



PATIENT

Argos De Leon

SPECIES

Canine

BREED

Can Corso

SEX

Neutered Male

AGE

10 Months

WEIGHT

112 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. G. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. G. Ferrer

INVOICE

39124

DATE

6/30/22

PRESENTING CLINICAL SIGNS

P came yesterday for vomiting and diarrhea proviable, antibiotics and antacid were given. P came today with the same symptoms. P vomit some kind of cloth.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL CHEM: BUN: 4 (7-27) ALB: 2.2 (2.3- 4)

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 residual prostate was uniform at 1.5 cm.

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 8.56 cm. The left kidney measured 8.4 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.

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

The upper **gastrointestinal tract** was dilated up to 2.0 cm, with an obstructive distal small intestinal pattern with dilated mid intestine followed by empty small intestine. The ileocecal junction was empty. Reactive mesenteric lymph nodes noted, largest measuring 5.1 cm x 0.90 cm.

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.



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PRIMARY FINDINGS

- Obstructive distal small intestinal pattern with dilated mid intestine followed by empty small intestine – Cause unclear. Non-visible foreign body, intestinal torsion, worm burden all possible.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fecal test warranted. IV fluid support warranted. Anti-parasitic protocol indicated. If the patient still presents an obstructive pattern, then exploratory surgery would be indicated.

BREED

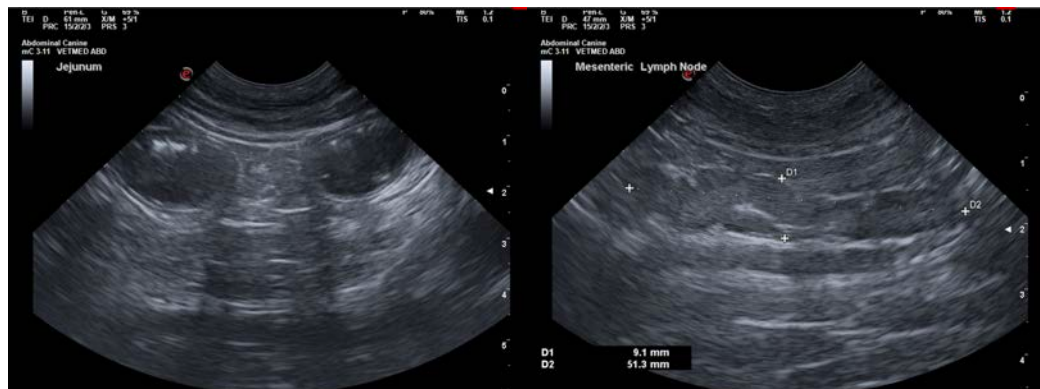
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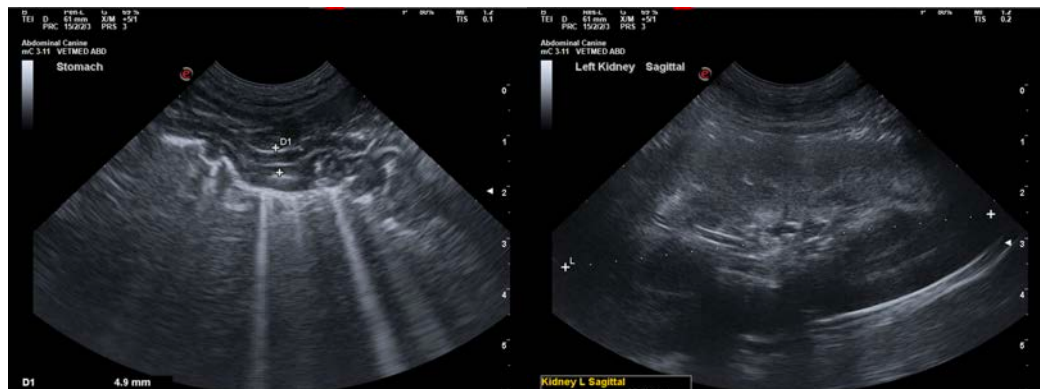


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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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