



PATIENT

Oakley Pfeifer

PRESENTING CLINICAL SIGNS

History: Hx of vomiting, referred for possible foreign body and exploratory laparotomy. Abdominal radiographs were unremarkable. Previous Hx of indiscriminate eating, pancreatitis, and parasites

SPECIES

Canine

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 was noted. Ureteral papillae were normal.

BREED

Goldendoodle

SEX

Male

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 6.86 cm. The left kidney measured 4.58 cm.

AGE

1 ½ years

WEIGHT

33.4 lbs

Adrenal Glands

The left **adrenal gland** was 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 1.38 x 0.27 cm at the caudal pole and 0.36 cm at the cranial pole. The right adrenal gland was not visualized.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carter

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 was noted.

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Badigian

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. Gallbladder edema was present.

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Gastrointestinal

DATE

9/9/22



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Mucosal hypertrophy was noted in the **stomach**. The small intestine and colon was unremarkable. Reactive mesentery was noted around the upper gastrointestinal tract.

Pancreas

SPECIES

Canine

The **pancreas** revealed ill-defined changes.

BREED

Goldendoodle

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis.

Cholangitis or possible immune mediated gallbladder based gallbladder edema.

Low-grade pancreatitis is suggested, yet changes were minor.

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

1 ½ years

There was no evidence of foreign body. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. 24 hour n.p.o., plasma expanders, GI protectants are all indicated. Baseline cortisol is recommended to rule out Addison's especially given the right adrenal gland was not visualized even though the region was adequately imaged.

WEIGHT

33.4 lbs

FURTHER IMAGES PROVIDED

INTERPRETED BY

Eric Lindquist, DMV
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Further images revealed the caudal abdomen had a 4.0 x 2.0 cm mixed, hypoechoic, undifferentiated portion of intestine with peripheral inflammation. Differentials include emerging round cell neoplasia, lymphoma, spontaneous necrosis, bowel infarction. There was no overt evidence of metastatic disease noted. Exploratory surgery with resection and anastomosis is indicated. Ultrasound-guided FNA could be attempted; however, it may be difficult to exfoliate this type of lesion.

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Intestinal infiltrative pattern/ focal mass in the caudal abdomen. This is likely jejunum. This appears isolated and resectable.

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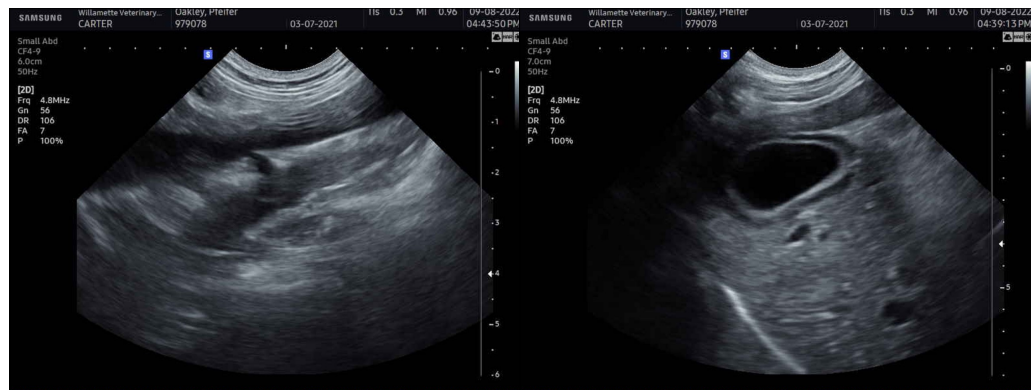
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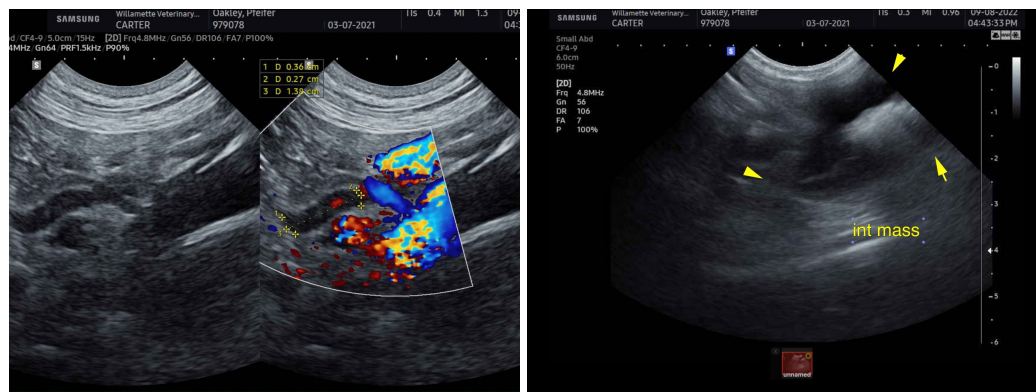
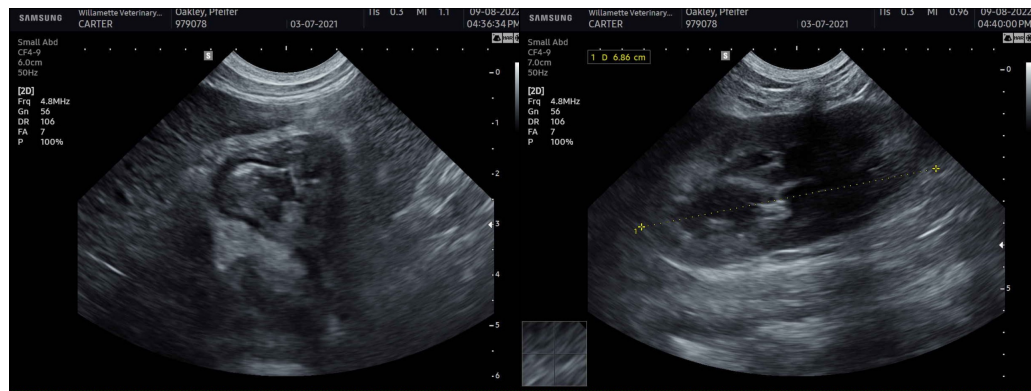
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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