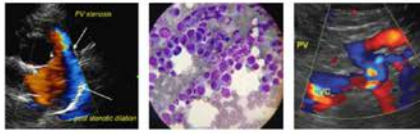


**IMAGING PERFORMED BY**

SVS Mobile Imaging 262-366-5970  
fredgromalak@gmail.com



**Clinical Sonography & Telecytology**

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

Rownan O'Connor

**SPECIES**

Canine

**BREED**

Terrier X

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

14.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gromalak

**HOSPITAL NAME**

SVS Imaging

**REFERRING VET**

Dr. Graham

**INVOICE**

34241

**DATE**

1/14/22

**PRESENTING CLINICAL SIGNS**

Suspect gastroenteritis, lethargy, anorexia, and vomiting present. looking to rule out pancreatitis/fb/or other disease present.

**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. A minor amount of suspended debris was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The residual prostate measured 6.0 mm.

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 kidney measured 5.0 cm each.

**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 right adrenal gland measured 0.5 cm. The left adrenal gland measured 0.5 cm.

**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 were noted.

**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. 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.

**Gastrointestinal**

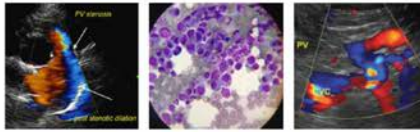
Some gas artifact noted in the **stomach** with slight shadowing material, yet this is non-obstructive. Small foreign matter could not be ruled out. A large amount of gas and artifact noted in the small intestine with spastic activity. No overt foreign body noted. A minor amount of stasis noted in the cecum with gas. Soft stool noted in the colon.

**Pancreas**

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.

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**PATIENT**

Rownan O'Connor

**ULTRASONOGRAPHIC FINDINGS**

- Gastroenteritis with possible small, non-obstructive foreign matter in stomach

**SPECIES**

Canine

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Recommend conservative therapy, 24 hour NPO with IV fluid support, and recheck sonogram in clinical signs are persistent. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

**BREED**

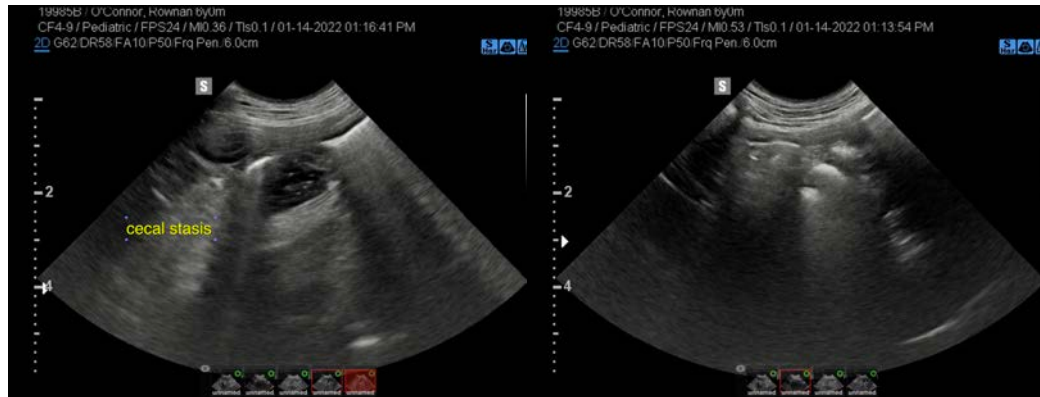
Terrier X

**SEX**

Neutered Male

**AGE**

5 Years

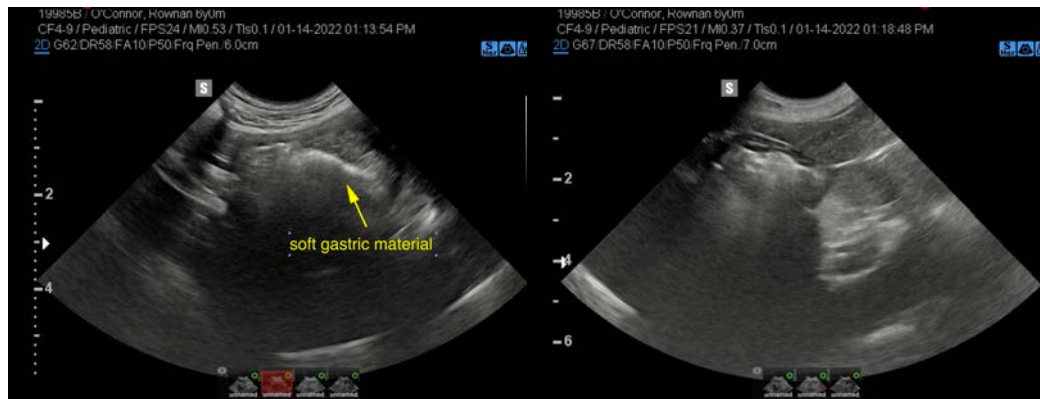


**WEIGHT**

14.7 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS



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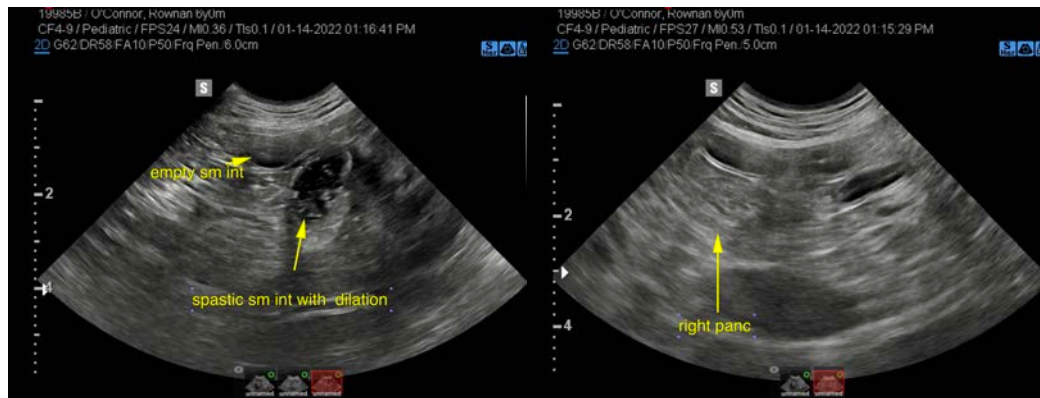
Dr. Gromalak

**HOSPITAL NAME**

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**REFERRING VET**

Dr. Graham



**INVOICE**

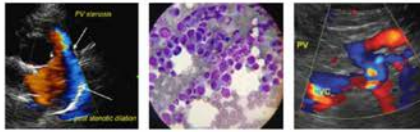
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**SPECIES**

Canine

**BREED**

Terrier X

**SEX**

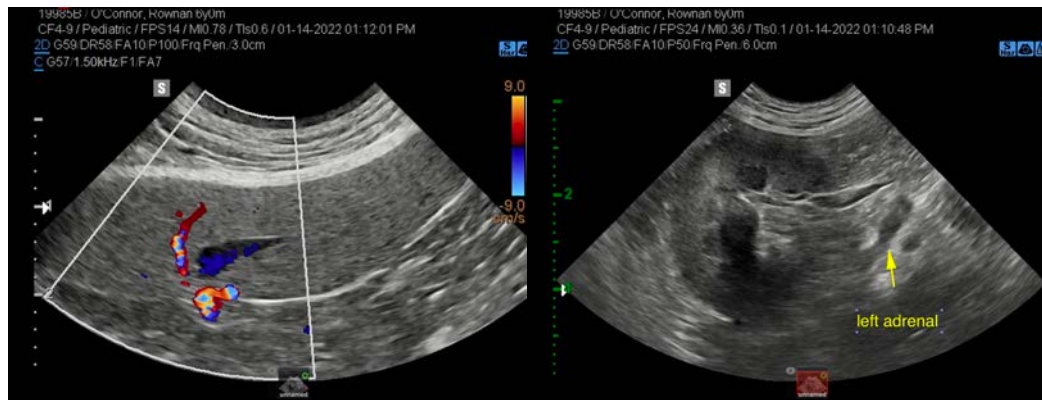
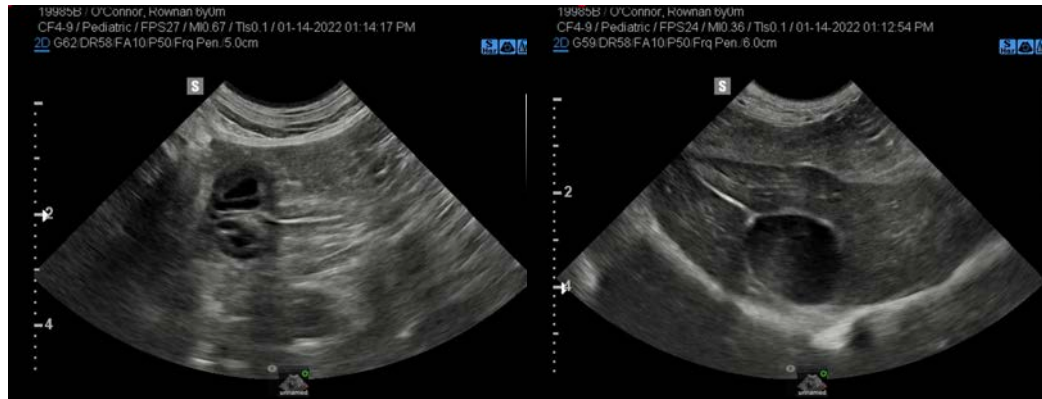
Neutered Male

**AGE**

5 Years

**WEIGHT**

14.7 kg



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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.

**Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com**  
Eric.Lindquist@SonoPath.com