



**PATIENT PRESENTING CLINICAL SIGNS**

**Izzy Tooz** History: HX of FB (sock ingestion) requiring surgery in January. Presented yesterday for vax and exam. Is potentially reactive/muzzled. Very tense. More minimal exam but no overt concerns. DA2PP, Lepto. Bord transmucosal given. Bravecto given. Had vomited that morning prior, mostly grass but no other concerns. Had received Trazadone the night prior to the appt but none that morning. O called on emergency with concerns she was lethargic, around 4pm refused to come out of her kennel. No interest in food, not herself. Disc potential vax reaction vs potential concern of FB. Os thought she may have not been herself even before the visit.

**Canine**

**BREED** Abnormal PE/Chem/CBC/UA Results: CBC: HCT 55.62 Chem: ALP: 278, Glu: 113 Rest of BW WNL No abdominal sensitive. Is more lethargic but will still snap. Did give low dose dexmedesed/butorphanol to facilitate scan/handling.

German Wirehaired Pointer

**SEX**

Spayed Female

**AGE**

3 years

**WEIGHT**

64.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Evoniuk

**HOSPITAL NAME**

State Ave VC

**REFERRING VET**

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**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 and right kidney measured 5.0 cm.

**Adrenal Glands**

The left **adrenal gland** was 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 0.5 cm. The right adrenal gland was 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 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. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with



**PATIENT** 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.

Izzy Tooz

**SPECIES** *Gastrointestinal*

Canine  
The **stomach** presented echogenic debris and chyme. The lumen was fluid filled and continued into the upper small intestine and was followed by empty small intestine.

**BREED** *Pancreas*

German Wirehaired Pointer

**SEX** 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.

Spayed Female

**AGE** **ULTRASONOGRAPHIC FINDINGS**

3 years  
Suspect partially obstructive foreign matter.

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

The foreign body material appeared linear, yet there was no tethering of the bowel. This creates an obstructive pattern; however, the exact cause is unclear. This may be focal dysfunctional bowel or non-visible foreign matter. The exact cause is unclear. This may be focal dysfunctional bowel or non-visible foreign matter or potentially adhesions. IV fluid support, 24 hour n.p.o. and GI protectants with a recheck sonogram or if the patient is n.p.o. at the time of the sonogram then exploratory surgery could be performed. The obstructive pattern may resolve with restitution of hydration.

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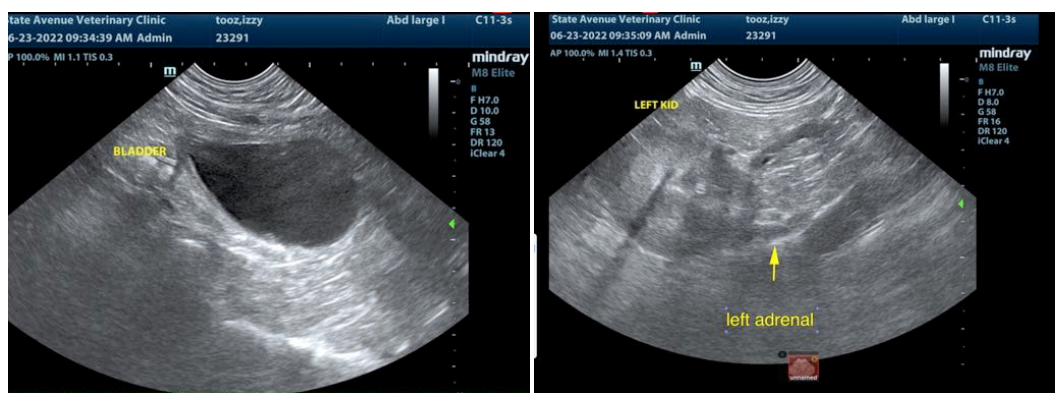
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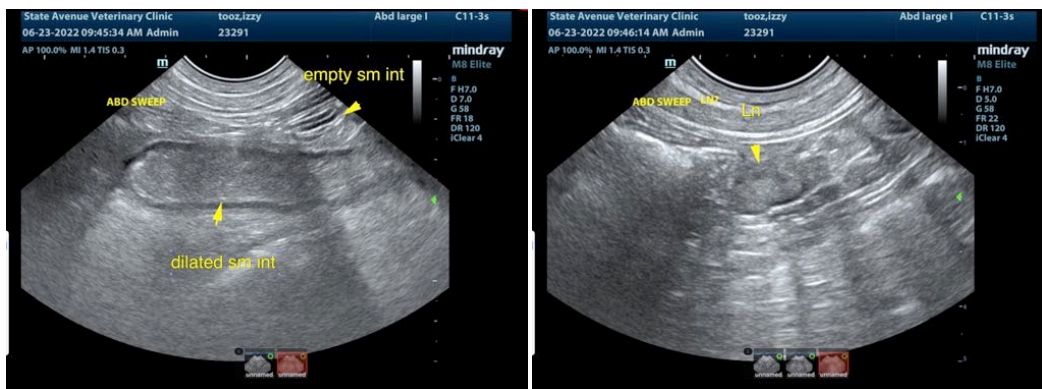
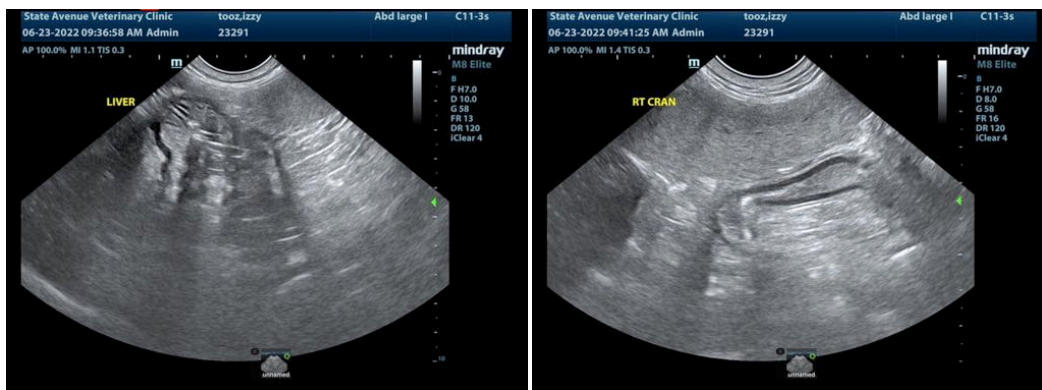
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com



**PATIENT** info@SonoPath.com

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