



**PATIENT**

Mack Taylor

**SPECIES**

Canine

**BREED**

Parson Russel Terrier

**SEX**

Neutered Male

**AGE**

1 Year 9 Months

**WEIGHT**

8 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Stan Gira

**HOSPITAL NAME**

Sabadilla AC

**REFERRING VET**

Dr. McNeilly

**INVOICE**

23831

**DATE**

8/7/23

**PRESENTING CLINICAL SIGNS**

History: Hematemesis , lethargy . Rads wnl

Abnormal PE/Chem/CBC/UA Results: BW wnl

**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 right kidney measured 4.6 cm. The left kidney measured 4.6 cm.

**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 right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland measured 0.37 cm at the cranial pole and 0.36 cm at the caudal pole.

**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. A minor amount of free fluid was noted between the liver lobes.

**Gastrointestinal**

The **stomach** presented concentric wall thickening (1.5 cm) with mucosal hypertrophy. Submucosal layer appeared to be intact. The distal small intestine revealed an intussusception with reactive surrounding mesentery and free fluid. Curvilinear patterns were maintained with an empty lumen.

**Pancreas**



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The right limb of the **pancreas** was hypoechoic and irregular with mild enhanced mesentery. The left limb of the pancreas revealed mixed echogenic changes with enhanced mesentery and hypoechoic focal changes, consistent with chronic active pancreatitis.

## SPECIES

Canine

## Free Abdomen

Trace **fluid** was noted, which is alarming.

## BREED

Parson Russel Terrier

## ULTRASONOGRAPHIC FINDINGS

- Intussusception and gastritis pattern- minimal potential for neoplasia. No evidence of foreign bodies.
- Hypoechoic right limb of the pancreas and mixed echogenic changes in the left pancreatic limb.
- Free fluid

## AGE

1 Year 9 Months

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend immediate exploratory surgery with reduction of the intussusception and inspection and biopsies of the stomach and small intestine to assess for helicobacter or minor potential for neoplasia, as well as inflammatory cell type. Prognosis is guarded.

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## REFERRING VET

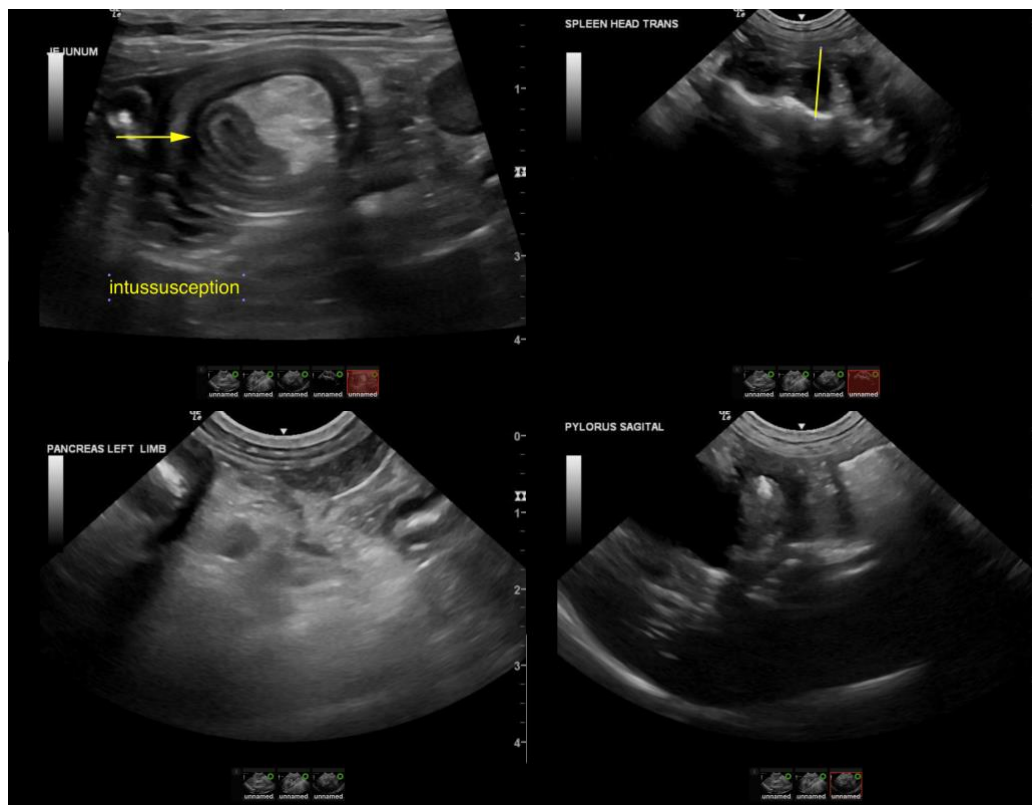
Dr. McNeilly

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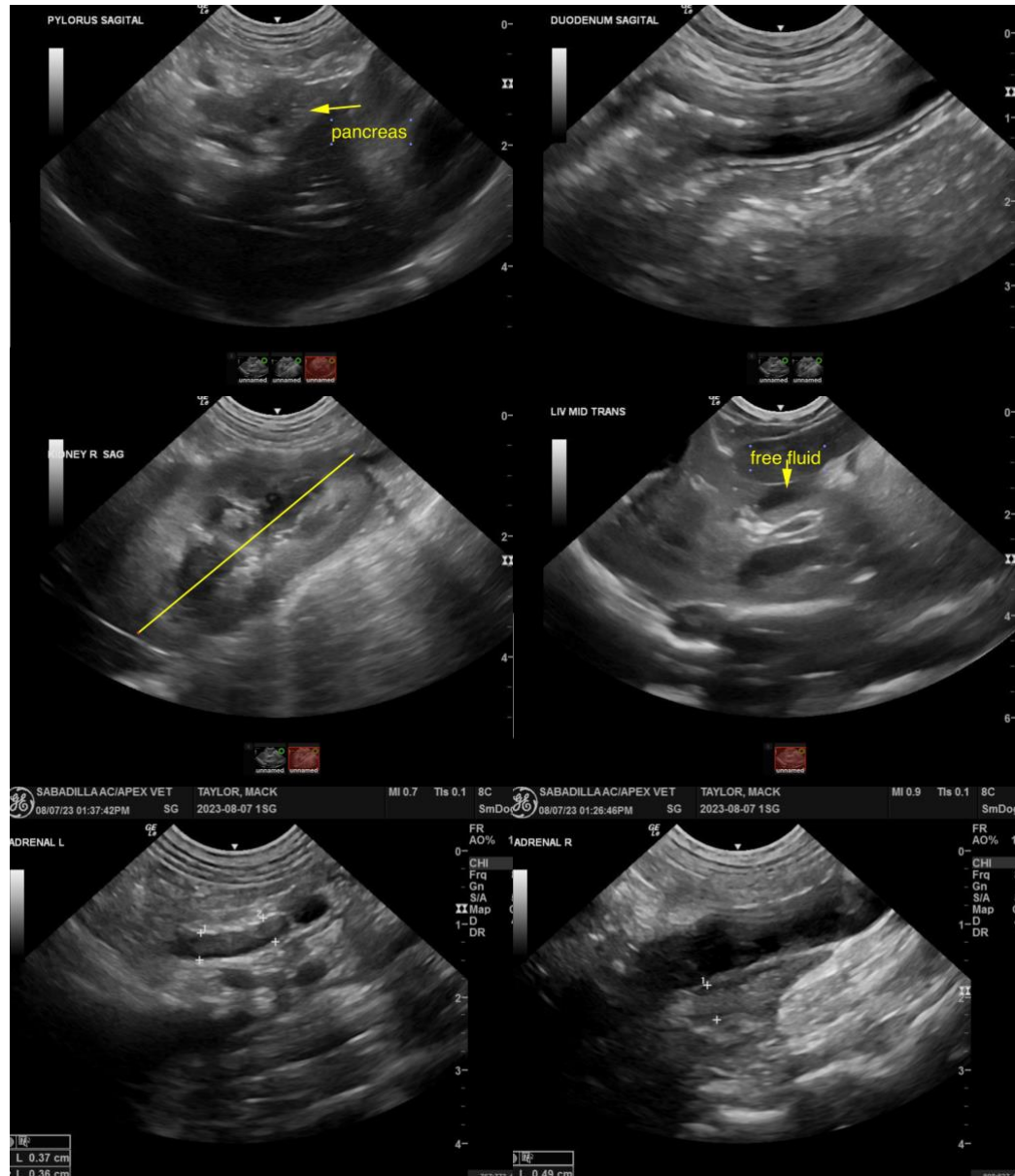
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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