



PATIENT	PRESENTING CLINICAL SIGNS
Lily Ava Longobardo	Vomiting.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	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.
Terrirer Cross	
SEX	
Spayed Female	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 4.0 cm. The right kidney measured 3.8 cm.
AGE	
2 years	
INTERPRETED BY	<i>Adrenal Glands</i>
Eric Lindquist, DMV DABVP, Cert. IVUSS	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 1.45 x 0.38 cm at the cranial pole and 0.35 cm am at the caudal pole. The right adrenal gland measured 1.5 x 0.9 cm.
IMAGING PERFORMED BY	
Eric Lindquist, DMV DABVP, Cert. IVUSS	
HOSPITAL NAME	<i>Spleen</i>
Franklin Lakes AH	The spleen in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.
REFERRING VET	<i>Liver</i>
Dr. Masatrascusa	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.
INVOICE	
95112	
DATE	<i>Gastrointestinal</i>
1/4/22	There was retention of ingesta in the stomach with a 2.1 cm shadowing foreign structure. The foreign structure was visible in multiple views and persistent. A minor amount of chyme transit was noted into the small intestine. The small intestine and colon were unremarkable.



PATIENT

Pancreas

Lily Ava Longobardo

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

2-2.2 cm shadowing foreign structure with minor stasis. Mild obstructive pattern.

Terrirer Cross

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Gastrotomy or endoscopy is indicated.

Spayed Female

AGE

2 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

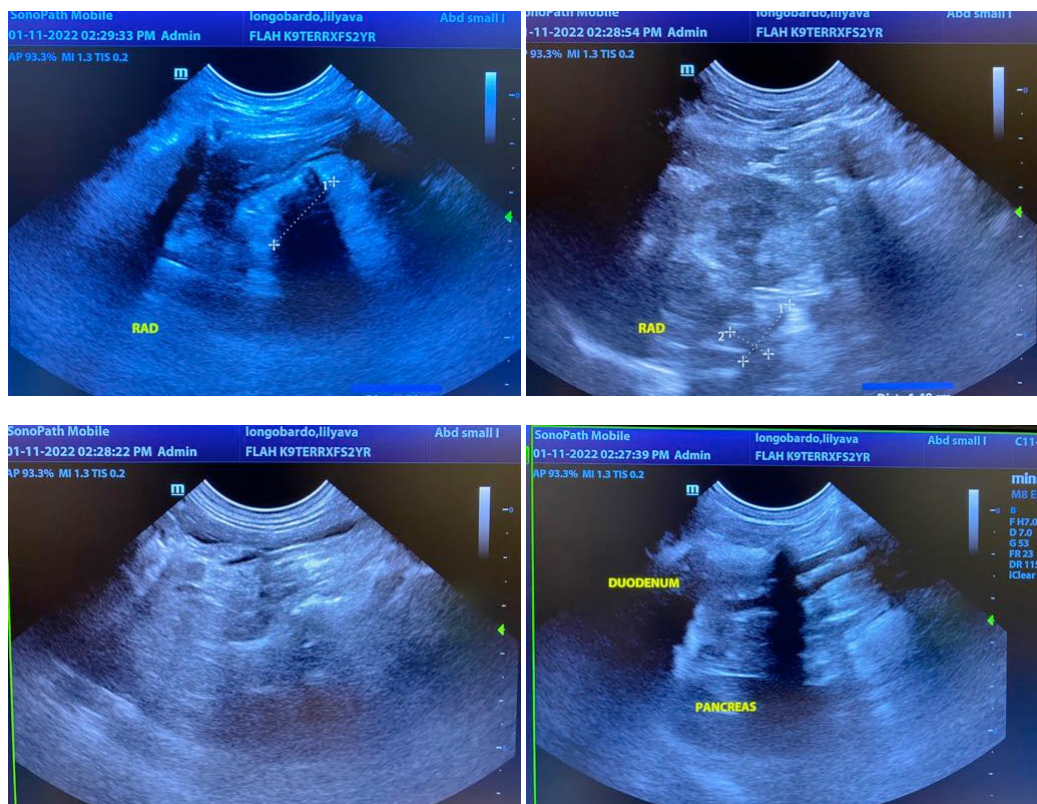
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Masatrascusa



INVOICE

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DATE

1/4/22



PATIENT

Lily Ava Longobardo

SPECIES

Canine

BREED

Terrirer Cross

SEX

Spayed Female

AGE

2 years

INTERPRETED BY

Eric Lindquist, DMV
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IMAGING PERFORMED BY

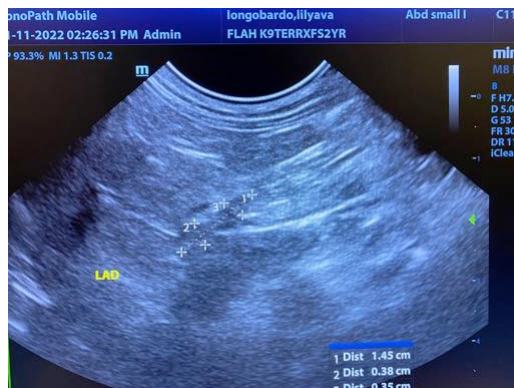
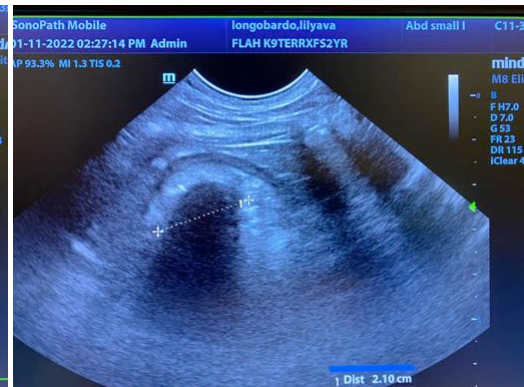
Eric Lindquist, DMV
DABVP, Cert. IVUSS

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Masatrascusa



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.

INVOICE

95112

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.

DATE

1/4/22

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