



PATIENT

Rufus Labruzzo

SPECIES

Canine

BREED

Bernese Cross

SEX

Neutered Male

AGE

20 Months

WEIGHT

40.1 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Morgan

HOSPITAL NAME

Oxford County VC

REFERRING VET

Dr. Sharon Andratis

INVOICE

23870

DATE

8/11/23

PRESENTING CLINICAL SIGNS

History: Vomited after eating yesterday morning and again at 3:30pm yesterday and has been lethargic. Rads done last night by Emerg clinic revealed large amount of gas in the colon and substance in the stomach. They gave maropitant and subq fluids last night. Has been know to eat socks, wash cloths in the past. Rads this morning have less substance in stomach than last night and has large amount of gas in colon. I've attached this morning rads. Would like to know if there is a fb or not. Patient is afebrile, BAR and has an appetite.

Abnormal PE/Chem/CBC/UA Results: Chem profile and CBC and snap cPLI were all normal

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 **kidneys** were not visualized.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was mildly enlarged, uniform. Cranial folding of the spleen was noted.

Liver

Limited views of the **liver** reveal no evident pathology.

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** revealed multiple shadowing structures, such as wood chips or similar at the time of the sonogram, the largest of which measured approximately 2.0 cm. Some ingesta was noted, however, transit of chyme is present. This is likely a partial obstructive pattern. There was some empty small intestine noted with dilated small intestine. The colon was filled with normal stool consistency.

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

- Multiple shadowing gastric structures with full stomach of ingesta. Transit of chyme was present. Partial delayed outflow pattern.



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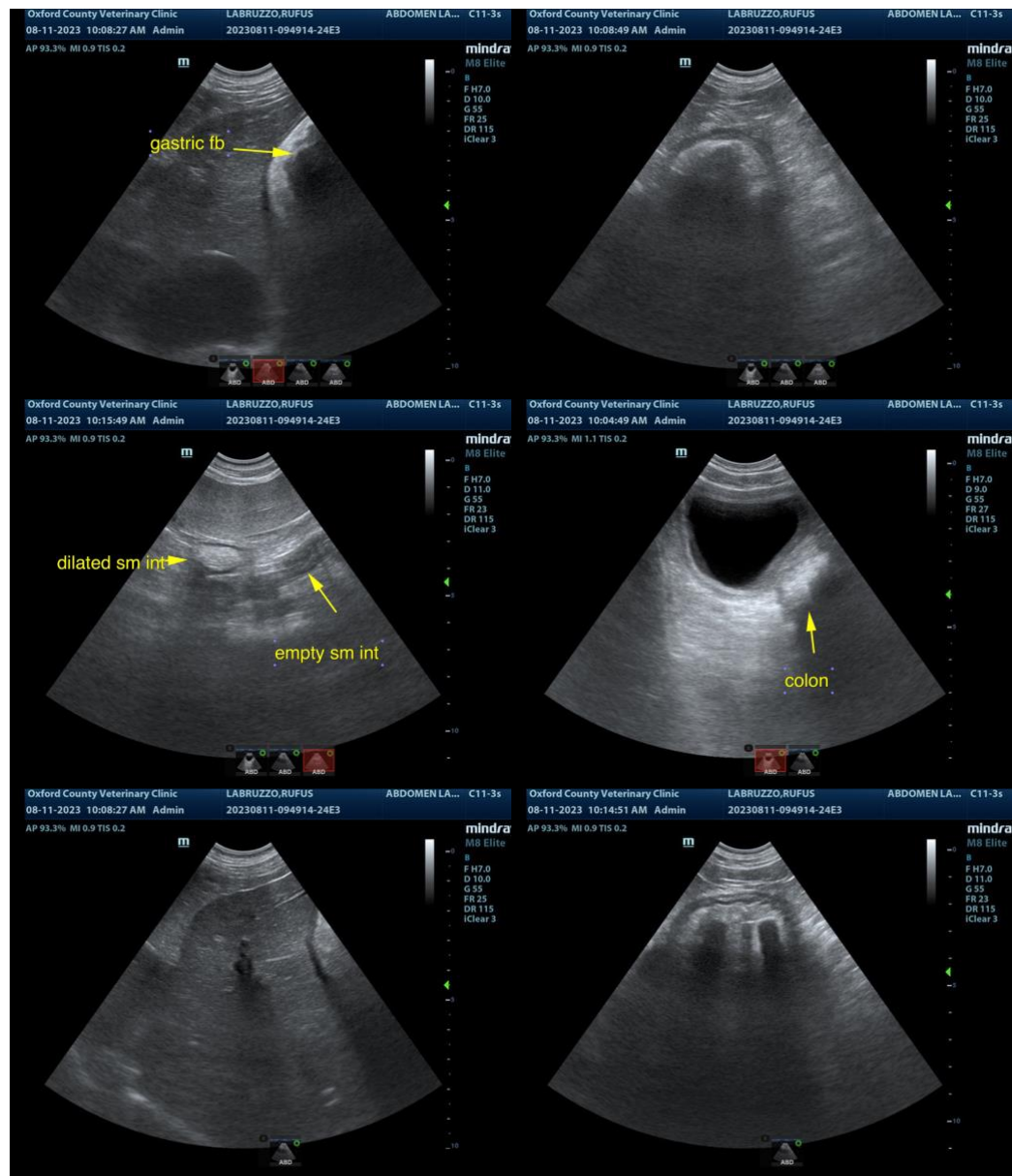
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ideally, if the patient is stable, I recommend 24hr NPO, followed by recheck sonogram if the partial obstructive pattern remains, then exploratory surgery is indicated. The pylorus was not visible, nor was the upper duodenum adjacent to the pylorus. I can't rule out an obstructive mechanism in that region, however, multiple shadowing structures are present in the stomach. Exploratory surgery would not be incorrect in this patient, however, GI biopsies are warranted to rule out underlying disease.



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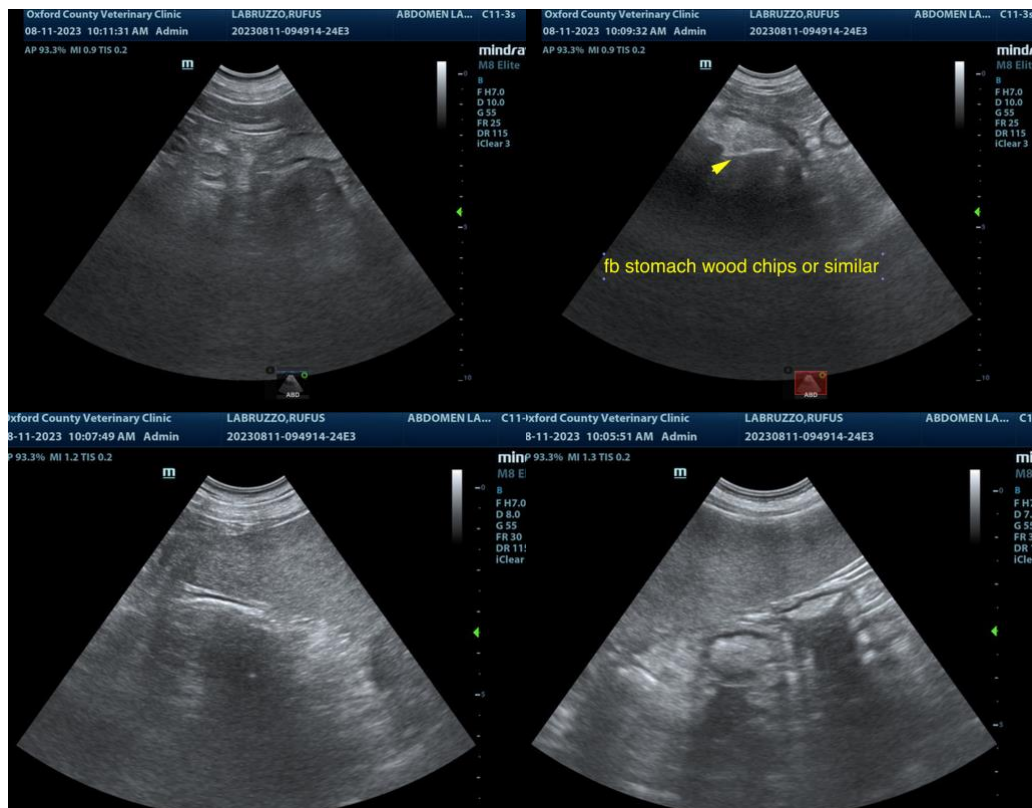
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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