

PATIENT

Sable Kenagy

SPECIES

Canine

BREED

German Shepherd

SEX

Spayed female

AGE

6 years

WEIGHT

108 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Reid VH

REFERRING VET

Dr. Reid

DATE

2/7/23

Invoice

42595

PRESENTING CLINICAL SIGNS

History: - Recently adopted from a potentially negligent household - lethargic - decreased appetite - Possible mass appreciated cranial mid-ventral abdomen on gentle palpation. No painful response appreciated - Vomiting x 5days Current Medications Cerenia, Metronidazole, B12 injection
Radiographic Findings 2-view abdomen rads - small and large bowels displaced into caudal abdomen with no obvious obstructive pattern, no obvious radiopaque mass. Stomach apparently empty. Liver apparently WNL, large spleen noted on lateral, VD Will send rads via email Primary Question/Differential to Be Answered in This Exam - R/o neoplasia (benign vs. malignant), FB object, pancreatitis, gastroenteritis, GERD, other

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.

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 8.0 cm and the left kidney measured 8.04 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 3.55 x 0.64 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 3.63 x 2.11 cm at the cranial pole and 0.8 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 was noted.



PATIENT *Liver*

Sable Kenagy

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 was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted.

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Gastrointestinal

The **stomach** was over distended with fluid. The upper duodenum was thickened and mildly dilated to a point of a mid descending duodenal foreign body that measured approximately 3.0 cm. Reactive mesentery was noted in the region associated with the small intestine. Unhealthy bowel was present up to the point of the foreign body. Variable other areas of small intestine appeared to be mildly thickened.

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Pancreas

Minor heterogenous changes were noted in the right **pancreatic** limb.

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ULTRASONOGRAPHIC FINDINGS

Upper duodenal foreign body with chronic inflammatory bowel presentation with acute inflammation.

Secondary minor pancreatitis.

INTERPRETED BY

Localized peritonitis.

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal resection may be necessary depending on surgical parameters. Intestinal biopsies are essential as the foreign body is part of the process; however, chronic mural intestinal lesions also appeared to be present. Immediate surgical intervention is recommended.

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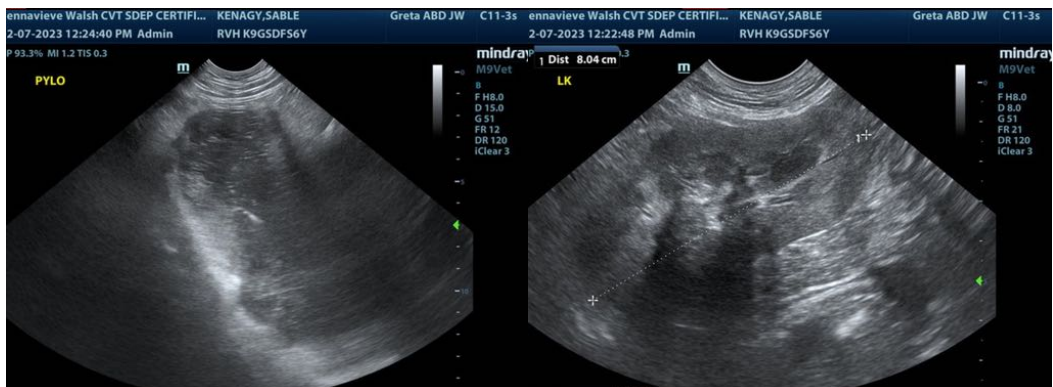
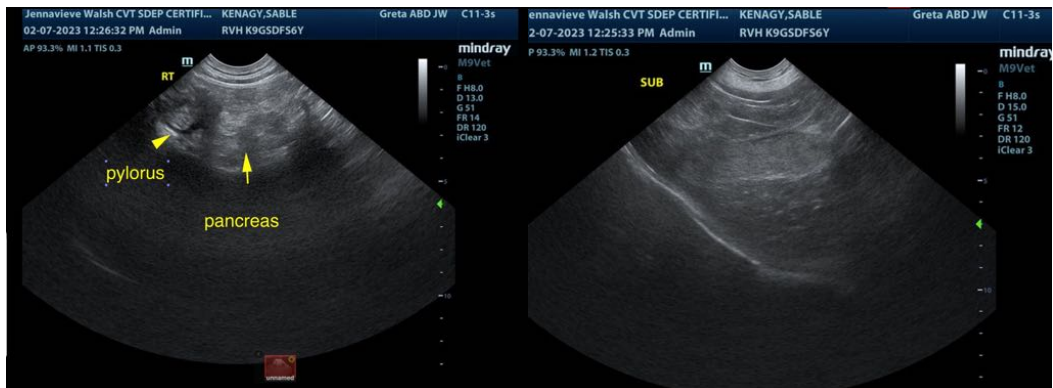
Dr. Reid

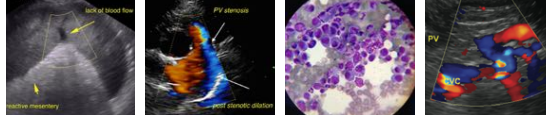
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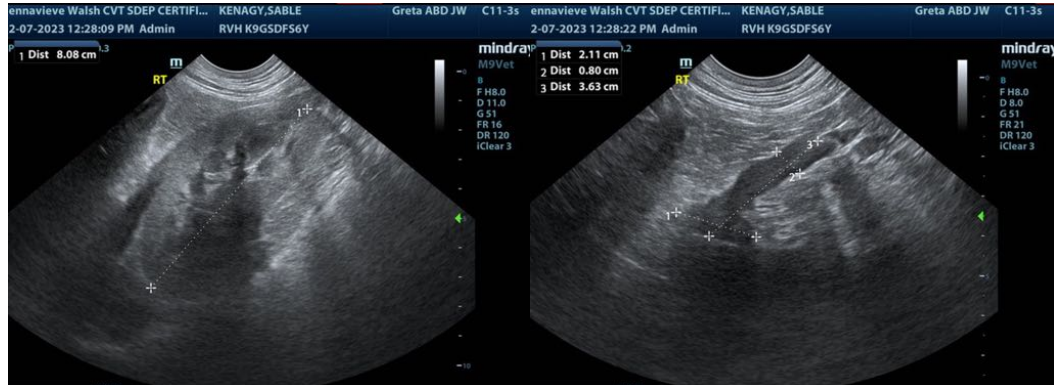
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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