



**PATIENT**

Keuka Yost

**SPECIES**

Canine

**BREED**

Pit Bull X

**SEX**

Spayed Female

**AGE**

5 Years

**WEIGHT**

25.8

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Matt McGee

**HOSPITAL NAME**

Mason Dixon Animal  
Emergency Hospital

**REFERRING VET**

Dr. Laura de Cordon

**INVOICE**

24693

**DATE**

8/15/21

**PRESENTING CLINICAL SIGNS**

wed: V+ food, continued to V+ the whole night and then turned to bile. Also D+ started that night went to Dover AH rads w/ barium, concern for FB, but pt was defecating and became no longer a concern. started her on bland diet and was doing well, until tonight and has no appetite, lethargic, NO BM since thursday, an straining o worried about neighbor throwing something in the yard Not normally eating things, typically chews and spits out No new dog food Treats - no rawhide, chews sticks/wood

**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** 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 6.0 cm. The right kidney measured 6.0 cm.

**Adrenal Glands**

The **left adrenal gland** was subnormal in size, measuring 4.75 mm x 2.0 mm. 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** revealed a minor amount of luminal fluid accumulation. Dilated small intestine was noted followed by empty small intestine. Variable increased submucosal echogenicity noted. No overt foreign body visible. However, I cannot rule out a distal small intestinal obstruction, as there is a mild obstructive pattern in the small intestine.



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**Pancreas**

Keuka Yost

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Chronic IBD GI pattern with minor obstructive pattern
- Subnormal left adrenal size

**BREED**

Pit Bull X

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Spayed Female

I recommend plasma expanders, IV fluid support, treatment for enterotoxin. However, recheck sonogram in 24 hours following the dilated small intestine to its finality would be indicated. Screening for Addison's could be considered as well, given that the left adrenal appears subnormal in size and the right adrenal gland is not visible. Chronic inflammatory bowel likely, given the increased submucosal echogenicity, which suggests chronicity. The intestinal dilation may be caused by simple regional dysfunctional bowel without evident foreign body.

**AGE**

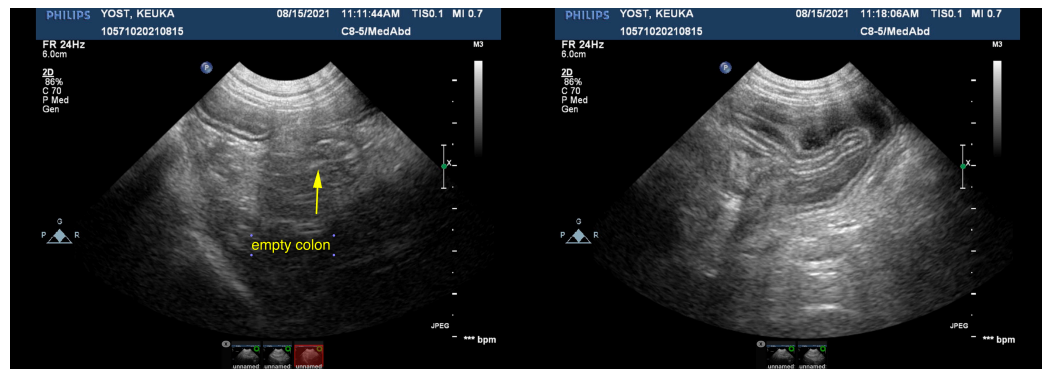
5 Years

**WEIGHT**

25.8

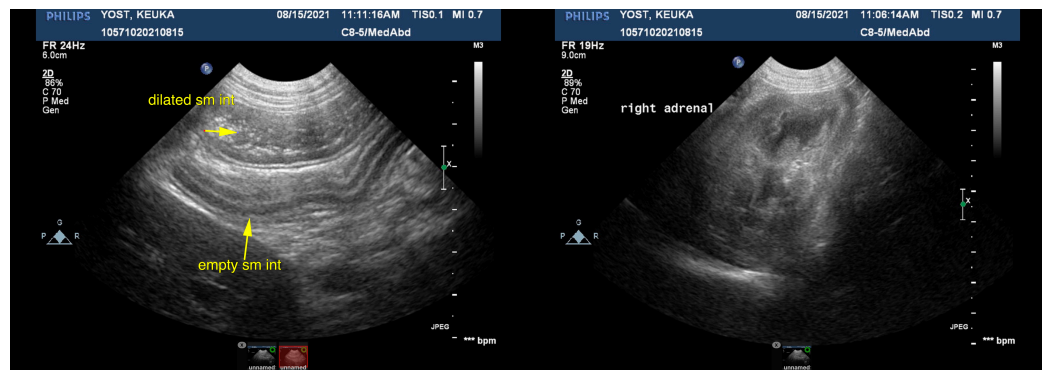
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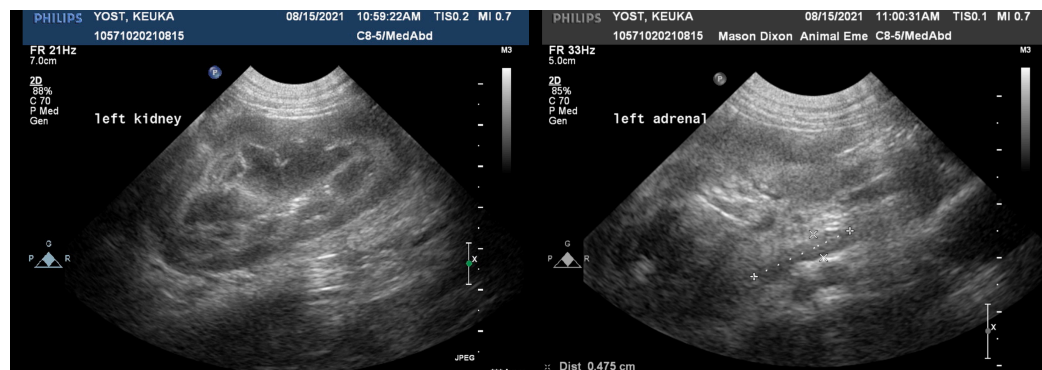
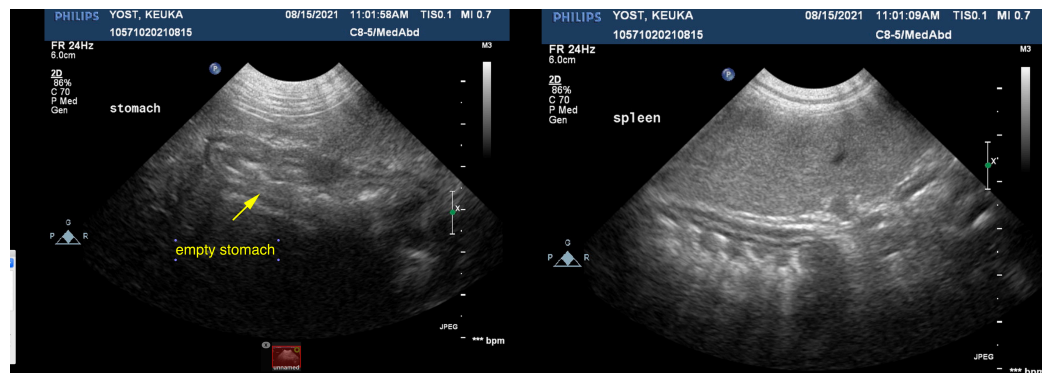
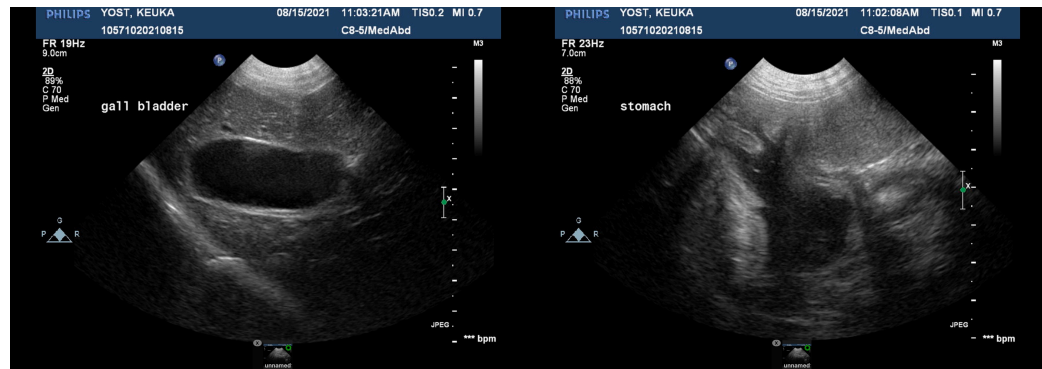
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)