



PATIENT PRESENTING CLINICAL SIGNS

Rip Stegemoller

Vomited during a hike yesterday and was feeling spunky and energetic mid-day. Ate dinner readily and then vomited 2 1/2 hours later 8-9 times. Food in vomitus with small pieces of sidewalk chalk and a small piece of blue foam-like material (like vet wrap consistency). Seems lethargic and subdued this morning.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: Somewhat depressed/lethargic, less enthusiastic. Wanting to eat readily this morning so images are not fasted. CBC - Unremarkable Chem 17/Lytes - Unremarkable Concern for severe gastroenteritis versus foreign body obstruction due to dietary indiscretion.

BREED

Whippet

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

Intact Male

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.

AGE

17 Weeks

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 kidneys measured 6.0 cm each.

WEIGHT

9.41 kg

Adrenal Glands

INTERPRETED BY

Subjectively, the **adrenal glands** appear subnormal in size. The left adrenal gland measured 1.9 cm x 0.40 cm. The right adrenal gland measured 1.4 cm x 0.30 cm.

Eric Lindquist, DMV

Spleen

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Jolee Stegemoller

HOSPITAL NAME

North Idaho AH

Liver

REFERRING VET

Dr. Jolee Stegemoller

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.

INVOICE

39630

Gastrointestinal

DATE

7/18/22

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. The small intestine was unremarkable. Transit of chyme appeared to be normal. Soft stool noted in the colon.



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REFERRING VET

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DATE

7/18/22

Pancreas

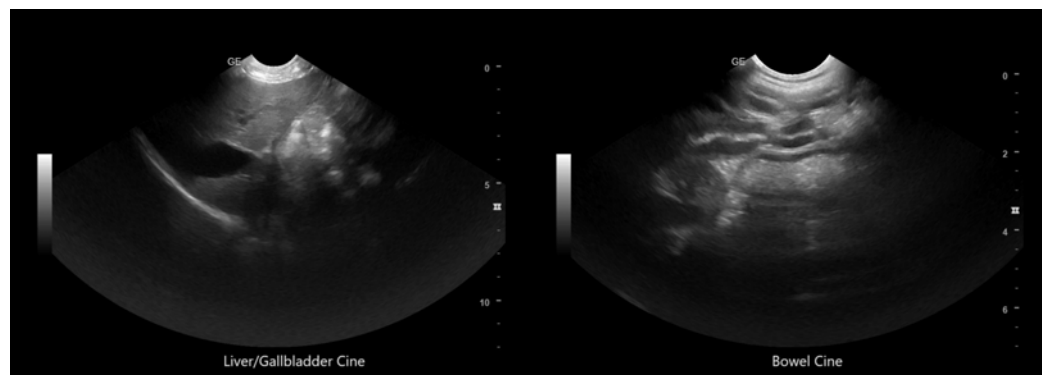
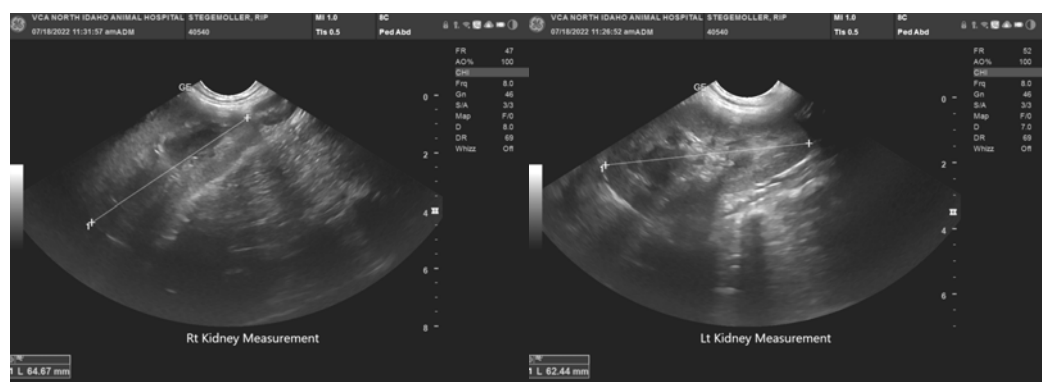
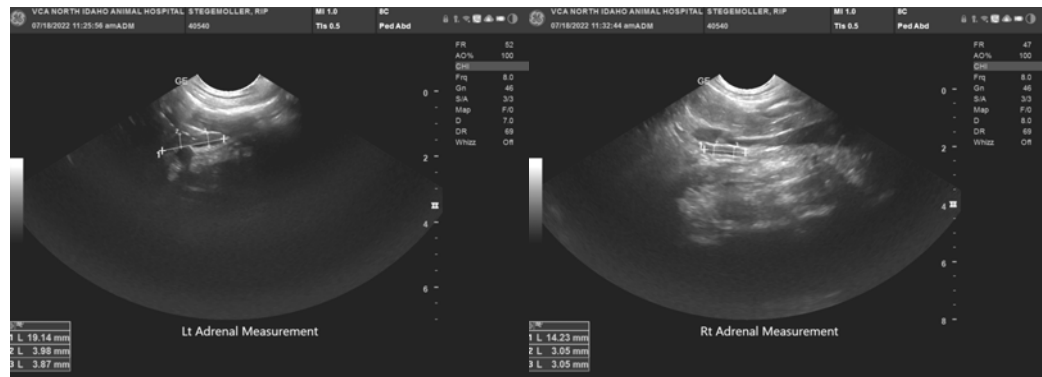
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

PRIMARY FINDINGS

- Subjectively subnormal adrenal size
- Gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend medical management in this patient. Screening for congenital Addison's would be appropriate. Recheck sonogram in 24 hours at full NPO status to ensure adequate transit of chyme has occurred.





PATIENT

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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.

SPECIES

Canine

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

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