**PATIENT**

Rocky Hunt

SPECIES

Canine

BREED

Yorkie

SEX

Male

AGE

7 Months

WEIGHT

6.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

34295

DATE

1/17/22

PRESENTING CLINICAL SIGNS

Not eating since beginning of last week. Lethargic, drinking normally. No diarrhea. Radiographs performed in clinic. Radiologist suggested possible foreign body but suggested an ultrasound for confirmation. Was put on Entyce and owner force fed at 7:30pm last night. He vomited this morning. Abnormal PE/Chem/CBC/UA Results: Tension in the abdomen.

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. No uroliths or sediment were visualized and anechoic urine was present. No evidence of inflammatory or neoplastic changes were noted. Ureteral papillae were normal.

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 right kidney measured 3.3 cm. The left kidney measured 3.26 cm.

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 left adrenal gland measured 1.1 cm x 0.31 cm at the cranial pole and 0.33 cm at the caudal pole. The right adrenal gland measured 1.13 cm x 0.41 cm at the cranial pole and 0.39 cm at the caudal pole.

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

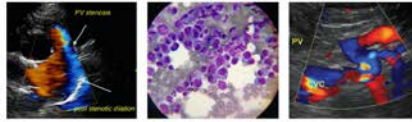
The **liver** was mildly subnormal in size, no overt evidence of intrahepatic or extrahepatic shunting. However, portal hypoplasia/microvascular dysplasia is possible given the breed and the presentation.

Gastrointestinal & Pancreas

The **stomach** presented gastric hypertrophy with periserosal inflammatory pattern that extended into the base of **pancreas**. Luminal isoechoic structure noted measuring 1.0 cm, non-obstructive. This may be kibble or possible non-obstructive foreign matter, yet appears benign. The small intestine and colon were empty and unremarkable.

ULTRASONOGRAPHIC FINDINGS

- Gastritis with non-obstructive luminal structure, possible medication or kibble
- Low-grade pancreatitis pattern



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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI protectants, 24 hour NPO, IV fluid support all indicated. If the patient is still clinical, then endoscopy would be warranted to assess the isoechoic structure present. However, I recommend rescanning the stomach prior to any intervention, as this is likely ingesta or medications.

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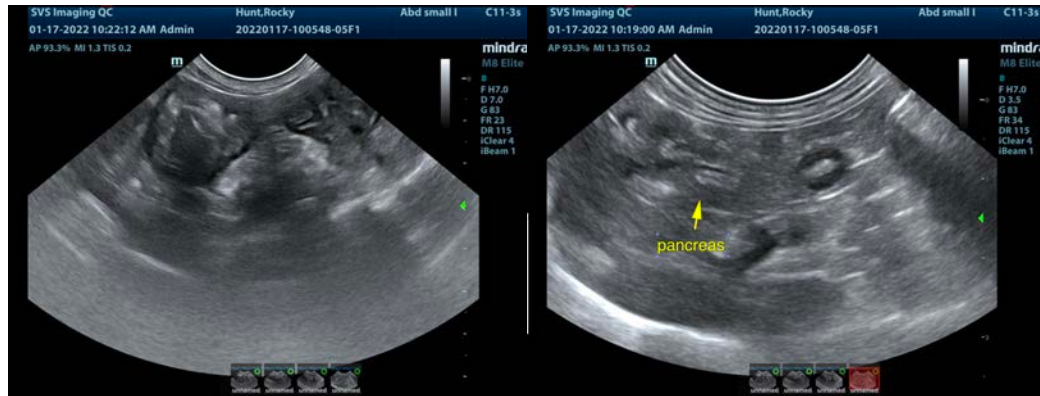
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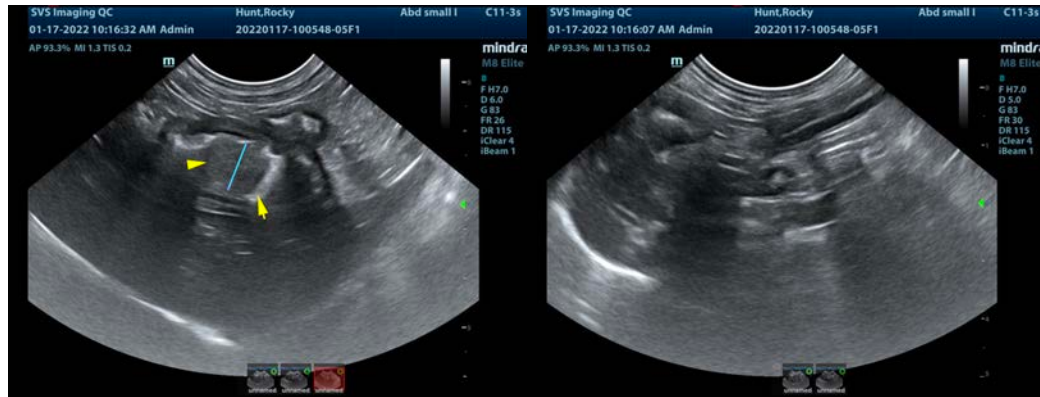


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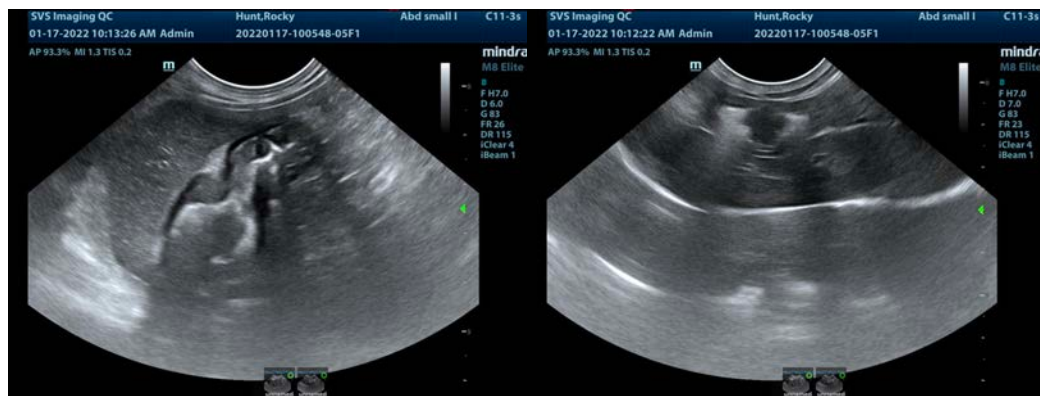
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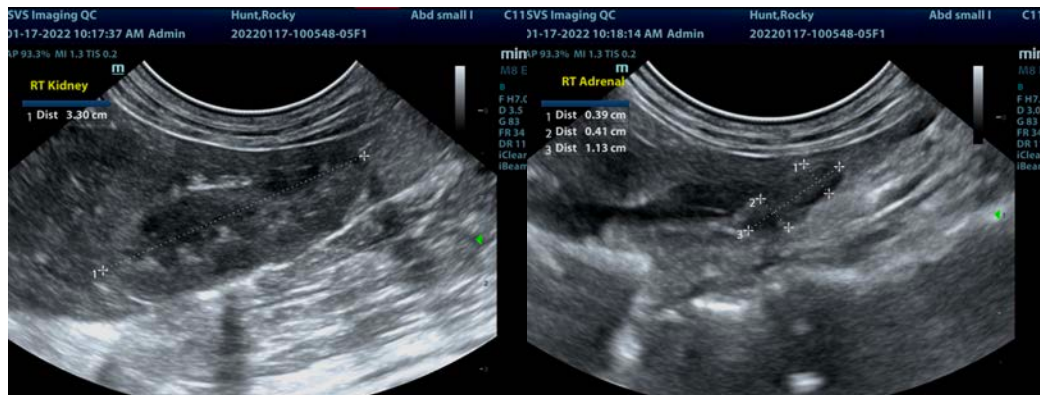
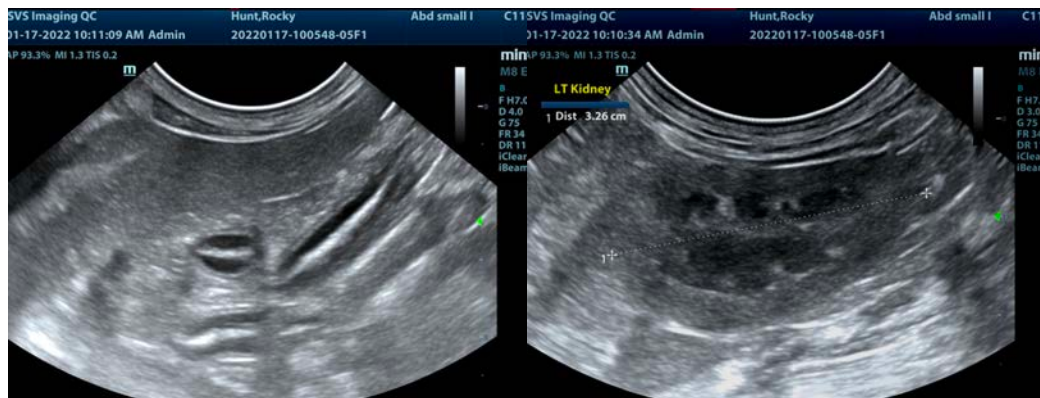
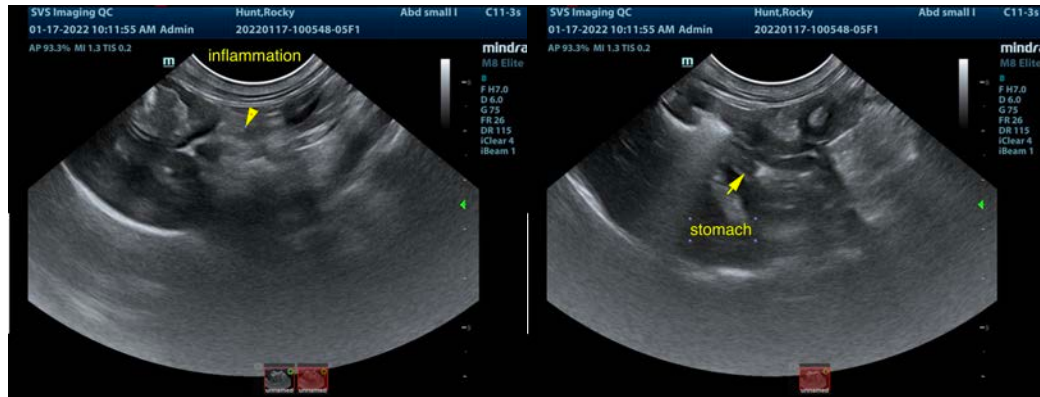
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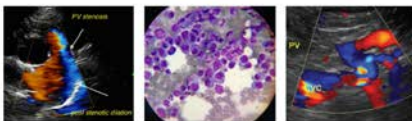
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com