



PATIENT

PRESENTING CLINICAL SIGNS

Sully Racioppi

Vomiting.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Frenchie

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

Male

The prostate was uniform and measured 2.5 cm. There was no significant deviation of the descending colon.

AGE

1 year

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 4.27 cm. The right kidney measured 4.36 cm.

WEIGHT

25.5 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 2.32 x 0.57 cm at the caudal pole and 1.35 cm at the cranial pole. The left adrenal gland measured 1.82 x 0.37 cm at the caudal pole and 0.44 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

Spleen

HOSPITAL NAME

Rockaway

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.

REFERRING VET

Dr. Maniar

Liver

INVOICE

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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.

DATE

1/20/23



PATIENT

Sully Racioppi

Gastrointestinal

The stomach revealed hypertrophied wall with soft shadowing. This is consistent with post prandial presentation or soft foreign matter. Transit of chyme into the small intestine was occurring.

SPECIES

Canine

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

Frenchie

SEX

Male

ULTRASONOGRAPHIC FINDINGS

Post prandial presentation or possible soft gastric foreign matter, non-obstructive at the time of the sonogram.

AGE

1 year

Mild gastric hypertrophy.

WEIGHT

25.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12-18 hour n.p.o. and a recheck sonogram is indicated to assess if the stomach has emptied. If no foreign matter is persistent then underlying occult parasitism, food intolerance, enterotoxins, and Helicobacter are all possible.

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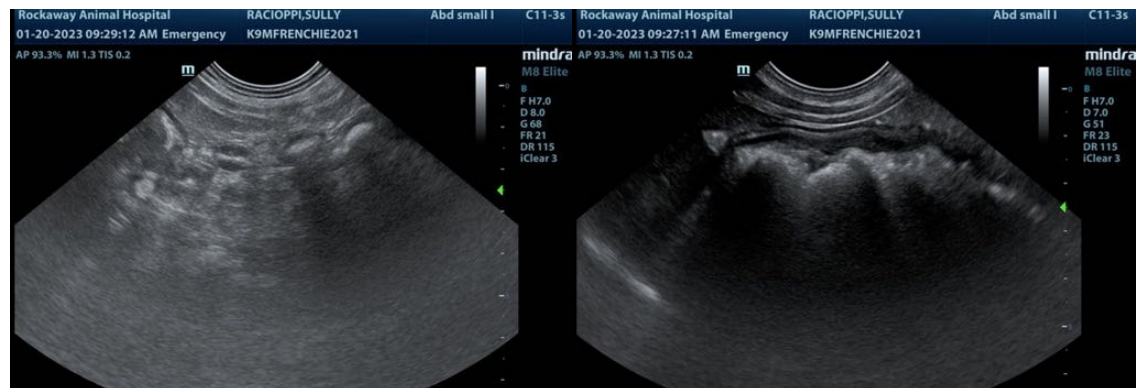
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SPECIES

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Frenchie

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AGE

1 year

WEIGHT

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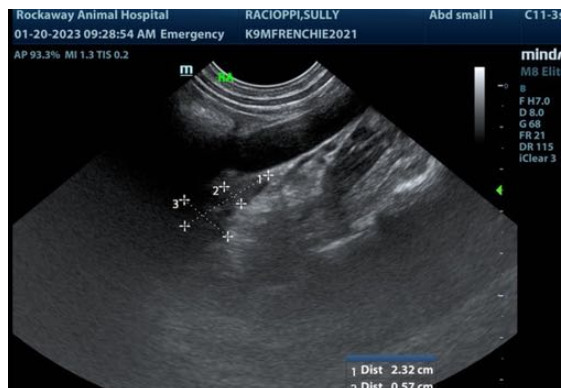
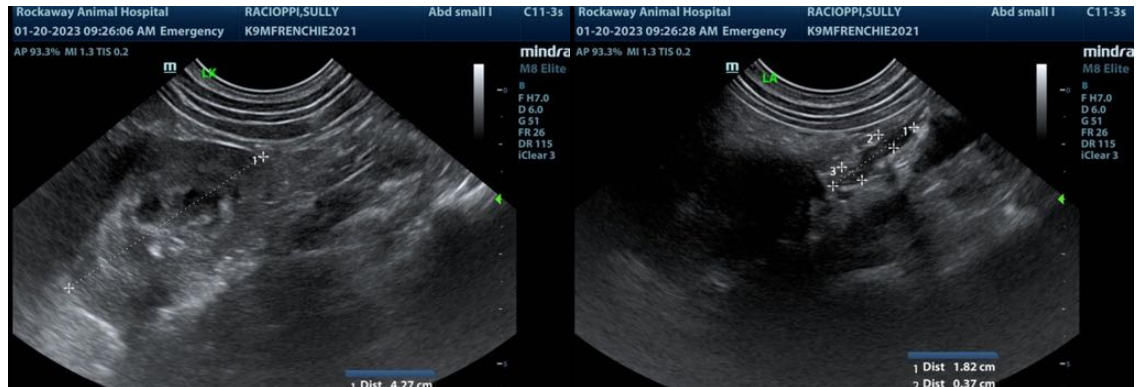
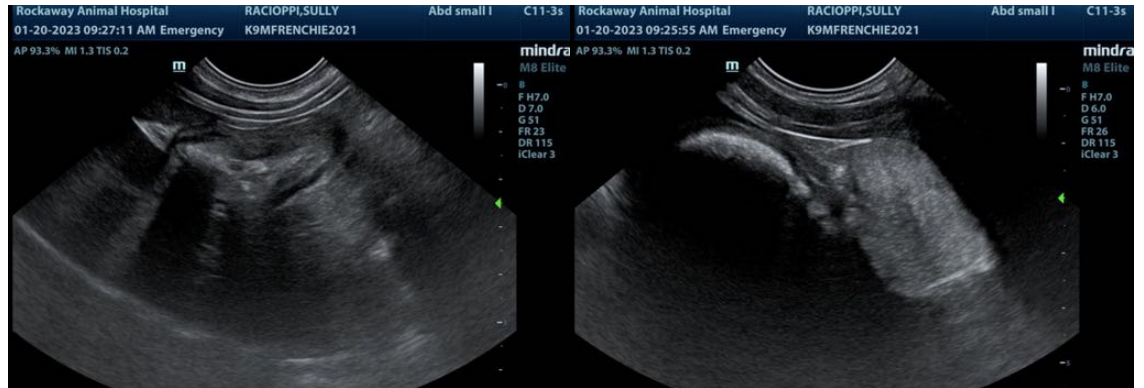
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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