

**DATE PRESENTING CLINICAL SIGNS**

8/20/21

PATIENT

Rocket Hernandez

History: Recheck US-- from 8/16. Thickened jejunum with passive localized stasis – focal enteritis likely, soft foreign matter possible, not overtly obstructive. Interpretation of the findings & further recommendations. I'm concerned for potential emerging neoplasia in this patient. However, localized enteritis and potential emerging intestinal necrosis is a concern.

SPECIES

Canine

Current Medications: Has been on Metronidazole, Metoclopramide and Batyril
 Date of Previous IntraPet Ultrasound: No previous
 Sedation: not needed
 Stat Report: not requested

BREED

Beagle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**SEX**

Neutered Male

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.

AGE

2018

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 5.46 cm. The right kidney measured 4.87 cm.

WEIGHT

23 Pounds

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 1.75 cm x 0.75 cm at the caudal pole and 0.65 cm at the cranial pole. The right adrenal gland measured 2.0 cm x 0.81 cm at the cranial pole and 0.62 cm at the caudal pole.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**HOSPITAL NAME**

Animal Emergency H

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.

REFERRING VET

Dr. Goessling

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.

INVOICE

12649

Gastrointestinal

The **stomach** was empty at the time of the sonogram. The small intestine has normalized in this patient- no evidence of inflammation, stasis or foreign matter.

Pancreas

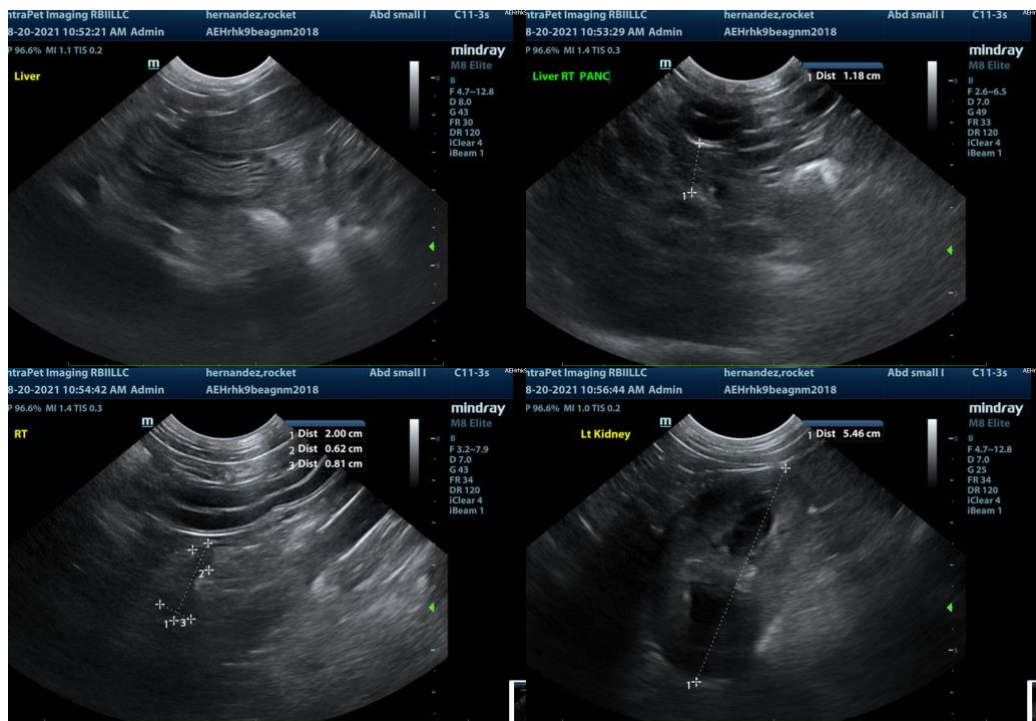
The **pancreas** revealed slight coarse architecture and minor duct dilation (0.35 cm) in the right limb.

ULTRASONOGRAPHIC FINDINGS

- Normalized intestine
- Stable pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of further obstruction or stasis. Supportive management should prove effective long term at this point based on clinical status.





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.

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