



PATIENT PRESENTING CLINICAL SIGNS

Willie Weldy

SPECIES

Canine

BREED

Boxer X

SEX

Intact Male

AGE

10

WEIGHT

84.4

Patient presented initially on 7/21/23 for vomiting and not eating for 4 days. Patient and housemates had diarrhea but that resolved. No known ingestion but patient had GIBB surgery in 2015. Owner concerned with distended abdomen. Patient had serial rads done and spot AUS, no obvious obstruction noted at that time. Patient stopped vomiting with Cerenia, Famotidine, IVF/SQF, PenG, VitB12, Dexamethasone, and was discharged from hospital with Metronidazole, Omeprazole, and Panacur. Patient did well at home eating and no vomiting with normal BM for owner until afternoon of 8/1/23 when he started vomiting again and stopped eating. Owner has not seen him have BM for about 24 hr. Owner reports that he ate better after receiving Dexamethasone injection and Baytril injection on 8/2/23 but seemed very uncomfortable on palpation of his abdomen and abdominal distention noted by owner evening of 8/3/23. Other Dr. in practice also prescribed Metoclopramide, Prednisolone, and SMZ960mg on 8/2/23. Owner has noted some dark, tarry stool within the last 48hr. Pet has lost 6lb since 7/21/23.

Abnormal PE/Chem/CBC/UA Results: 7/21/23- CBC (WBC 17.37, NEU 14.55, EOS 0.02, MPV 13.4), CHEM (all values wnl), CPL (Normal), 4DX test (Negative), Parvo (Negative) Rads- gas distention that improved on serial rads over 24hr Spot AUS- No obvious obstruction. 8/4/23- Rads- concerning gas dilation and loss of detail mid-abdomen ventrally on lateral views. Additional bloodwork not performed today. PE- mm pink/m, QAR, mild abdominal distention, uncomfortable on palpation of mid-abdomen, prostate palpates enlarged and uncomfortable on palpation. No stool palp within rectum. H/L wnl. Steady, synchronous pulses.

INTERPRETED BY ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Eric Lindquist, DMV

Urinary System

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Dr. Mack

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.5 cm. The right kidney measured 8.6 cm.

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Dr. Mack

Adrenal Glands

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The **left adrenal gland** was mildly enlarged, uniform, measuring 1.2 cm.

The **right adrenal gland** was normal in size, measuring 1.2 cm at the cranial pole and 0.70 cm at the caudal pole.

DATE

8/4/23

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



PATIENT

congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

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Liver

SPECIES

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.

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Gastrointestinal

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The upper **gastrointestinal tract** was empty. However, the distal small intestine revealed some luminal fluid dilation and a focal portion of strictured bowel the mid caudal abdomen with irregular mural thickening. Reactive mesentery noted around the affected bowel.

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Pancreas

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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

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INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

Eric Lindquist, DMV

- Slightly enlarged left adrenal gland
- Focal enteritis pattern with focal dysfunctional bowel
- Age related renal and pancreatic changes

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dr. Mack

No overt foreign body found. An emerging neoplastic process cannot be completely ruled out. Recommend IV fluid support, broad-spectrum antibiotics, and recheck sonogram of this portion of bowel in 48 hours, or direct exploratory surgery. There is a minor amount of stasis noted prior to the focal intestinal thickening. Prognosis is guarded.

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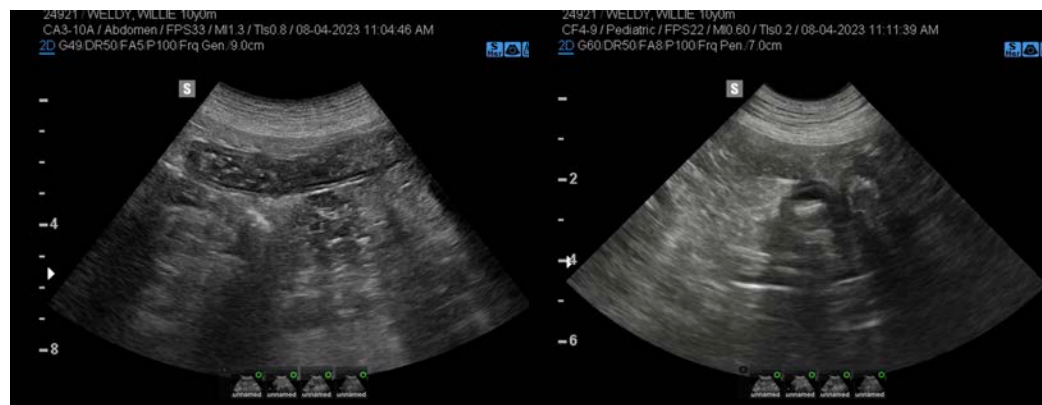
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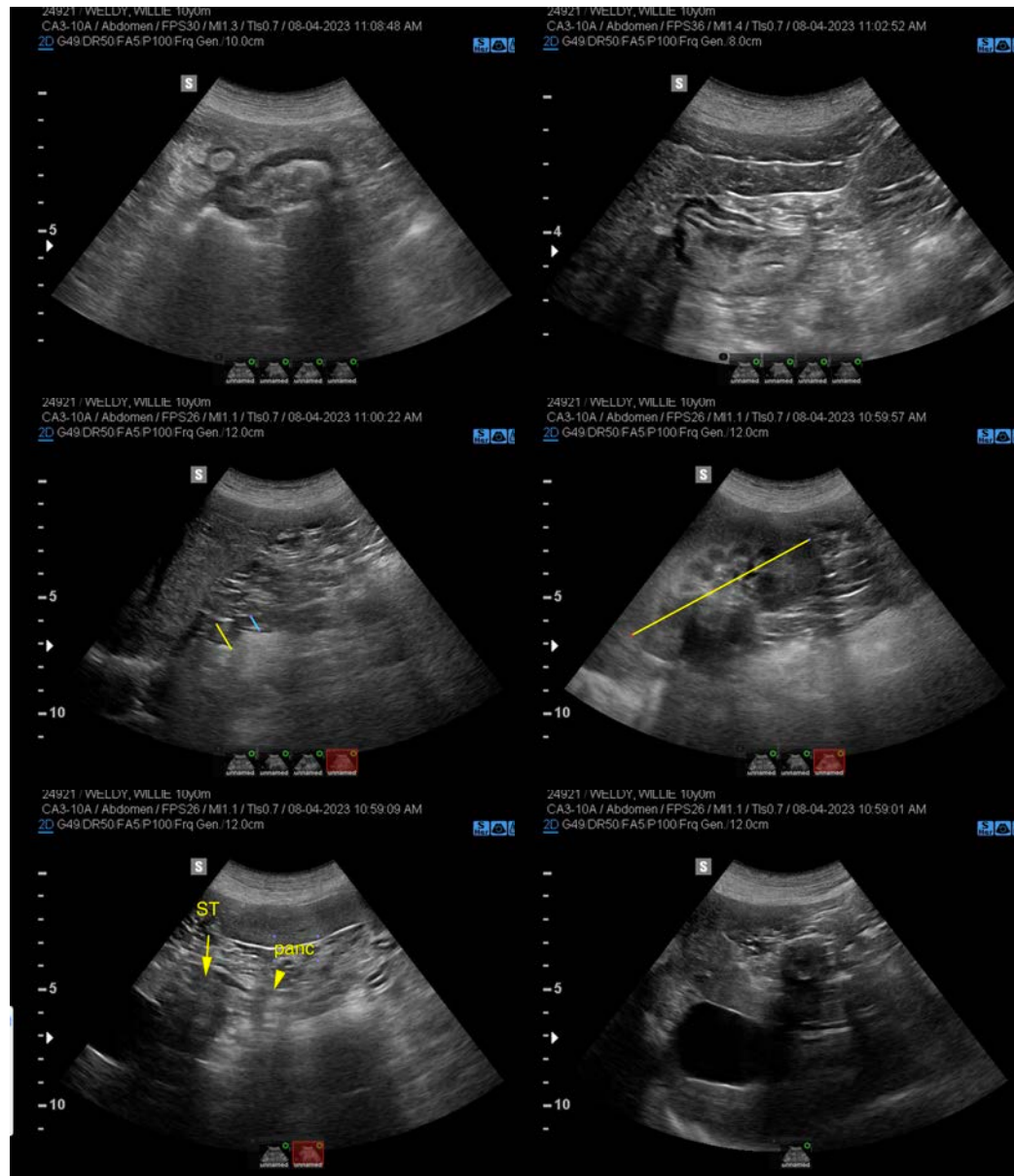
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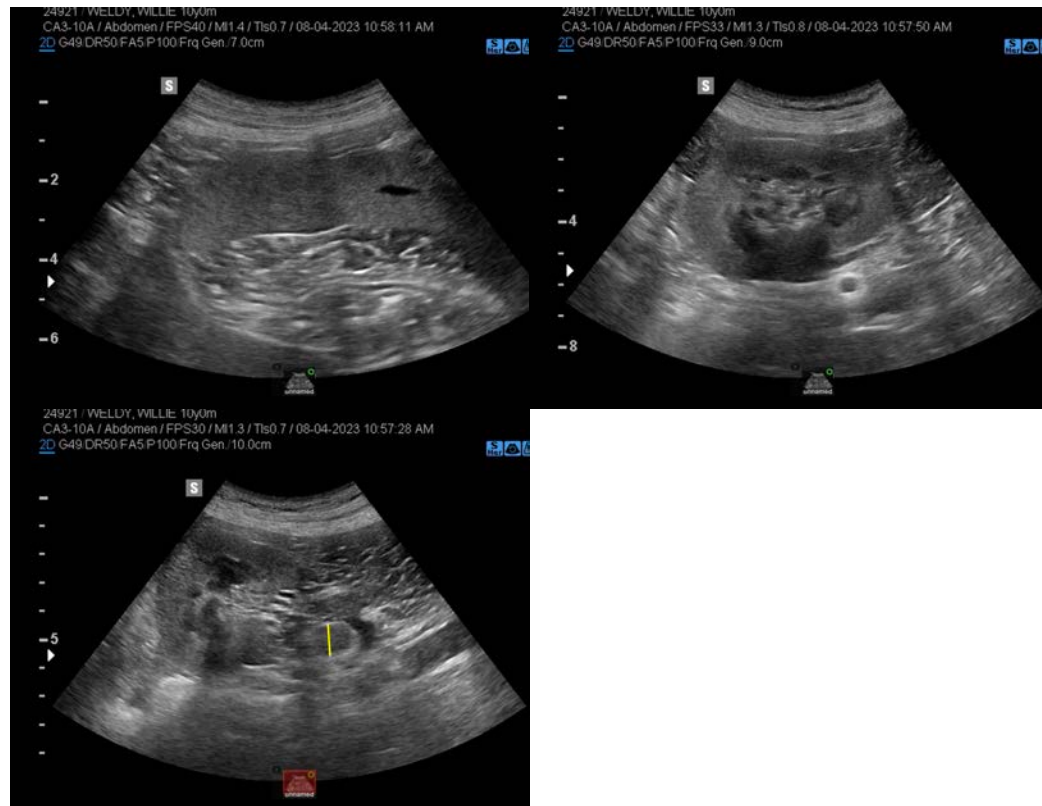
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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