

PATIENT

Shadow Terry

SPECIES

Canine

BREED

Dachshund Mix

SEX

Neutered Male

AGE

10 years

WEIGHT

-

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Fairfax Ridge AH

REFERRING VET

Dr. Jarrett

INVOICE

32452

DATE

8/22/22

PRESENTING CLINICAL SIGNS

History: Inappetence, acute abdominal pain, and tense abdomen. Radiographs taken showed no sign of obstruction, however there was a 1.5 cm thin metal foreign body seen in the abdomen. An exploratory was done on Thursday. No foreign body was found; the only abnormality noted was at the distal ileum where the serosal layer looked different and slightly inflamed. Enterotomy was performed, nothing observed, no biopsy taken. He was not eating for two days after the surgery, but now is eating and acting better since yesterday. No vomiting or diarrhea.

Abnormal PE/Chem/CBC/UA Results: Elevated neutrophils and high ALK phos (around 800).

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction and appeared normal. 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 was 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.

Adrenal Glands

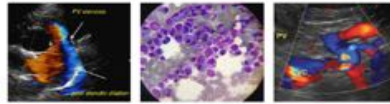
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.72 cm at the caudal pole and 0.42 cm at the cranial pole. The right adrenal gland measured 0.5 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 was 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

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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively.

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Pancreas**SEX**

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The right limb of the **pancreas** was heterogenous owing to manipulation at surgery and/or active inflammation.

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Free Abdomen

Remodeled mesentery was noted. This is likely owing to post surgical reaction. A slight amount of free fluid was noted around the right limb of the pancreas along with mixed, hypoechoic, irregular parenchyma.

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A hypoechoic portion of necrotic type tissue was noted and measured 2.0 x 1.5 cm. This adjacent to and adhered to portions of the small intestine. Some areas of reactive mesentery was noted associated with the jejunum. A localized area of peritonitis was noted in this region with hyperechoic, linear structure with reverberation and artifact adjacent to the body wall.

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**ULTRASONOGRAPHIC FINDINGS****IMAGING PERFORMED BY**Potomac Mobile
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1.7 cm linear reverberation, suggestive of foreign body adjacent to the body wall near the suture site where laparotomy is performed.

2 x 3.0 cm hypoechoic area of necrosis was noted along with focal peritonitis.

Concurrent right limb pancreatitis.

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Slight amount of free fluid.

Otherwise stable abdomen.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

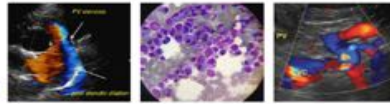
I recommend repeat surgical exploratory with focus in the region just under the laparotomy site and body wall. Debridement of any necrotic tissue and liberation of any adhesions are all indicated.

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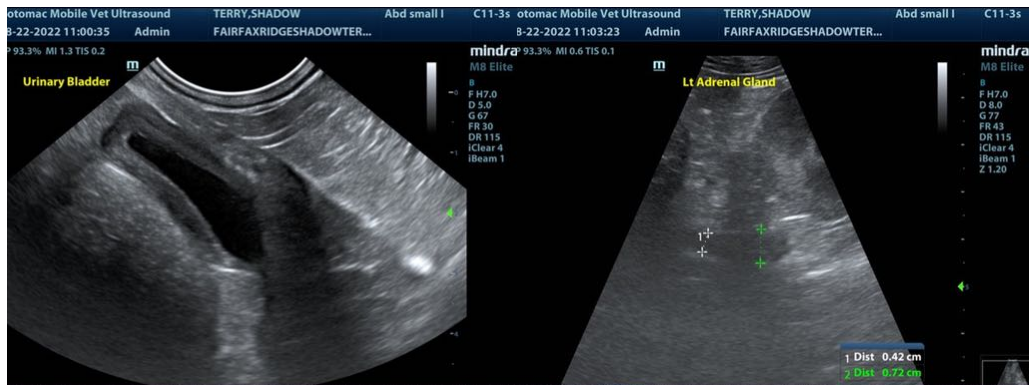
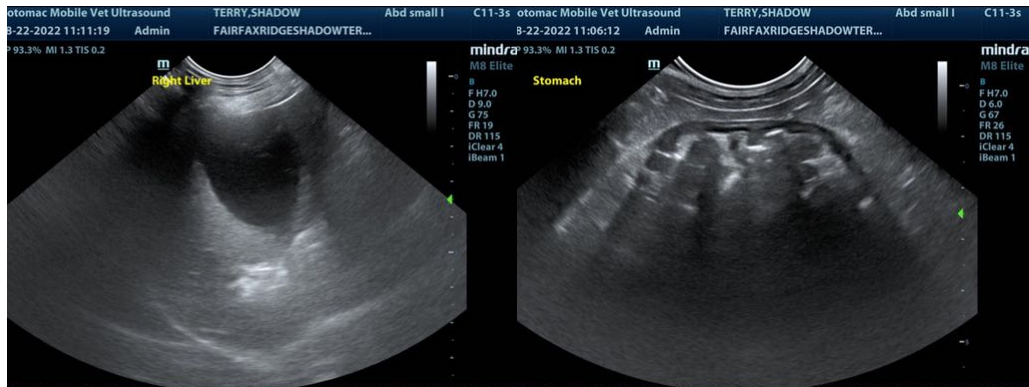
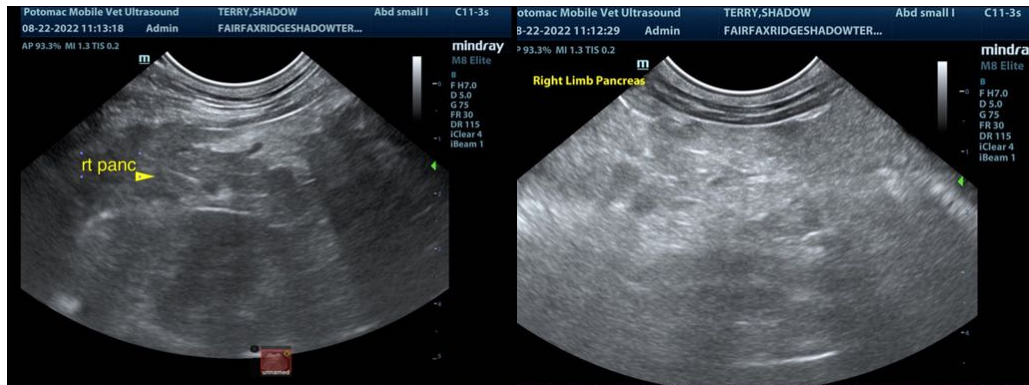
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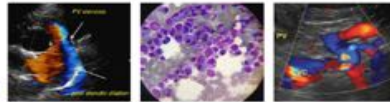
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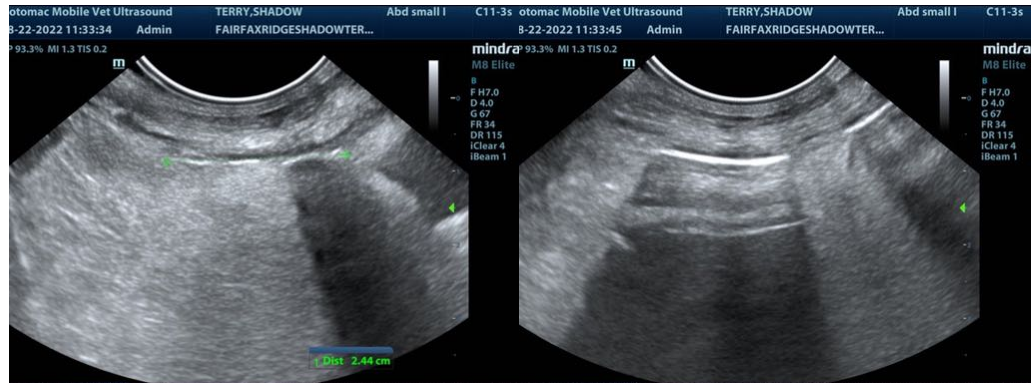
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com