



**PATIENT**

Cash Byrd

**SPECIES**

Canine

**BREED**

German Shepherd

**SEX**

Neutered Male

**AGE**

4 Years

**WEIGHT**

60.5 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Couser

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Dewlaney

**INVOICE**

25014

**DATE**

8/28/21

**PRESENTING CLINICAL SIGNS**

history - presented 8/26 for acute severe hematemesis, possible access to blood thinner (clopidogrel), no access to nsaid or rat bait.

Abnormal PE/Chem/CBC/UA Results: PT/PTT wnl, cbc nsf (PLT wnl), bun 52, lac 2.92, rest nsf. BMBT WNL. Rads show megaesophagus, fluid filled stomach (r/o pyloric outflow obstruction v hemorrhage v other), mottled mesenteric fat, congenital thoracic cage asymmetry, follow up rads show consistent megaesophagus. Has been hosp with IVF, gi protectants. Lactate normalized, no continuous vomiting, no diarrhea. kept NPO. plan for barium series after US.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 kidneys measured 7.0 cm each.

**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 0.5 cm.

**Spleen**

The **spleen** was folded upon itself cranially, uniform. No evident pathology.

**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 with a minor amount of dependent debris. 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 **gastric fundus** was overdistended with chyme, yet the pylorus was patent. The small intestine and colon were unremarkable.



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**Pancreas**

Cash Byrd

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**

- Retention of gastric ingesta
- Folded spleen, positional anomaly

**BREED**

German Shepherd

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No other evidence of pathology. Supportive care should prove effective. GI protectant protocol and antiparasitic protocol warranted. No evidence of obstruction.

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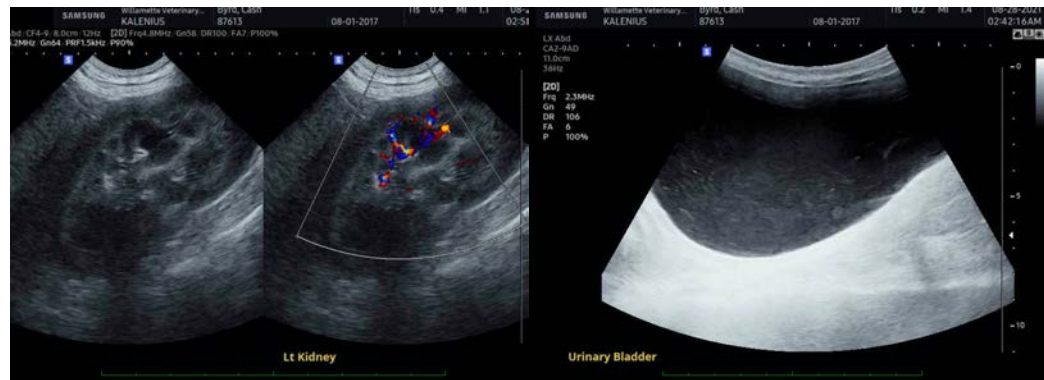
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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