



**PATIENT**

Lucy Sachs Serfess

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Spayed female

**AGE**

12 years

**WEIGHT**

65 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

HoHoKus VH

**REFERRING VET**

Dr. Eisenberg

**INVOICE**

31764

**DATE**

7/19/22

**PRESENTING CLINICAL SIGNS**

Not eating and vomiting for 2 days- was hospitalized yesterday here on IV fluids with supportive care. no vomiting overnight but still no app and is lethargic. Leaking liquid diarrhea. Hx of slightly elevated liver values- last US done in Sept 2021

Abnormal PE/Chem/CBC/UA Results: CBC/Chem- slightly elevated ALT. spec pending Abd rads yesterday unremarkable.

**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 7.0 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 left adrenal gland measured 0.5 cm.

**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** was swollen, hypoechoic and irregular with nodular changes with capsular expansion. The gallbladder and common bile duct were unremarkable.



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**Gastrointestinal**

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The **gastrointestinal tract** presented dilated gastric and small intestinal lumen with hyperperistalsis and enhanced mesentery. Entrapped luminal material was noted in the small intestine with irregular intestinal wall. Fluid filled colonic lumen was noted.

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**Pancreas**

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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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Distal small intestinal GI obstruction with unhealthy thickened bowel, potential underlying neoplasia along with foreign matter.

**AGE**

12 years

Concerning hepatic nodules.

**WEIGHT**

65 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

I recommend exploratory surgery in this patient as underlying entrapped foreign matter along with abnormal intestinal wall appears to be present. However, metastatic disease or concurrent neoplasia in the liver may be an issue. Surgical exploratory is indicated.

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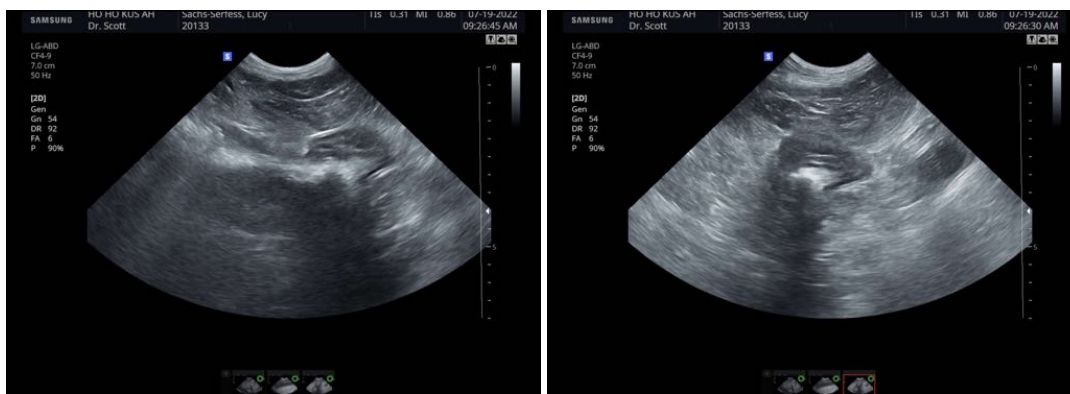
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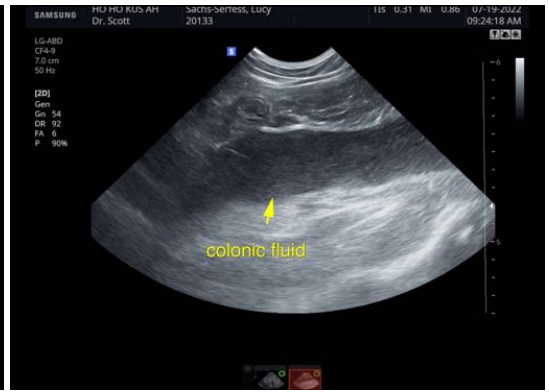
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com