



PATIENT

Harley Brown Paws

SPECIES

Canine

BREED

Weimaraner

SEX

Intact Female

AGE

6 Months

WEIGHT

29 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Brian Klug

HOSPITAL NAME

Sondel Family VC

REFERRING VET

Dr. Hannah Mortensen

INVOICE

40978

DATE

9/1/22

PRESENTING CLINICAL SIGNS

Unknown history, recent rescue. History: Rescue obtained P yesterday from an individual who had "rescued" patient from a breeder. Breeder did not want puppy because she had a significant overbite. This individual had P for 5 days, but was on vacation during that time. Reported history of intermittent soft stools / diarrhea - unconfirmed. The family members watching P stated that P was not eating, vomiting, and had diarrhea. Rescue also couldn't get P to eat, but did syringe feed some canned food last night. Patient is reported to have been vomiting for the last several days which caused her to loose weight. Rescue reports that P seems interested in food (took a slice of pizza, but dropped it), but won't eat. P did vomit 1x while they have had her. She has not had a bowel movement. The rescue gave SQ fluids last night and about 60 mls this am. They believe P has been vaccinated, but do not have paperwork today. The rescue also dewormed P last night (unknown dewormer). 9/1 - ate about 1/4th of a hot dog and some cheese today. no vomiting with rescue today or bowel movements. Gave about 180 mL LRS SQ today.

Abnormal PE/Chem/CBC/UA Results: BCS - 1-2/9 Fluid filled bowel on ultrasound today - gas filled yesterday. mildly decreased albumin, amylase, lipase, monocytes 2.26, eosinophilia 0.08, decreased platelets 112 (clumped on slide).

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 left kidney measured 6.35 cm. The right kidney measured 6.0 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 0.42 cm at the caudal pole and 0.41 cm at the cranial pole. The right adrenal gland measured 0.60 cm at the cranial pole and 0.40 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



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

Gastrointestinal

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The **stomach** itself was unremarkable. The distal small intestine revealed an enlarged dilated portion of small intestine with hyperperistalsis and echogenic chyme followed by empty small intestine. This creates an obstructive pattern. The exact cause of obstruction is unclear. Mesenteric lymph nodes were enlarged, measuring 2.0 cm x 1.0 cm. Localized free fluid noted. The colon was largely empty, minimal stool present. Large amount of gas noted, obscuring some acoustic visibility.

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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.

Free Abdomen

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Free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Obstructive distal GI pattern with mesenteric lymphadenopathy and free fluid

WEIGHT

29 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend exploratory surgery in this patient. Intestinal torsion, non-visible obstruction/foreign body possible. The stomach presented a minor amount of chyme. GI and lymph node biopsies indicated. The amount of free fluid present appears pathological.

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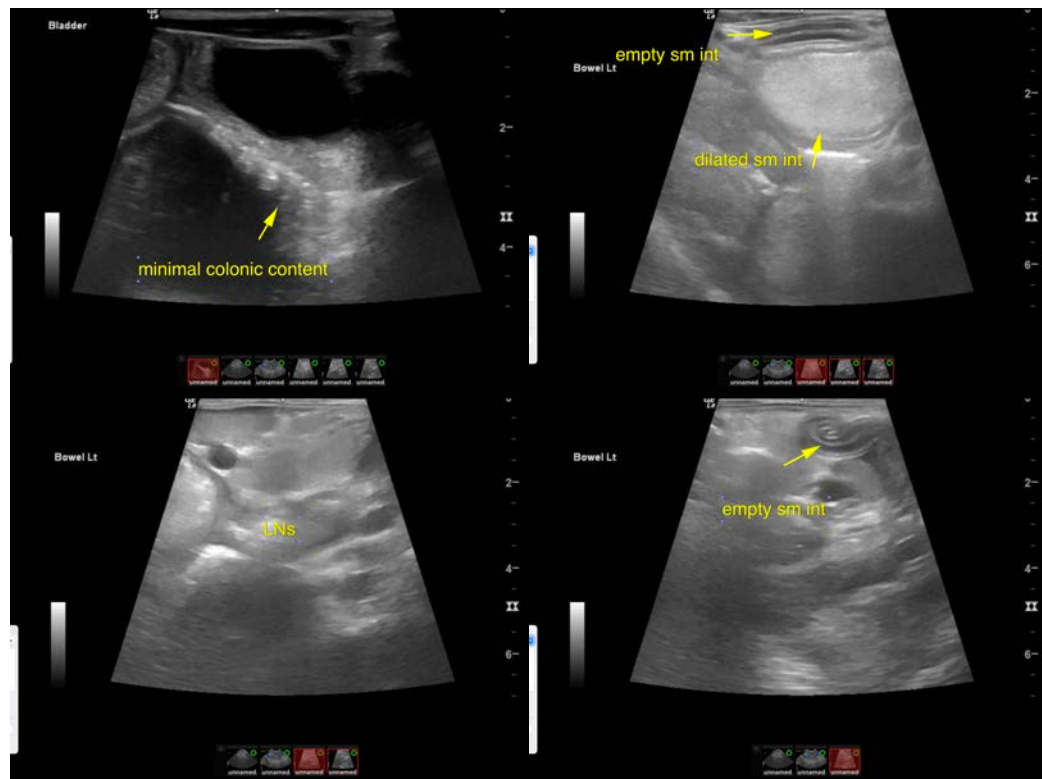
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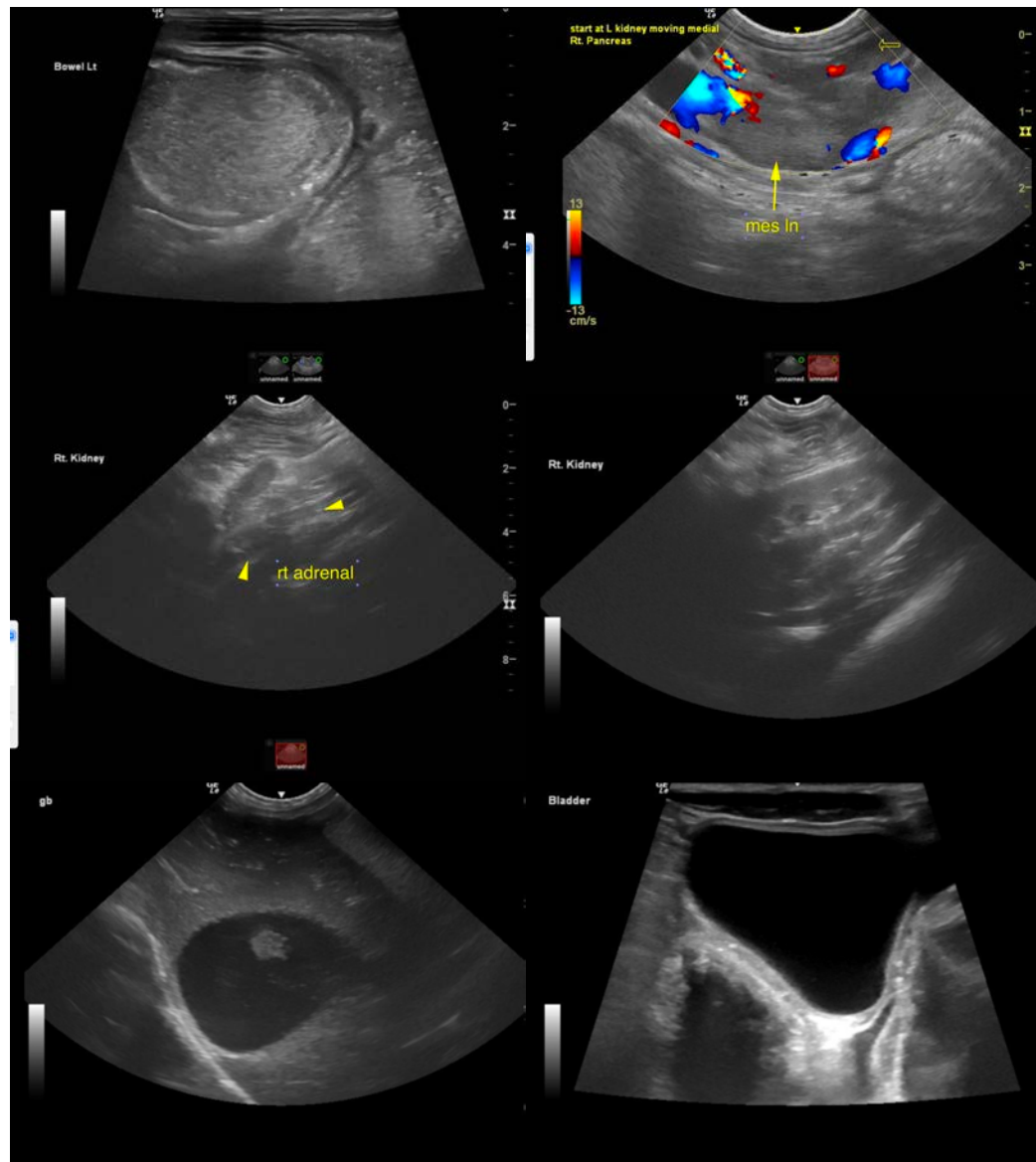
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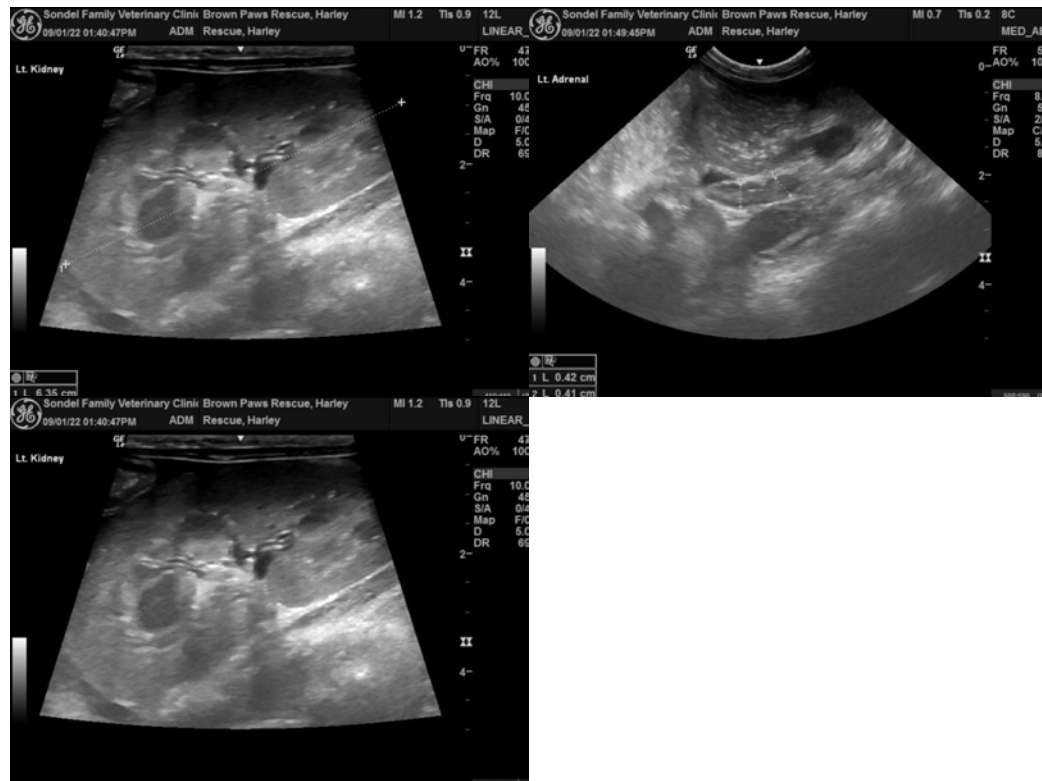
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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