



**PATIENT PRESENTING CLINICAL SIGNS**

Roscoe Rojas Vomiting, lethargy, febrile, suspect pancreatitis  
Abnormal PE/Chem/CBC/UA Results: NSF

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**  
*Urinary System*

Canine

**BREED**

Black Mouth Cur

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

**SEX**

Neutered 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 left kidney measured 6.74 cm. The right kidney measured 7.75 cm.

**AGE**

6 months

**Adrenal Glands**

**WEIGHT**

41 lbs

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 2.62 x 0.47 cm at the caudal pole and 0.42 cm at the cranial pole. The right adrenal gland measured 2.65 x 1.54 cm at the cranial pole and 0.58 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING**

**PERFORMED BY**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

Diane McFadden, RVT

**HOSPITAL NAME**

Rockaway

**Liver**

**INVOICE**

95080

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.

**DATE**

1/10/22

**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor retention of ingesta was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool



**PATIENT**

Roscoe Rojas

consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Canine

**Pancreas**

The **pancreas** was heterogenous and irregular with a prominent nodule that measured 1.5 cm in width at the left pancreatic base. Separate focal nodule was noted in the right limb of the pancreas measuring 0.8 cm.

**BREED**

Black Mouth Cur

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Neutered male

Nodular pancreas.

Possible suppurative lesion.

**AGE**

6 months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

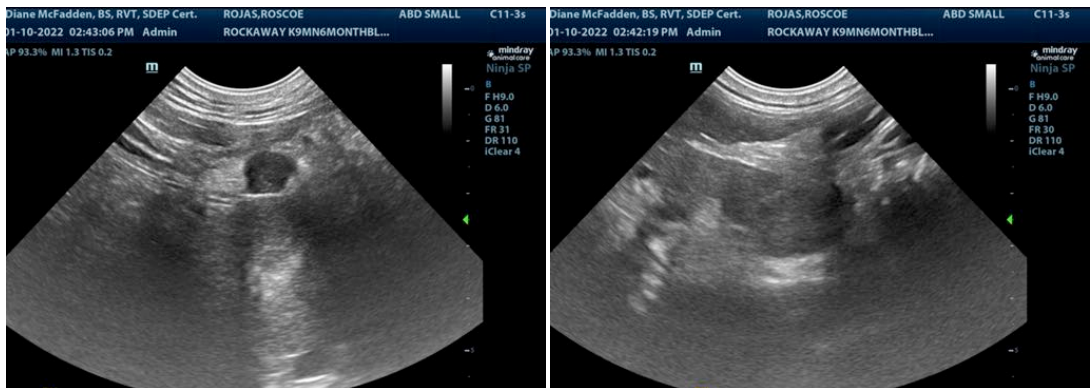
Supportive care for pancreatitis is recommended. A recheck sonogram is recommended in 3-5 days +/- ultrasound-guided FNA of the nodular changes.

**WEIGHT**

41 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

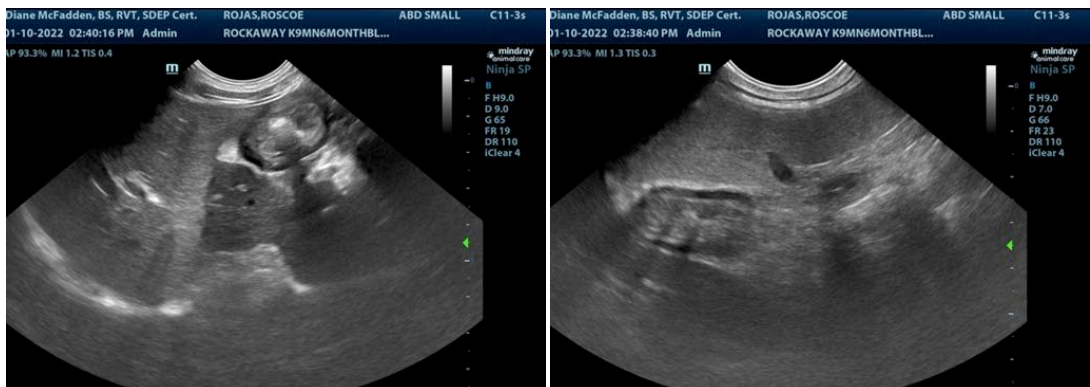


**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

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**DATE**

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**PATIENT**

Roscoe Rojas

**SPECIES**

Canine

**BREED**

Black Mouth Cur

**SEX**

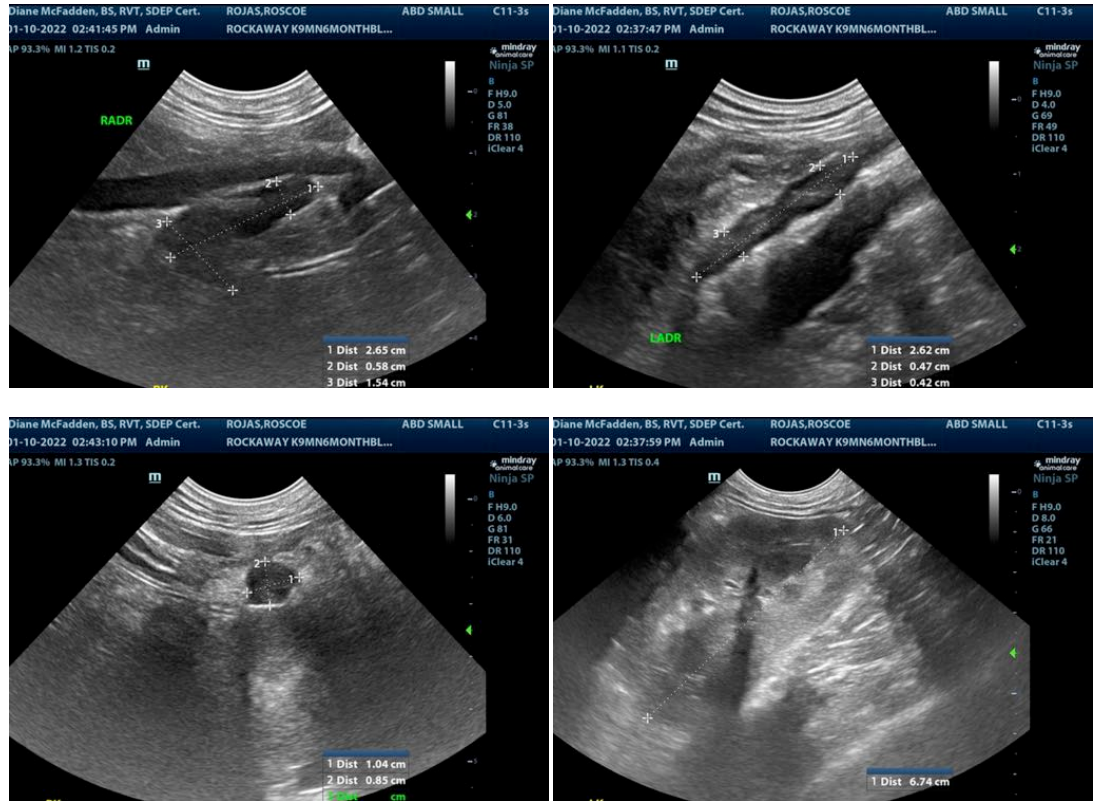
Neutered male

**AGE**

6 months

**WEIGHT**

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**DATE**

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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.

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