



**PATIENT**

Dookie Horgan

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Male

**AGE**

12 Years

**WEIGHT**

37.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Donna Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Central Island Vet  
Emergency Hospital

**INVOICE**

40942

**DATE**

9/1/22

**PRESENTING CLINICAL SIGNS**

Presented on August 31st to emergency with a history of vomiting pieces of plastic and a large clump of hair (owner's) followed by anorexia and continued vomiting. The plastic in the vomitus had apparently been swallowed about 4 months ago. Treated at rDVM with cerenia but vomited. Dookie regurgitated yellow liquid two times overnight at emergency hospital. He had not regurgitated in the morning of this exam. On PE, a pendulous abdomen was noted with no masses palpated. No fever was noted. Dookie was dehydrated. Poor serosal detail was noted on abdominal radiographs, but no fluid was noted on POCUS ultrasound study. Laboratory results showed mild monocytosis and mildly increased ALP. Dookie is being treated with IV fluids, pantoprazole, cerenia, and methadone. He is also on surolan and Apoquel. The ultrasound was requested as pyloric outflow obstruction was suspected. The images were all obtained in lateral recumbency as dorsal seemed to make Dookie panic, and there was concern for more regurgitation.

Abnormal PE/Chem/CBC/UA Results: 8/31/2022 MONOS \*\* 1.87 x10<sup>9</sup>/L (0.16 - 1.12) ALKP = 277 U/L (23 - 212)

**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 prostate was enlarged at 4.36 cm. Microcystic changes with pericapsular inflammatory pattern.

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 measures 7.7 cm. The right kidney measured 7.08 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 left adrenal gland measured 2.13 cm x 0.53 cm at the caudal pole and 0.50 cm at the cranial pole. The right adrenal gland measured 0.60 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 were noted.

**Liver**

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal



**PATIENT**

Dookie Horgan

contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

**SPECIES**

Canine

**Gastrointestinal**

The **stomach** was empty, yet mild pyloric thickening was noted with a trace amount of chyme. The distal small intestine revealed luminal chyme and dilation with hyperperistalsis. The dilated distal small intestine was followed by empty small intestine.

**BREED**

American Bulldog

**Pancreas**

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.

**SEX**

Male

**ULTRASONOGRAPHIC FINDINGS**

- Partial obstructive pattern with dilated small intestine followed by empty small intestine, cause is unclear
- Mild pyloric thickening
- Concurrent prostatitis

**AGE**

12 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The underlying obstructive cause may be regional dysfunctional bowel, intestinal rotation/torsion, adhesions, or non-visible foreign matter. No obvious evidence of neoplasia. Recommend 24-hour NPO, medical support for GI upset, and recheck sonogram following any residual dilated small intestine to its finality to assess if there is any persistent obstructive pattern. Often if focal dysfunctional bowel is causing this minor obstructive pattern, IV fluid support and hydration of the bowel will resolve the issue. FNA of the prostate warranted to ensure prostatitis is present as opposed to underlying carcinoma. Unremarkable abdomen otherwise.

**WEIGHT**

37.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Donna Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Central Island Vet  
Emergency Hospital

**INVOICE**

40942

**DATE**

9/1/22





**PATIENT**

Dookie Horgan

**SPECIES**

Canine

**BREED**

American Bulldog

**SEX**

Male

**AGE**

12 Years

**WEIGHT**

37.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Donna Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

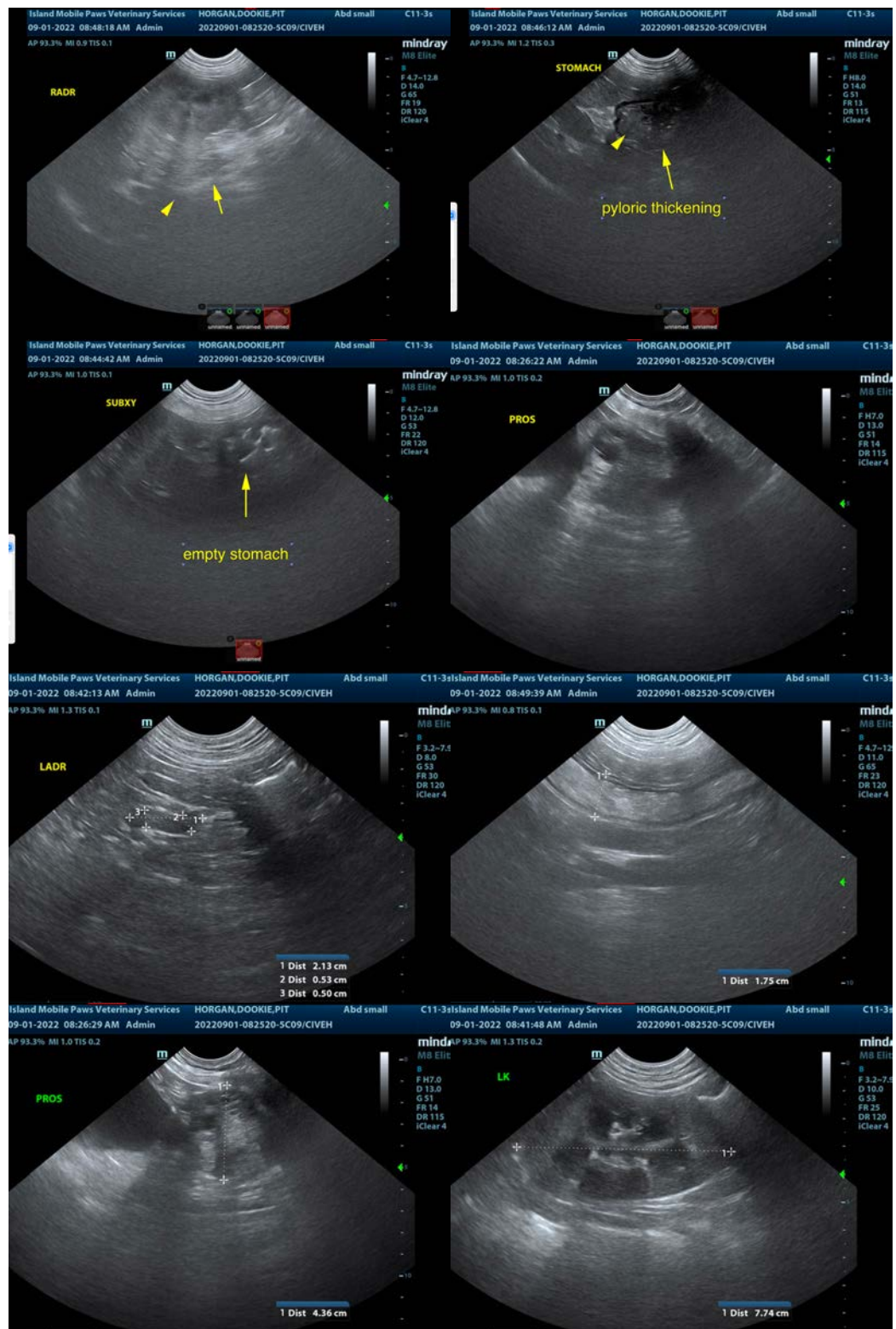
Central Island Vet  
Emergency Hospital

**INVOICE**

40942

**DATE**

9/1/22





**PATIENT**

Dookie Horgan

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.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

**BREED**

American Bulldog

**SEX**

Male

**AGE**

12 Years

**WEIGHT**

37.1 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Donna Markland

**HOSPITAL NAME**

Island Mobile Paws VS

**REFERRING VET**

Central Island Vet  
Emergency Hospital

**INVOICE**

40942

**DATE**

9/1/22