



PATIENT

Striker Perez

SPECIES

Canine

BREED

Border Collie

SEX

Male

AGE

1 Month

WEIGHT

2 pounds

INTERPRETED BY

Kim Radway, DVM,
DABVP (Canine/
Feline)

IMAGING PERFORMED BY

Kristin Evans

HOSPITAL NAME

Emergency Animal
Hospital of Crystal
Falls

REFERRING VET

Dr. Jill Kirshenbaum
DVM

INVOICE

15051

DATE

04/13/26

PRESENTING CLINICAL SIGNS

O adopted 2 days ago and noticed worms in stool. Today started vomiting blood with lots of worms and became very lethargic. Having diarrhea as well. O says had one vaccine from tractor supply.

Abnormal PE/Chem/CBC/UA Results: none performed at this time (Parvo snap negative)

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone and pelvic urethra presented with normal wall thicknesses with anechoic urine and normal tone. No uroliths or masses were noted in the lumen of the bladder. No evidence of inflammatory or neoplastic changes were noted. The ureters were not visible and considered normal.

The **kidneys** revealed normal size, corticomedullary definition and ratio with the cortex being 1/3 of medulla. Medullary echogenicity differed distinctly from that of the cortex and no evidence of dilation could be seen. The renal pelvic diverticuli were distinct in character. The capsules were acceptably uniform without dramatic irregularities. The left kidney measured 3.4 cm in length. The right kidney measured 3.49 cm in length.

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 acceptable. The left adrenal gland measured 0.94 cm x 0.18 cm x 0.23 cm. The right adrenal gland measured 1.54 cm x 0.25 cm x 0.25 cm.

Spleen

The **spleen** presented with a smooth homogeneous parenchyma hyperechoic to liver and kidney. The capsule was smooth and linear in its contour. The splenic vasculature demonstrated normal volume without signs of congestion, significant contraction, or thrombosis.

Liver

The **liver** revealed normal size, contour, and structure. Parenchymal echogenicity was smooth and homogenous in appearance. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented with anechoic contents and a thin hyperechoic wall. The cystic and common bile ducts were normal. No periportal lymphadenopathy was evident.

Gastrointestinal

The **stomach** was found to be moderately large in size given the small size of the patient. The stomach contained a large amount of hyperechoic double-walled linear structures consistent with gastrointestinal parasites. There was a background of a fluid-filled stomach with a small amount of hyperechoic ingesta. There were several images where the hyperechoic linear worms appeared to possibly be exiting the stomach and entering into hyperechoic abdominal fat cranial to the stomach. There was also a moderate amount of hyperechoic ingesta with worms present throughout the intestinal tract. There was no intussusception present and no discrete evidence of an obstructive pattern.

Pancreas



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The right and left limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic capsular contour was acceptably normal. No overt evidence of active inflammatory or neoplastic disease was noted.

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Free Abdomen

There was a trace volume of free abdominal fluid present.

BREED

Border Collie

ULTRASONOGRAPHIC FINDINGS

- A large number of intestinal worms present within the lumen of the stomach and intestinal tract.

SEX

Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

1 Month

This patient has a very large worm burden with a large number of worms present within the stomach but also throughout the intestinal tract. There is a concern of the possibility of larval migrans with worms exiting the stomach into the cranial region to the gastric wall. It is recommended that this patient be thoroughly dewormed, ideally based upon the types of worm eggs seen on a fecal exam. Thorough generalized worming protocols should be given since this patient is a neonate and has a very large worm burden. Supportive care with appropriate fluid therapy and milk replacement is also recommended.

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If there is any concern that this patient has clinical signs that worsen and are consistent with peritonitis, then an exploratory surgery may be required if there is concern for worms exiting the gastrointestinal tract. If this patient stabilizes and responds to deworming and supportive care, then careful monitoring should be provided.

IMAGING PERFORMED BY

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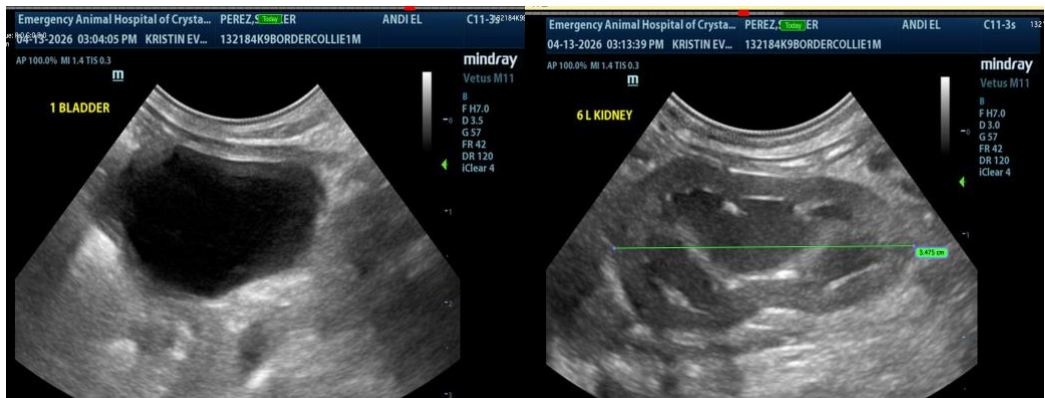
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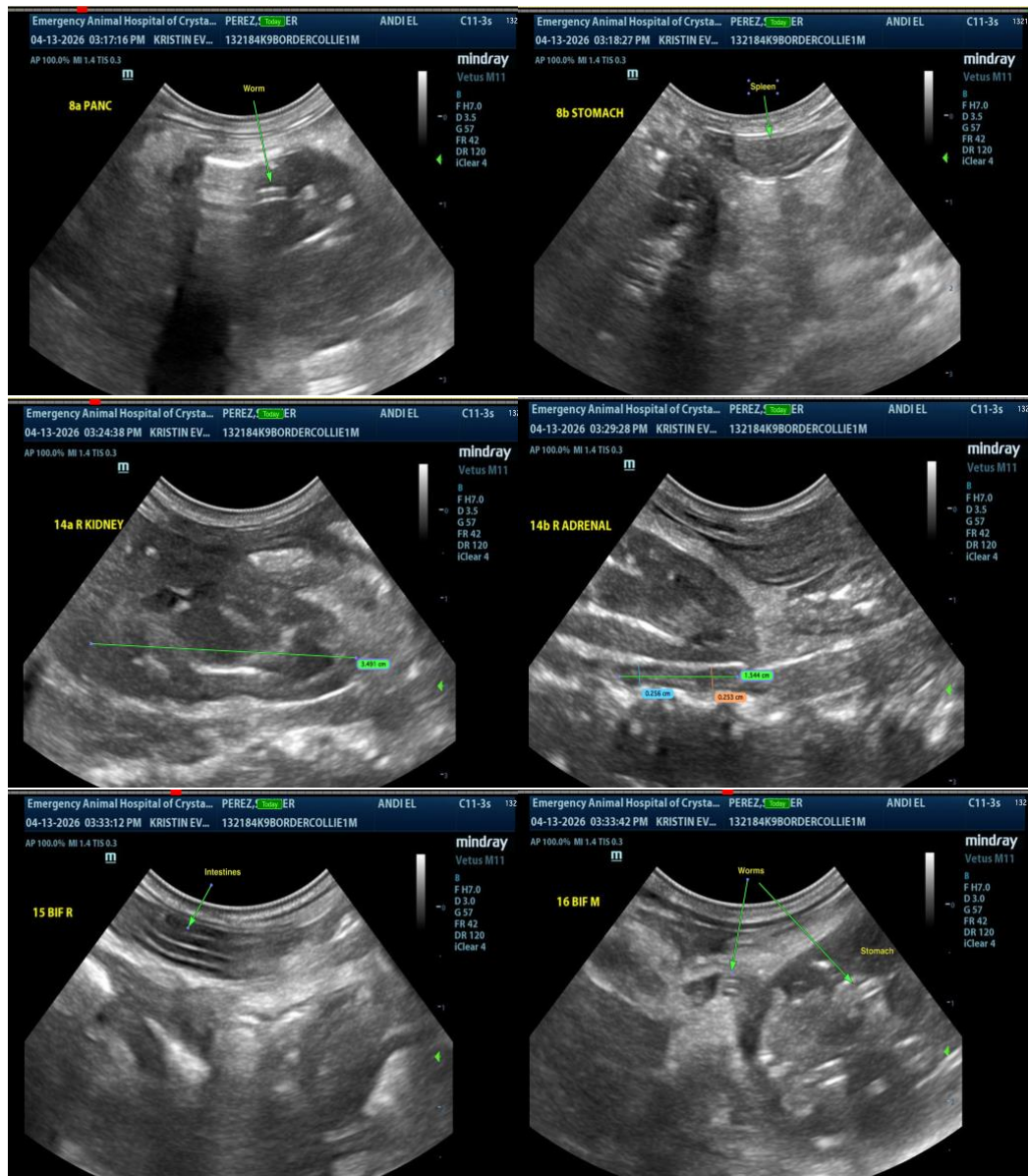
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Kim Radway, DVM, DABVP (Canine/ Feline)

info@SonoPath.com