



PATIENT

Finley Bugni

SPECIES

Canine

BREED

Border Collie

SEX

Female

AGE

7 Months

WEIGHT

18 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Anna Weprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Anna Weprich

INVOICE

16490

DATE

7/24/22

PRESENTING CLINICAL SIGNS

History: Acute vomiting 7/23 radiographs 12am overnight showed small mineral like density material in pylorus, small intestine, and colon. submitted to Idexx - Duodenum gas distended and concerning for obstruction, possible plication in caudal abdomen.

Abnormal PE/Chem/CBC/UA Results: CBC, lytes, renal values all wnl

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.0 cm each.

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 0.4 cm. The right 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 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

Some shadowing soft ingesta and gas were noted in the **stomach**. Transit of chyme appeared to be present in the small intestine.

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.

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ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable gastrointestinal tract with minor soft gastric content, consistent with retention of ingesta

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Border Collie

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt obstructive pattern. I recommended conservative therapy, 12–24-hour NPO. If clinical signs persist, then recheck sonogram of the pyloric outflow is indicated. Radiographs and history revealed pyloric and small intestinal excessive gas pattern without overt obstruction.

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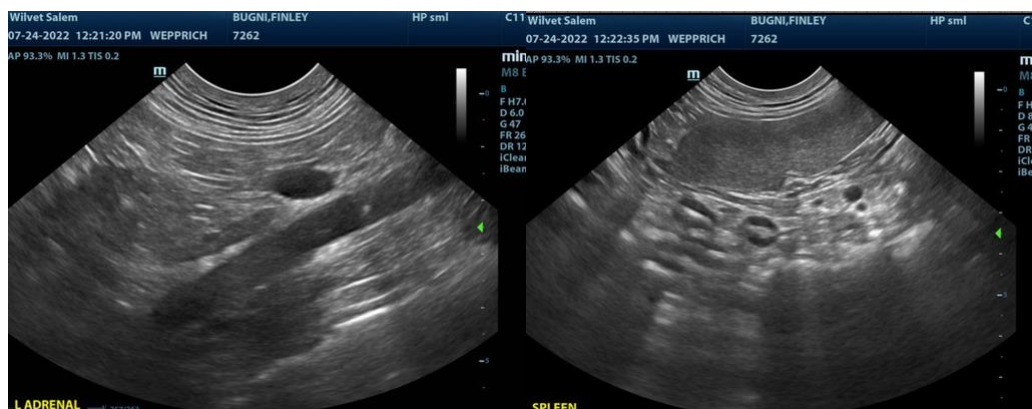
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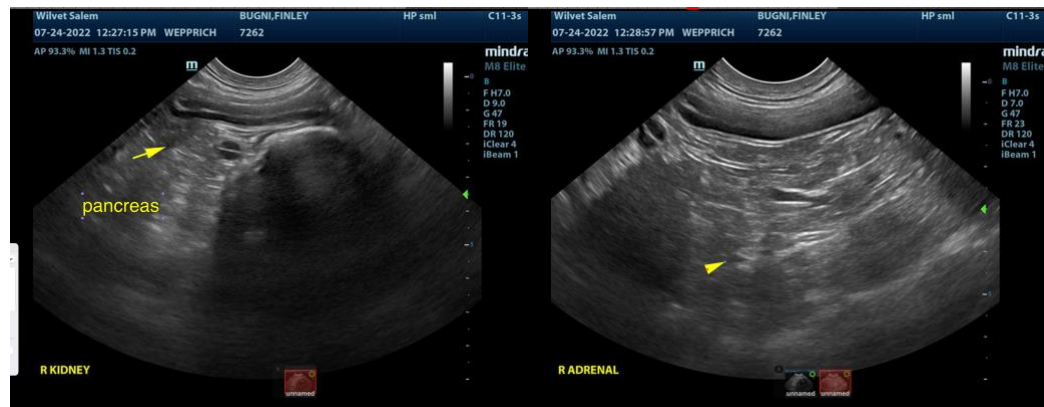
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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