



**PATIENT**

Moose Perlotto

**SPECIES**

Canine

**BREED**

Pug

**SEX**

Neutered male

**AGE**

1 year

**WEIGHT**

19.3 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Harmon

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Harmon

**INVOICE**

31400

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS**

**History:** Presented 6/29 for vomiting and diarrhea of < 24 hours duration, and 2 day history of lethargy and decreased appetite. P hospitalized on IV fluids, cerenia and pantoprazole, no additional vomiting/diarrhea noted in hospital, p remained NPO until ultrasound performed. Rads 6/29: **CONCLUSIONS:** The appearance of the small intestinal tract is nonspecific. There is gastric material and segmental dilation of a small intestinal tract which could reflect small intestinal foreign material and early/partially obstructive disease however ileus secondary to gastroenteritis remains of equal likelihood. Repeat rads 6/30: **CONCLUSIONS:** The gastrointestinal tract is relatively unremarkable during the recheck interim. A paralytic ileus is suspected given the patient's history and lack of progressive disease seen on the study. Definitive gastric foreign material is not seen on this exam. Rugal folds and gas are seen within the stomach. Radiolucent foreign material cannot be ruled out given your reported history. **RECOMMENDATIONS:** A complete abdominal sonogram is recommended on this patient given the history.

**Abnormal PE/Chem/CBC/UA Results:** No abdominal pain on palpation, fibrous/plastic FB material on rectal exam (removed) roughly 2cm in diameter. CBC- WNL CHEM 10-WNL EPOC-WNL/NSF

**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 residual prostate measured 0.7 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 left kidney measured 4.0 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

The right **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 right adrenal gland measured 0.5 cm. The region of the left adrenal gland was unremarkable.

**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.



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**Liver**

Moose Perlotto

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.

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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**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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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

Structurally unremarkable abdomen.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

There is no evidence of foreign body. Supportive care for GI upset should prove effective.

Dr. Harmon

Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Screening for Addison's is warranted to ensure that this is not an underlying issue.

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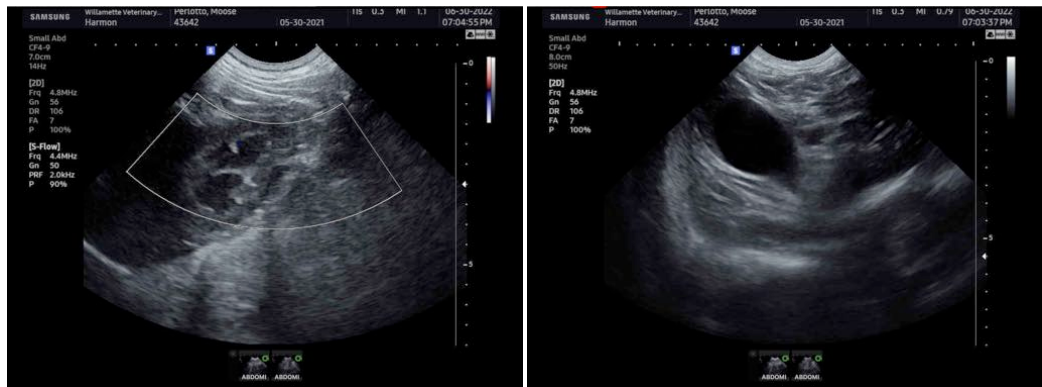
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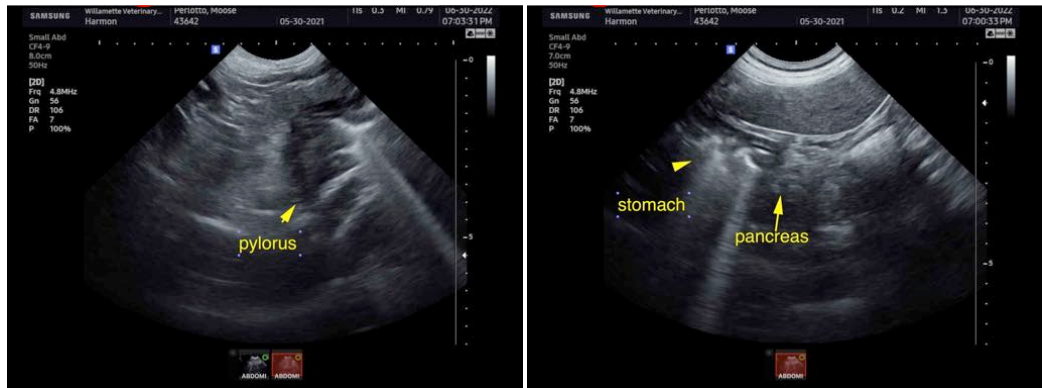
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com