



**PATIENT**

Reggie Sinclair

**SPECIES**

Canine

**BREED**

Cocker Spaniel Cross

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

10.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Biederbeck

**HOSPITAL NAME**

Lomsnes VH

**REFERRING VET**

Dr. Biederbeck

**INVOICE**

32020

**DATE**

7/27/22

**PRESENTING CLINICAL SIGNS**

History: Chronic sensitive GI. July 13-17 vomits in 2 days. Tx with cerenia 1 wk and resolved. Has been off cerenia for 1 wk and no vomiting. Stools remain soft. Prev had metro and little improvement. U/S due to protein losing enteropathy Last ate 1/4 can HA 5 hrs ago No hx of fb sx, PPQ  
Abnormal PE/Chem/CBC/UA Results: Bouncy happy boy on exam. July 13 labwork: CBC-nsf Chem-Alb 1.7, TP 3.9, Glob 2.1. Mildly low Chol. Otherwise nsf on chem, cbc. USG 1.035

**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. Pinpoint renal mineralization was noted, yet non-obstructive. The kidneys both measured 5.0 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.

**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** 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**

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. Fluid accumulation was also noted in the stomach. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. The ileocecal junction was mildly thickened, yet empty with maintained curvilinear patterns. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The colon was mildly thickened as well. The mesenteric lymph nodes were reactive and measured up to 3.0 x 0.6 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.

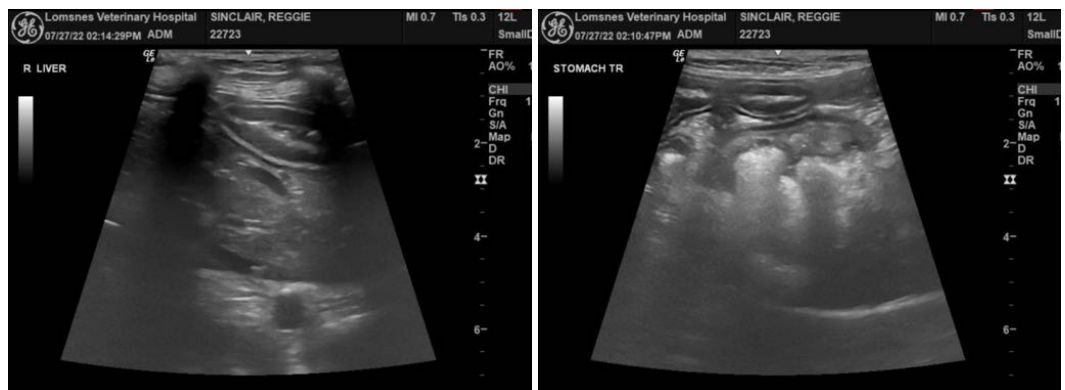
**ULTRASONOGRAPHIC FINDINGS**

Gastroenteritis pattern with prominent ileocecal junction. Reactive mesenteric lymph nodes.

Minor renal mineralization was noted, yet non-obstructive.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

There was no obvious evidence of intussusception; however, inflammatory bowel is likely. Management for inflammatory bowel, occult parasitism and enterotoxins are all recommended. GI protectant protocol, hydrolyzed diet and anti-parasitic protocol after fecal testing would all be indicated.





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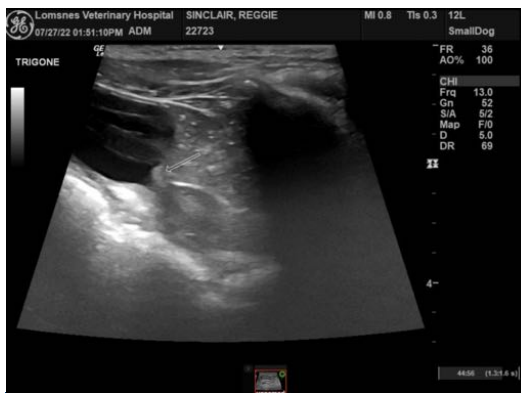
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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