



PATIENT

Huey Long Navin

SPECIES

Canine

BREED

Mountain Feist

SEX

MI

AGE

6

WEIGHT

44.6

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Waffle

HOSPITAL NAME

Torch Lake Veterinary
Clinic

REFERRING VET

Adrienne Waffle

INVOICE

11510ag

DATE

09/02/2022

PRESENTING CLINICAL SIGNS

Hx of weight loss (20 lbs) of 6 weeks duration. Elura started by ER clinic last night
Abnormal PE/Chem/CBC/UA Results: Bloodwork from 8/30 Lymph - 0.7 WBC - WNL ALB - 2.2

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly thickened. Anechoic fluid was noted adjacent to the bladder. The 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. 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 5.0 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were not visualized.

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

Gastrointestinal

Examination of the upper gastrointestinal tract revealed dilated small intestine with a 2.0 cm small intestinal progressively shadowing foreign body followed by empty small intestine. A minor amount of free fluid noted. A large amount of intestinal gas was noted owing to the GI obstruction. A portion of obstructed intestine was also thickened measuring ~ 3.0 x 2.0 cm adjacent to the foreign body. Severe upper GI dilation and stasis was present.

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.



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ULTRASONOGRAPHIC FINDINGS

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- Small intestinal obstructive pattern with foreign body and minor free fluid
- Concurrent small intestinal thickening-possible neoplasia

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Immediate exploratory surgery is indicated with expectation towards enterotomy or resection and anastomosis.

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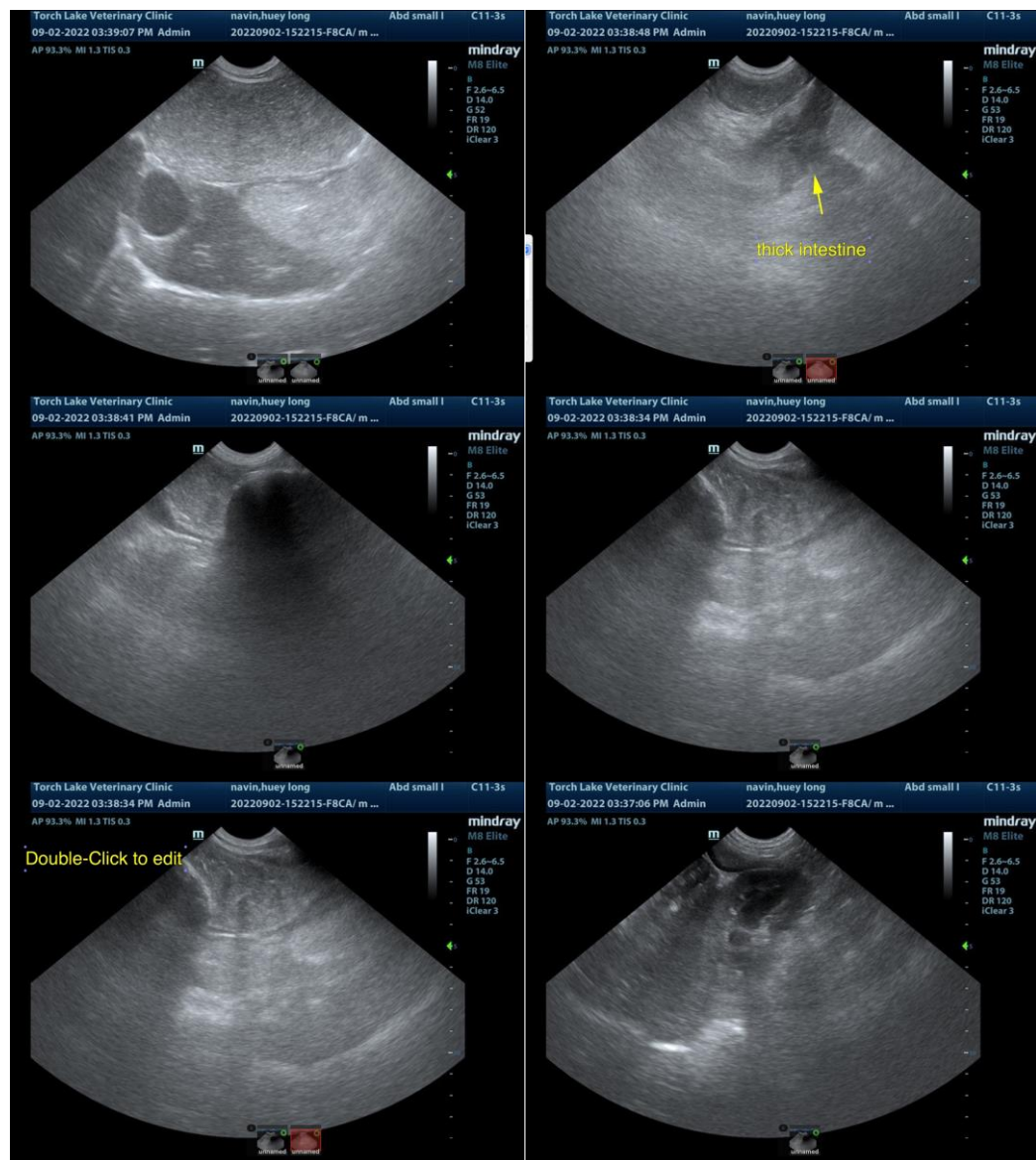
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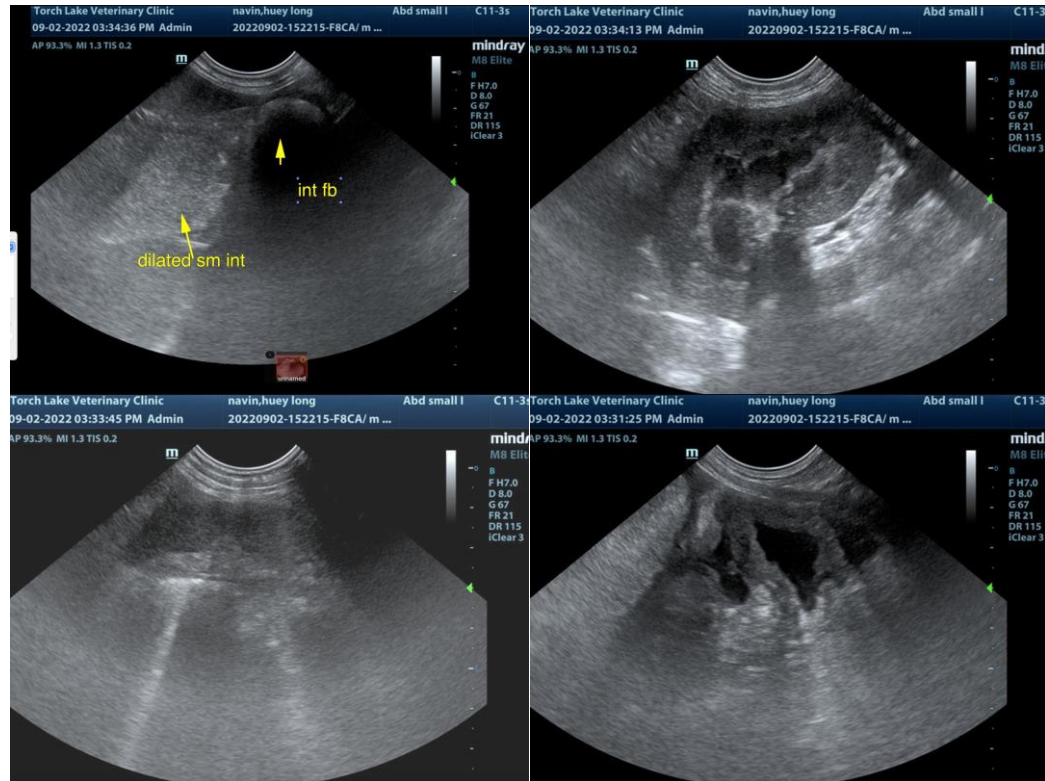
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY
Adrienne Waffle

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Eric.Lindquist@SonoPath.com

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