



PATIENT

Diego Lindstrom

SPECIES

Canine

BREED

Yorkshire Terrier Mix

SEX

Neutered Male

AGE

9 Years

WEIGHT

3 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Gira

HOSPITAL NAME

Resolution VU, LTD

REFERRING VET

Dr. Jenna Lindstrom

INVOICE

17370

DATE

9/17/22

PRESENTING CLINICAL SIGNS

History: Recent episode of vomiting , weight loss , diarrhea

Abnormal PE/Chem/CBC/UA Results: Moderate elevation of ALT 148 U/L 10-125 ALP 342 U/L 23-212 BUN 20.7 mmol/L 2.5 - 9.6 Creat 203 umol/L 44-159 SDMA 47 0-14 P 2.90 mmol/L 0.81 - 2.20 UA not available at the time of scan

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal. This is a mild change.

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 3.54 cm. The right kidney measured 3.34 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 0.48 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 0.5 cm at the caudal pole and 0.41 cm at the cranial 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** revealed increased portal markings. Minor gallbladder debris was noted.

Gastrointestinal

The **stomach** was overdistended with chyme and ingesta. Intussusception appeared to be present in the region of the pylorus, however, the exact location cannot be ascertained. Appears to be a pyloric intussusception, yet this is very rare. The distal small intestine was unremarkable and empty.

Pancreas

The **pancreas** revealed undulating contour and hyperechoic irregular parenchyma, suggestive for. Inflammation.



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ULTRASONOGRAPHIC FINDINGS

- Delayed gastric outflow with intussusception- suspect pyloric/duodenal
- Concurrent pancreatitis
- Mild age-related urinary bladder changes
- Increased portal markings in the liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory surgery is indicated. No evidence of masses. The mass effect is likely created by overdistention of the stomach and gastric fundus on radiographs.





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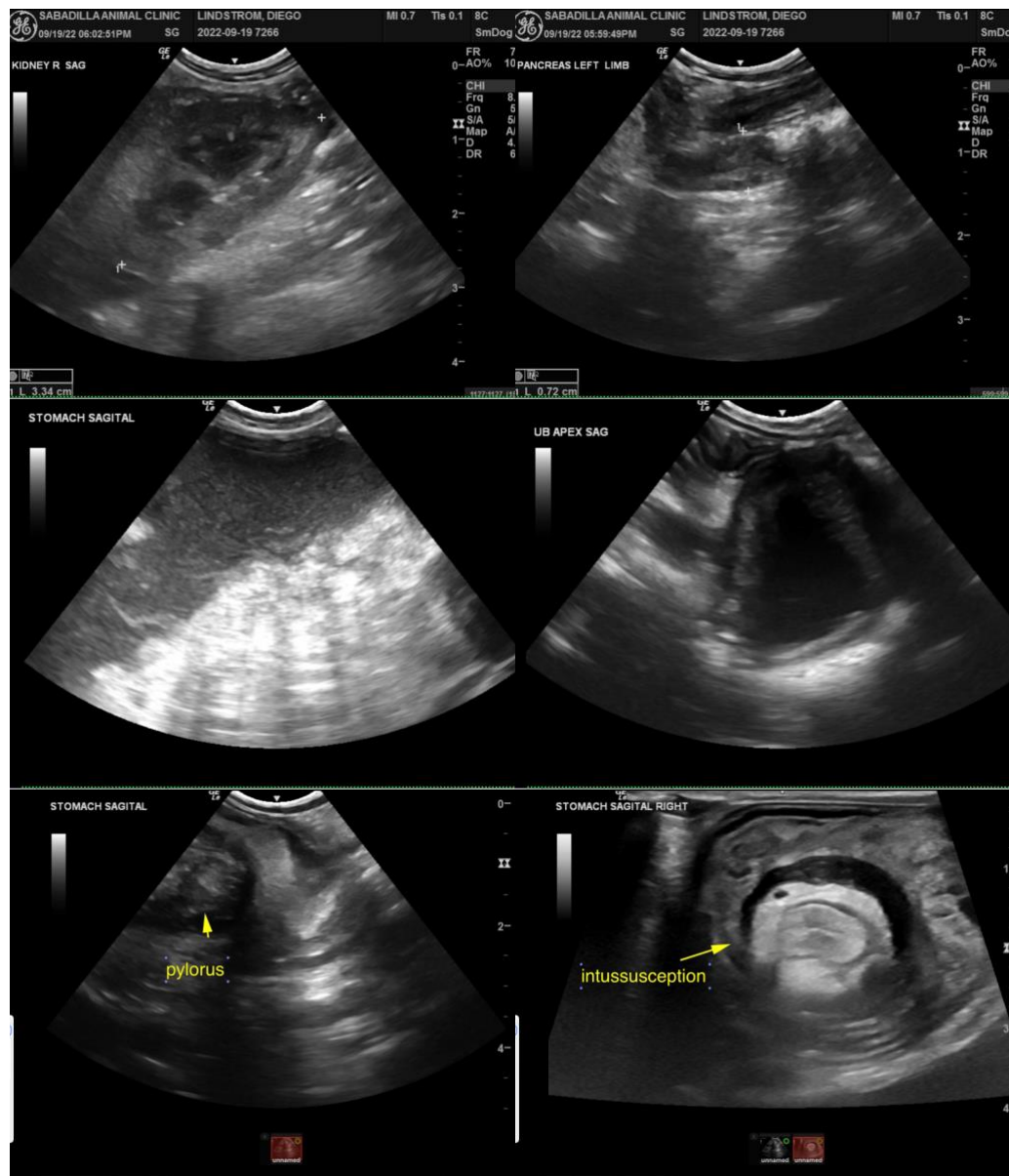
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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