**PATIENT**Drambuie Pionkoski  
277023**SPECIES**

Canine

**BREED**

Gordon Setter

**SEX**

Neutered Male

**AGE**

4 Years 2 Months

**WEIGHT**

26.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC - Dr. Lewis

**INVOICE**

40394

**DATE**

8/12/22

**PRESENTING CLINICAL SIGNS**

Drambuie is a 4y 2m year old CM Gordon Setter (Canine) who presented to the WVRC-Emergency Service on 8/12/2022 for evaluation of progressive anorexia, vomiting, and regurgitation. Wednesday night (8/10) Drambuie vomited, he has then been persistently anorexic since this event. He has not vomited further at home but did regurgitate in the lobby on arrival (bile). No diarrhea, coughing, or sneezing noted. Current Medications: None Pertinent Previous Medical History: 2 prior FB surgeries- rope toy and corn cob --> Owner is unsure if a gastropexy was performed Ununited anconeal process process right forelimb

**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 prostate was uniform at 1.54 cm.

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 left kidney measured 6.85 cm with an anechoic cyst at the dorsal cortex measuring 0.69 cm. The right kidney measured 5.95 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 0.42 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**

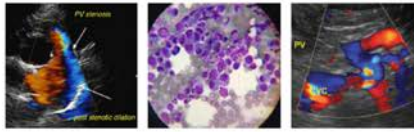
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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**

The upper **gastrointestinal tract** was dilated, followed by empty small intestine, creating an obstructive pattern. Increased submucosal thickness and echogenicity noted, suggestive for chronic inflammation/inflammatory bowel. Reactive mesentery noted associated with the dilated bowel. The stomach was dilated as well. The pylorus was free of obstruction.

**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Drambuie Pionkoski  
277023

**SPECIES**

Canine

**BREED**

Gordon Setter

**SEX**

Neutered Male

**AGE**

4 Years 2 Months

**WEIGHT**

26.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IUUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC - Dr. Lewis

**INVOICE**

40394

**DATE**

8/12/22

**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.

**Free Abdomen**

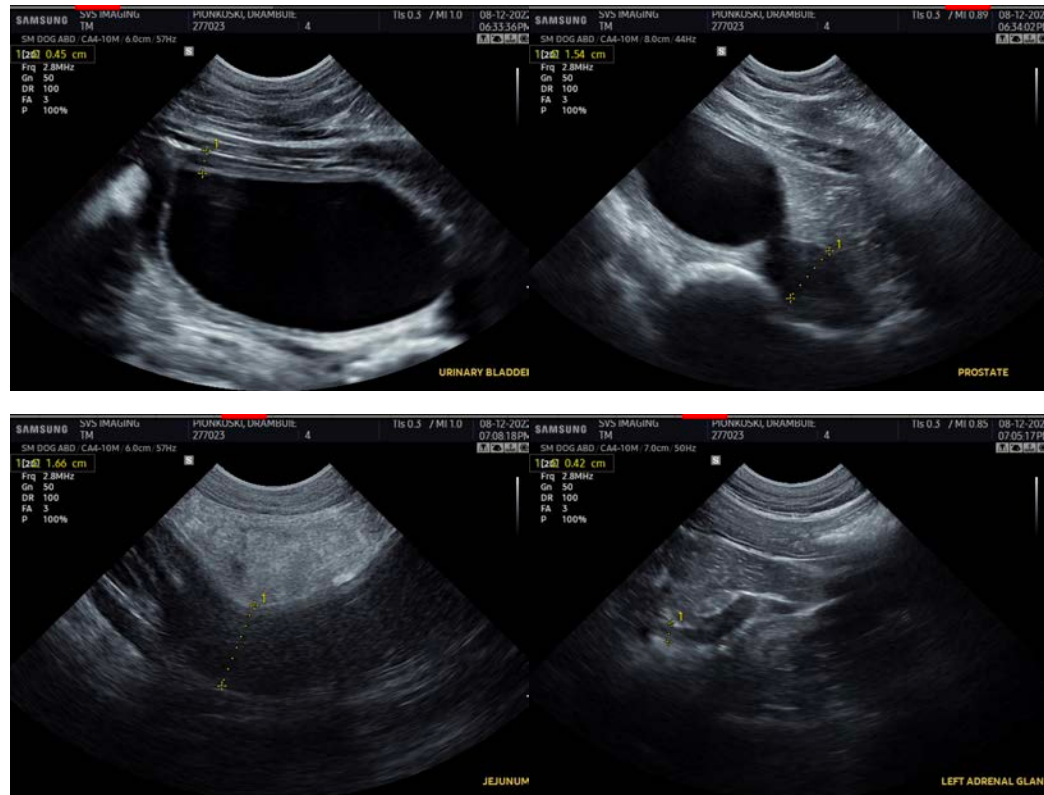
Free fluid noted in the abdomen, strongly suggestive for peritonitis.

**ULTRASONOGRAPHIC FINDINGS**

- Obstructive GI pattern with peritonitis

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exact cause of the obstruction is unclear. Immediate exploratory surgery recommend. GI biopsies warranted to consider underlying chronic disease. Suspect intestinal obstruction with regional peritonitis. Intestinal torsion is a strong potential, or dysfunction bowel, or non-visible foreign bodies, or stricture.



**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



**PATIENT**

Drambuie Pionkoski  
277023

**SPECIES**

Canine

**BREED**

Gordon Setter

**SEX**

Neutered Male

**AGE**

4 Years 2 Months

**WEIGHT**

26.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IUUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

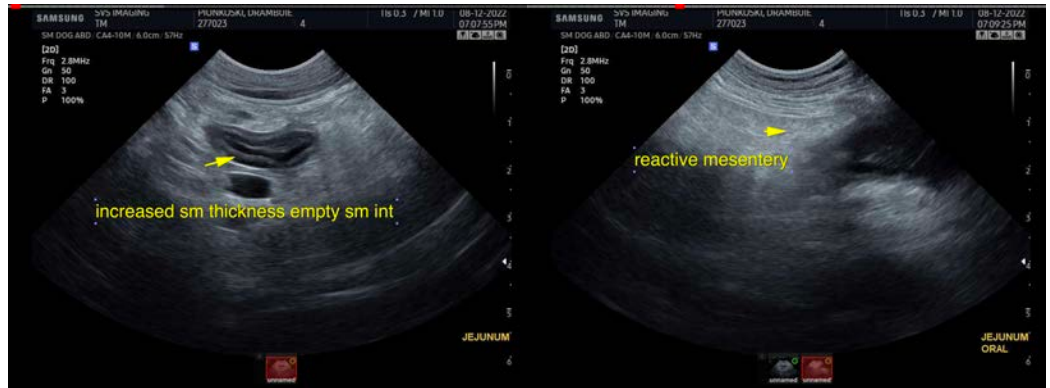
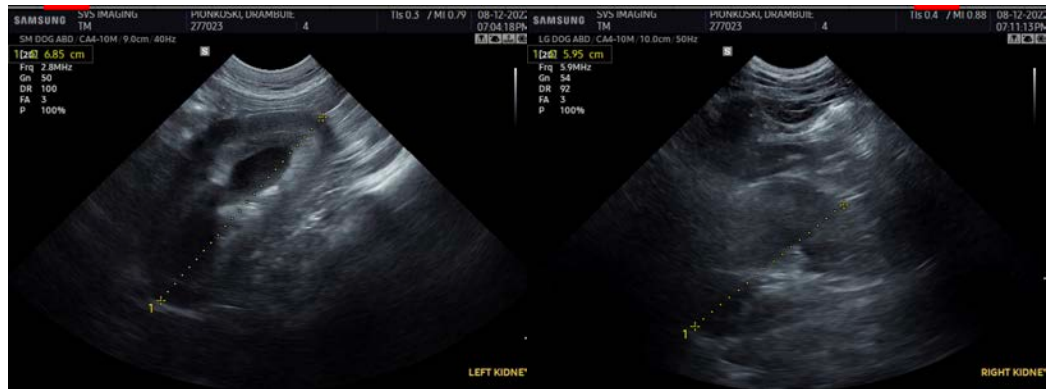
WVRC - Dr. Lewis

**INVOICE**

40394

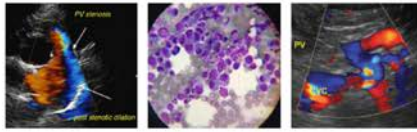
**DATE**

8/12/22



**IMAGING PERFORMED BY**

SVS Mobile Imaging CT 262 - 366 - 5970  
fredgromalak@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™  
1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Drambuie Pionkoski  
277023

**SPECIES**

Canine

**BREED**

Gordon Setter

**SEX**

Neutered Male

**AGE**

4 Years 2 Months

**WEIGHT**

26.5 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

WVRC - Dr. Lewis

**INVOICE**

40394

**DATE**

8/12/22

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](mailto:info@SonoPath.com)