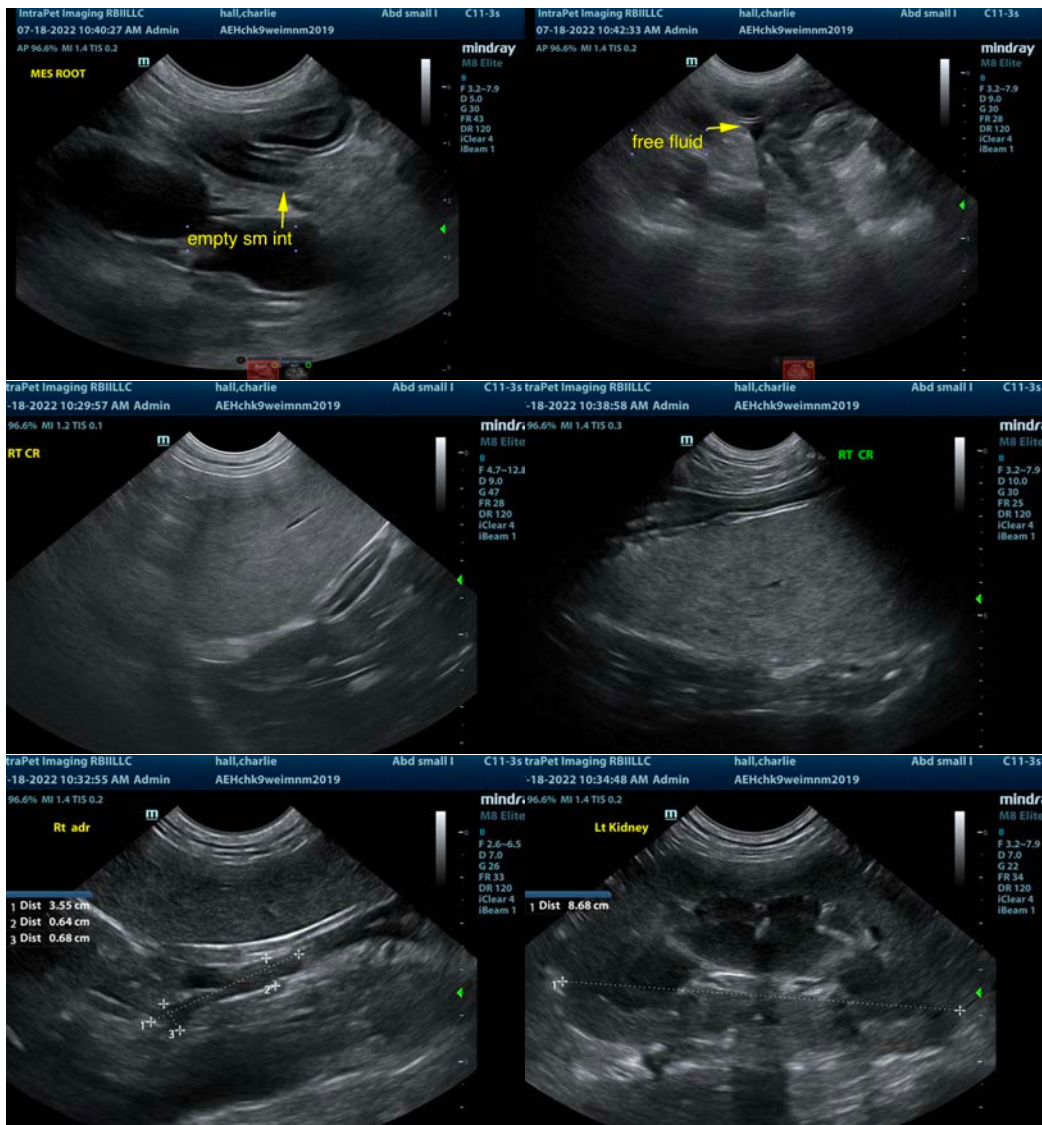
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

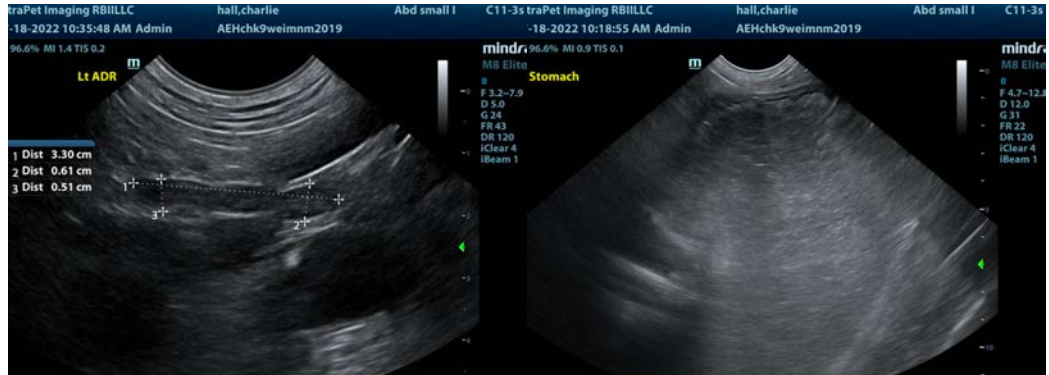
ULTRASONOGRAPHIC FINDINGS

- Upper gastrointestinal obstructive pattern
- Enlarged, micronodular spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery recommended. GI biopsies warranted as well as inspection of the spleen. Proactive splenectomy may be appropriate, even though I do not feel it is neoplastic. Strong concern for intestinal torsion or adhesion.





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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