



| PATIENT | PRESENTING CLINICAL SIGNS |
|---|---|
| Beowulf Herzawy | History: Intermittent vomiting over last 7 days was at emergency clinic 7 and 2 days ago for vomiting. Has responded to cerenia and treatment for gastritis Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic and no bile acids done as of exam |
| SPECIES | |
| Canine | |
| BREED | |
| Pomeranian | |
| SEX | |
| Neutered male | |
| AGE | |
| 18 months | |
| WEIGHT | |
| 2.8 kg | |
| INTERPRETED BY | |
| Eric Lindquist, DMV DABVP, Cert. IVUSS | |
| IMAGING PERFORMED BY | |
| Dr. Belan. | |
| HOSPITAL NAME | |
| Sanctuary VH | |
| REFERRING VET | |
| Dr. Thrusani | |
| INVOICE | |
| 45038 | |
| DATE | |
| 6/28/23 | |

PRESENTING CLINICAL SIGNS

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 right kidney measured 2.95 cm. The left kidney measured 2.71 cm.

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 right adrenal gland measured 0.57 cm at the cranial pole and 0.37 cm at the caudal pole. The left adrenal gland measured 0.3 cm at the cranial pole and 0.31 cm at the caudal pole.

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 subnormal liver size, yet normal contour and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. The vena cava was dilated likely owing to sedation. Portal vein branching appeared normal with normal width at 0.5 cm. There was no overt portosystemic shunting noted. 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.



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Gastrointestinal

The pyloric outflow was thickened in this patient with echogenic mucosal remodeling and gastric stasis. A duplicated layering pattern was noted in the pyloric outflow in this patient. This is suggestive of partial pyloric intussusception. This may be intermittent or transient. Soft stool was noted in the colon.

Pancreas

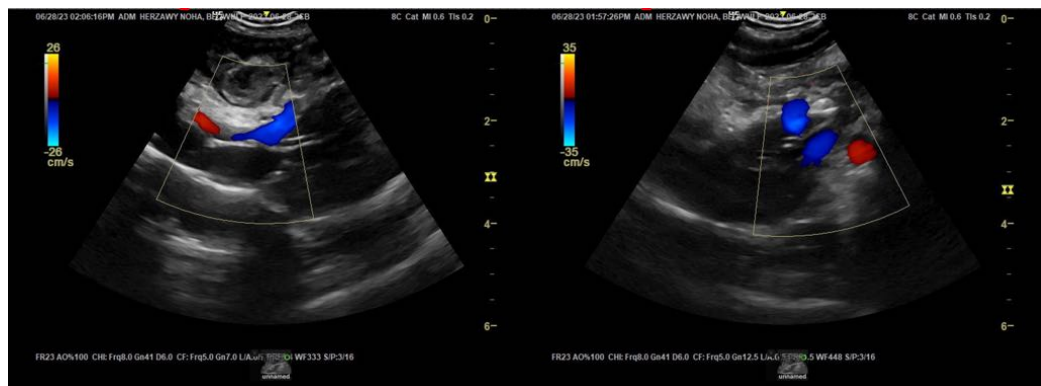
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Pyloric thickening with double layering pattern, concern for pyloric intussusception or foreign matter. Subnormal liver size without overt portosystemic shunting.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend surgical intervention in this patient. Gastrotomy with manual expression of the pyloric outflow, GI and hepatic biopsies would be ideal in this patient. Otherwise, endoscopy is indicated. I recommend bile acid profile. GI Protectant protocol and canned b.i.d. feedings along with a bland diet can be considered. Assessment for parasites are also indicated.





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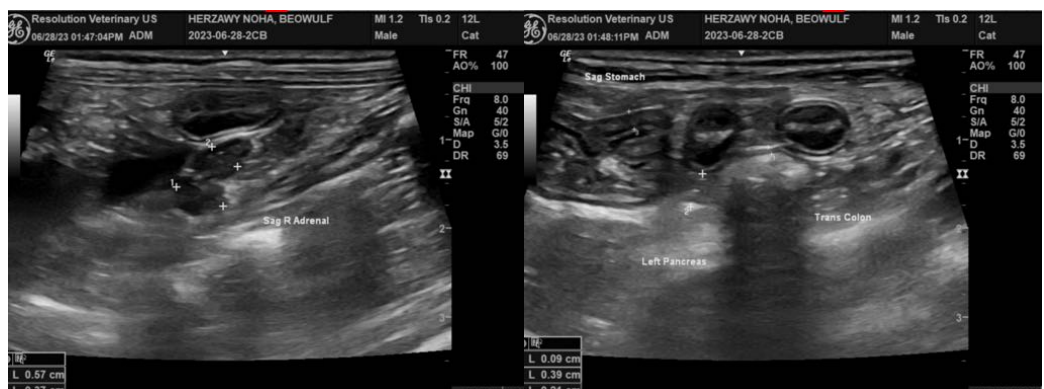
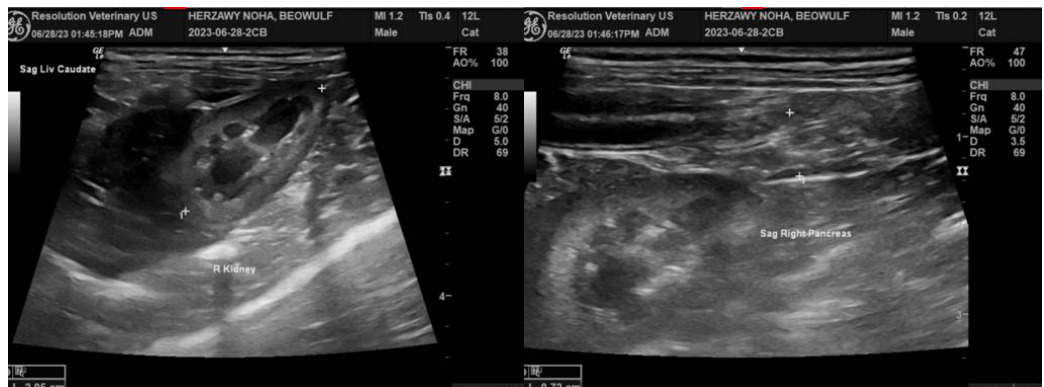
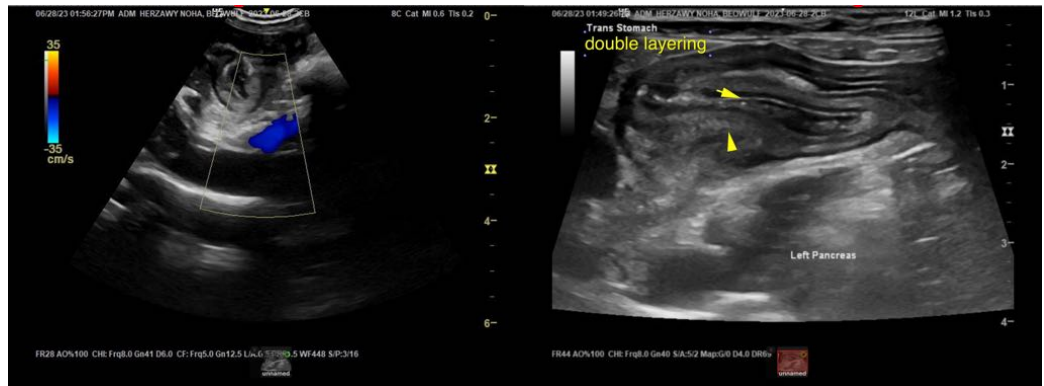
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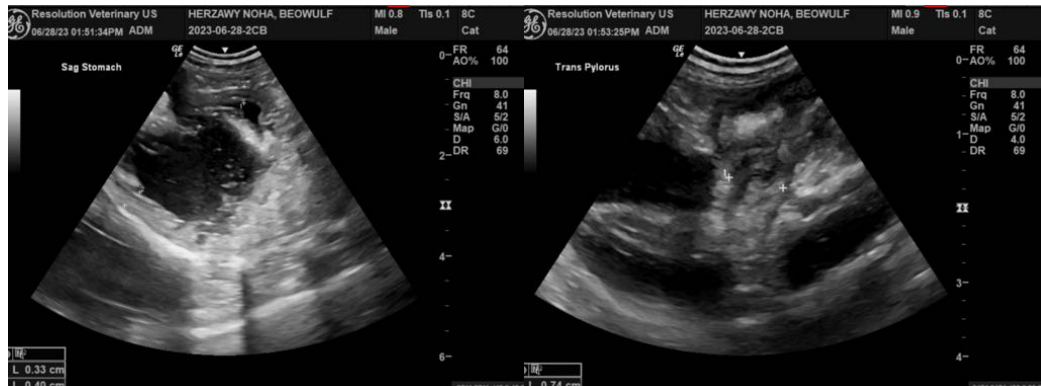
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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