



PATIENT

Sammy Nissel

PRESENTING CLINICAL SIGNS

Recheck. v/d returned. (prev. report attached).
Abnormal PE/Chem/CBC/UA Results: nsf

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Coton De Tulear

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.

SEX

Neutered male

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.53 cm. The right kidney measured 2.97 cm.

AGE

12 years

WEIGHT

79 lbs

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 1.41 x 0.63 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland measured 1.64 x 0.37 cm at the cranial pole and 0.33 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Liver

The **liver** was diffusely hyperechoic to the falciform fat. Minor swelling was noted. This is largely an age related change. 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.

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DATE

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Gastrointestinal

The **stomach** revealed minor fluid filled lumen with some shadowing material. The material measured up to 1.5 cm. This is a new development compared to the prior sonogram. The structures in the pyloric



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outflow appeared hard linear such as plastic or woodchips. The distal small intestine revealed non-obstructive linear material and measured 1.2 cm. The small intestine and colon were unremarkable.

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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.

BREED

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ULTRASONOGRAPHIC FINDINGS

SEX

Neutered male

Transiting linear material and pyloric foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

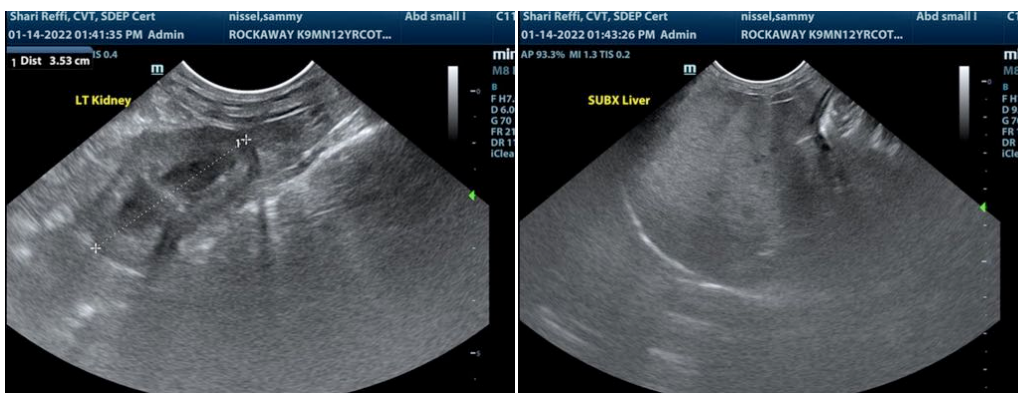
AGE

12 years

Endoscopy or gastrotomy and enterotomy would be warranted. However, the patient may be passing the material gradually.

WEIGHT

79 lbs



INTERPRETED BY

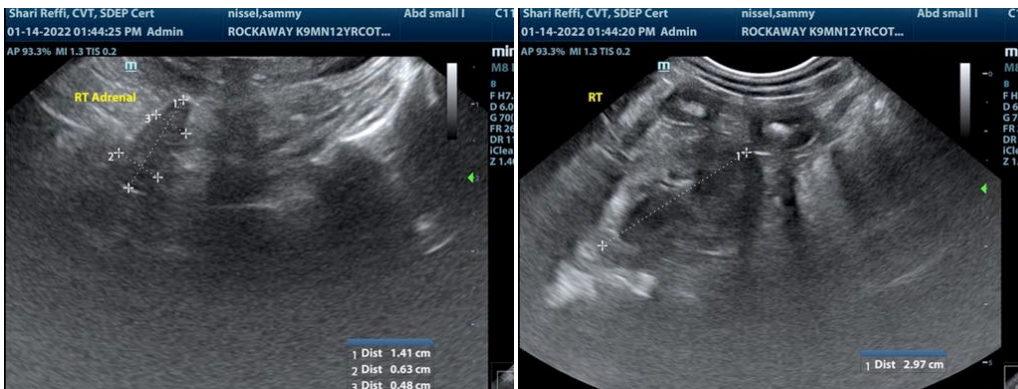
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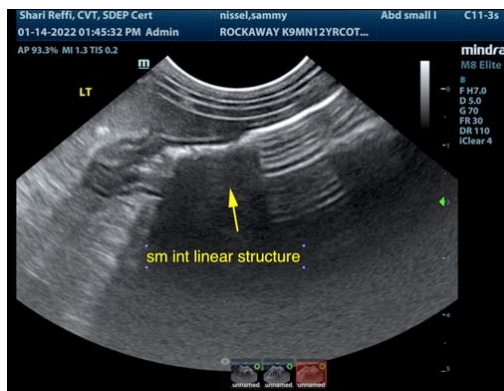
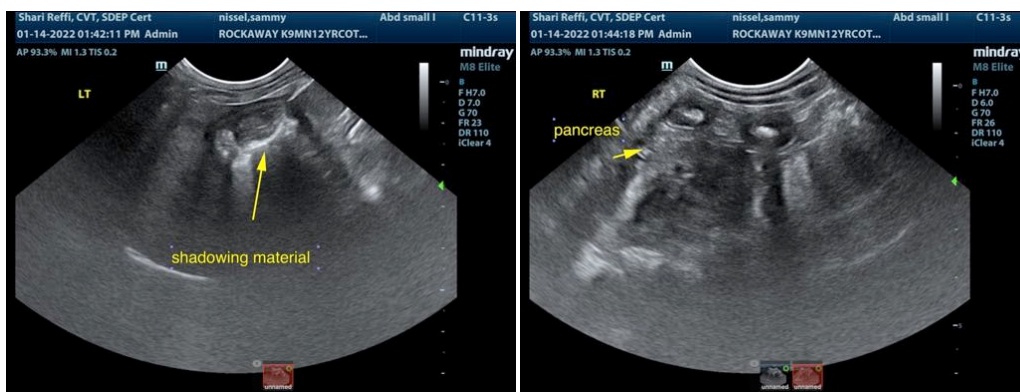
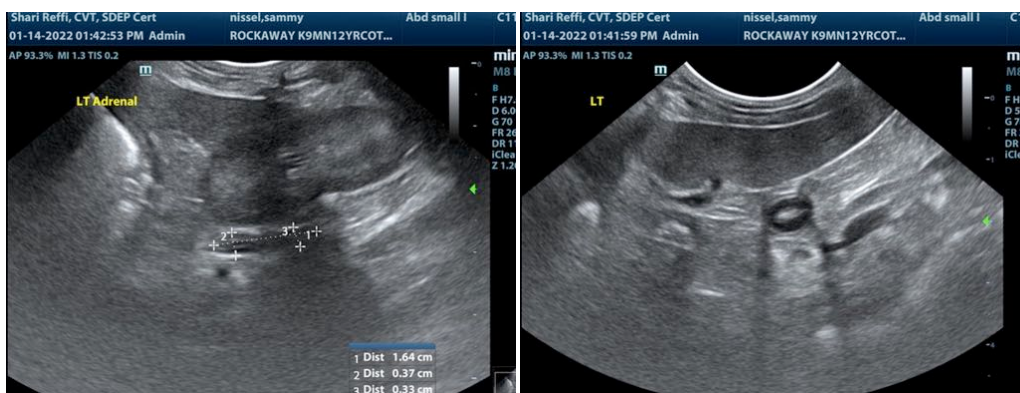
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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