



PATIENT PRESENTING CLINICAL SIGNS

Ripley Hein Vomiting for a couple days, still good energy.
Labs pending.

SPECIES Current Medications: Cerenia
Radiographic Findings: Gas filled intestines

Canine

BREED

Lab X

SEX

Spayed Female

AGE

5 Months

WEIGHT

40 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr.

INVOICE

44293

DATE

1/18/23

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 left kidney measured 6.57 cm. The right kidney measured 7.69 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 right adrenal gland measured 2.06 cm x 0.97 cm at the cranial pole and 0.49 cm at the caudal pole. The left adrenal gland measured 2.89 cm x 0.36 cm at the caudal pole and 0.39 cm at the cranial pole.

Spleen

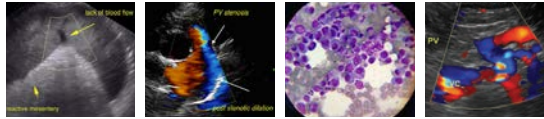
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The **liver** 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

The **stomach** revealed a minor amount of chyme, non-obstructive. The duodenum was empty. The cecum was dilated with fluid.



PATIENT *Pancreas*

Ripley Hein The right limb of the **pancreas** was hypoechoic and mildly irregular. The remainder of the pancreas was unremarkable.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Canine
- Enterocolitis pattern with dilated cecum
 - Minor residual ingesta in the stomach
 - Possible low-grade pancreatitis

BREED

Lab X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Spayed Female

No overt obstruction noted. However, cecal dilation and gastric retention appear to be an issue. Recommend medical management and fecal test. Recheck sonogram in 48 hours if the patient is still having clinical signs. The echotexture of the material in the stomach would most consistent with chyme. Delayed outflow may be an issue. Treatment for enterotoxins and parasites warranted.

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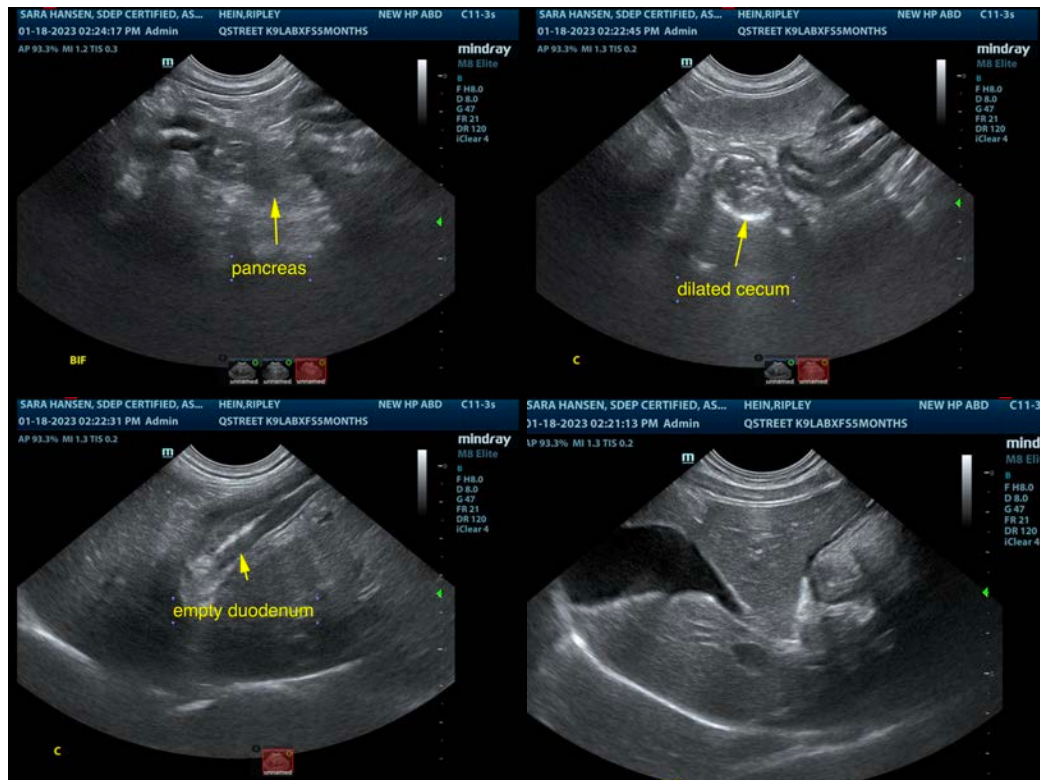
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Ripley Hein

SPECIES

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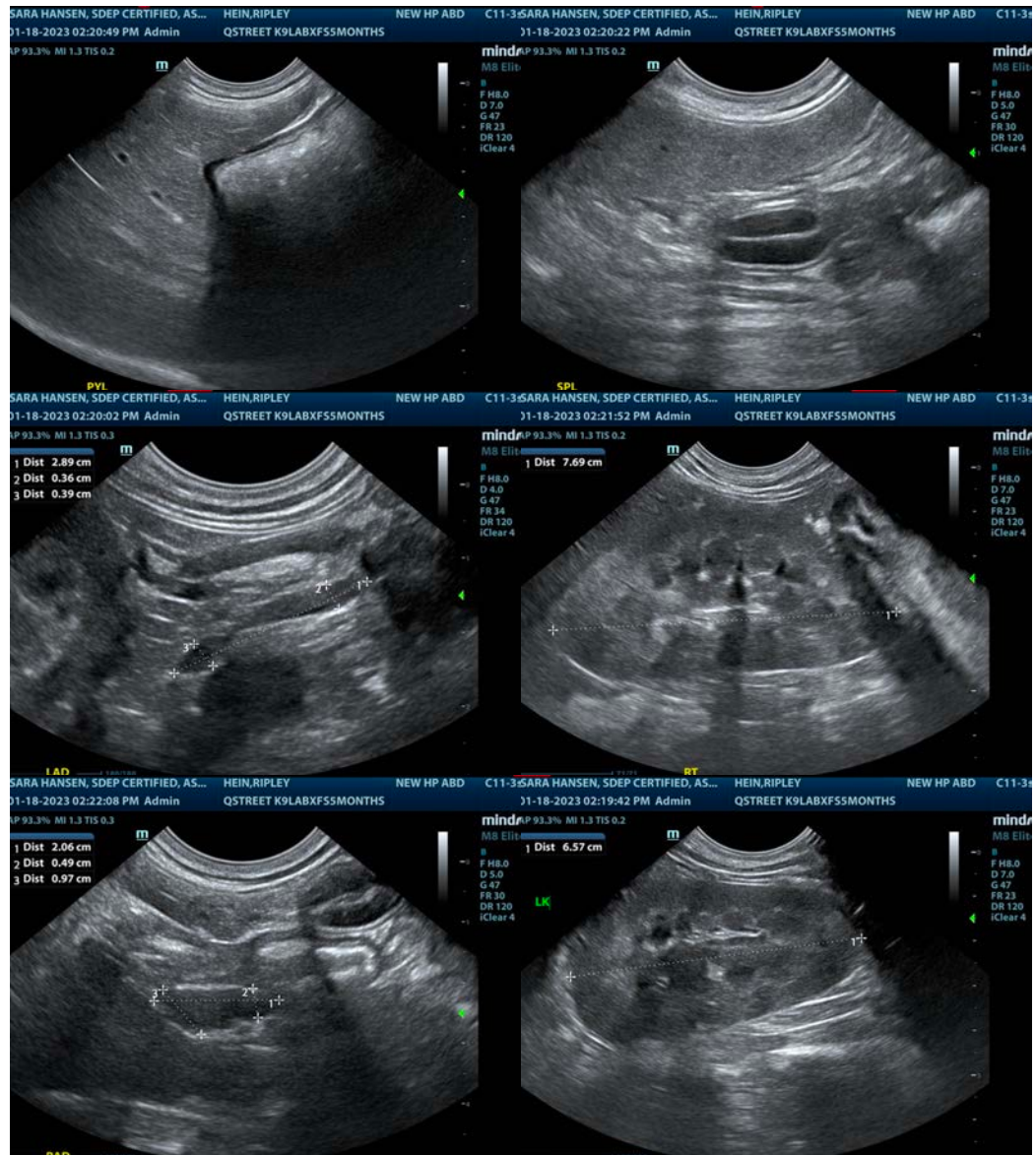
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PATIENT

Ripley Hein

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

SPECIES

Canine

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

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info@SonoPath.com

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