



**PATIENT**

Yukon Dillinger

**SPECIES**

Canine

**BREED**

Lab

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

65 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Hunt

**HOSPITAL NAME**

Bayshore VH

**REFERRING VET**

Dr. Tim Hunt

**INVOICE**

16536

**DATE**

7/8/22

**PRESENTING CLINICAL SIGNS**

History: ADR and losing weight, some diarrhea and poor app.

Abnormal PE/Chem/CBC/UA Results: K is 2.8, 1.015 spec grav, all else good.

**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 **left kidney** 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 8.7 cm.

The **right kidney** was not visualized owing to the overdistended bowel.

**Adrenal Glands**

The **left 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 left adrenal gland measured 0.64 cm.

The **right adrenal gland** was not visualized.

**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**

The **stomach** and upper duodenum were severely dilated with hyperperistalsis, followed by empty small intestine. In one view, some shadowing foreign matter is noted, measuring approximately 2-3 cm. The pylorus appeared patent. The colon was empty.



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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.

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**ULTRASONOGRAPHIC FINDINGS**

- Duodenal obstructive pattern, foreign matter, adhesion, intestinal torsion all possible

**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Lab

Immediate exploratory surgery recommended. GI biopsies are warranted to rule out underlying disease, yet structurally the GI tract appears unremarkable other than the obstructive pattern.

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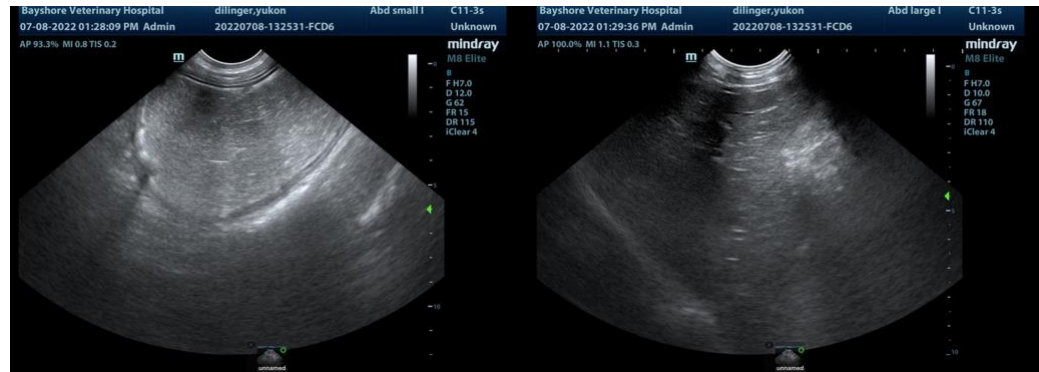
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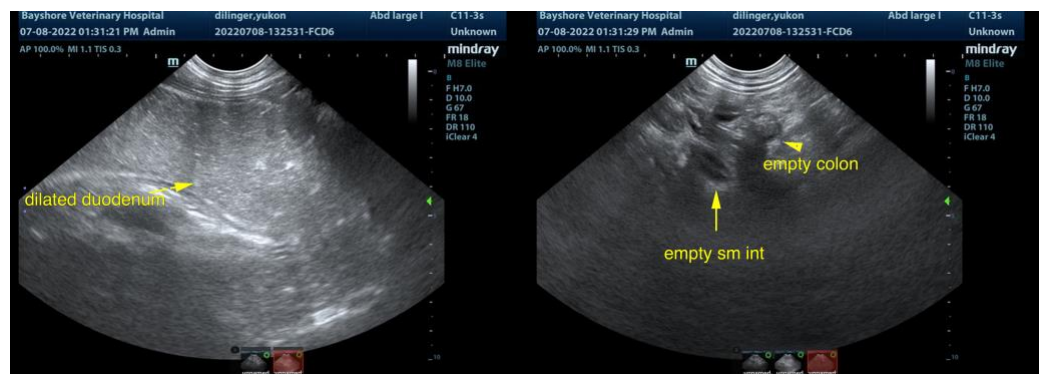


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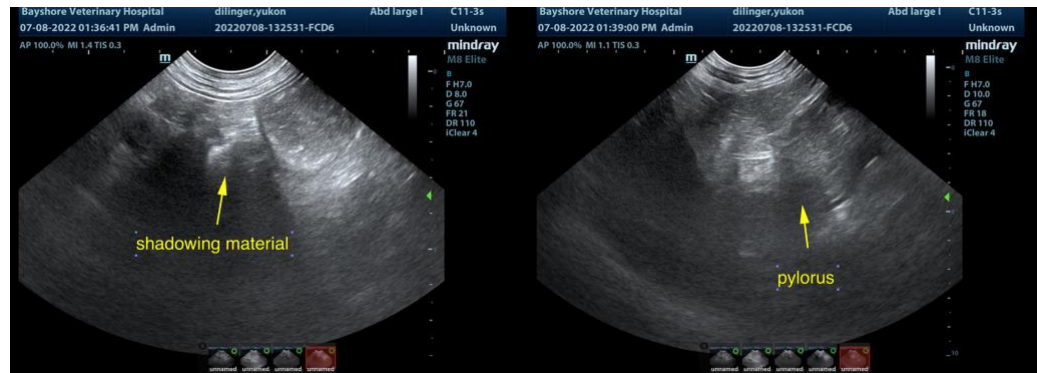
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com