



PATIENT PRESENTING CLINICAL SIGNS

Miley Ragusa vomiting, diarrhea, just d/c from a mast cell tumor surgery

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. A minimal amount of urine was present at the time of the sonogram. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

BREED
Poodle X

SEX
Spayed Female

AGE
12 Years

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 5.0 cm.

WEIGHT
55 Pounds

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 2.49 cm x 0.67 cm at the caudal pole and 0.71 cm at the cranial pole. The right adrenal gland measured 2.35 cm x 1.5 cm at the cranial pole and 0.92 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

Liver

The **liver** presented heterogenous parenchyma with increased portal markings and coarse architecture. Slight undulating capsular contour was noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. This is consistent with chronic inflammatory hepatopathy.

REFERRING VET

Dr. Maniar

Gastrointestinal

INVOICE

33925

The upper **gastrointestinal tract** in this patient revealed minor, edematous wall. There was no evidence of foreign bodies. Minor areas of fluctuant fluid accumulation were noted within the lumen with hyperperistalsis. This pattern continued to the ileocecal valve. Some reactive mesentery noted, which appeared to be tethering small intestine. A moderate amount of stasis was present, yet exact cause of obstruction is unclear. This was followed by empty small intestine which was also spastic. The colon revealed a fluid filled lumen.

DATE

1/3/22



PATIENT

Pancreas

Miley Ragusa

The **pancreas** presented moderate heterogeneous changes.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Gastroenteritis with partial obstructive small intestinal pattern – exact cause is unclear, may be local dysfunctional bowel or non-visible foreign matter.

BREED

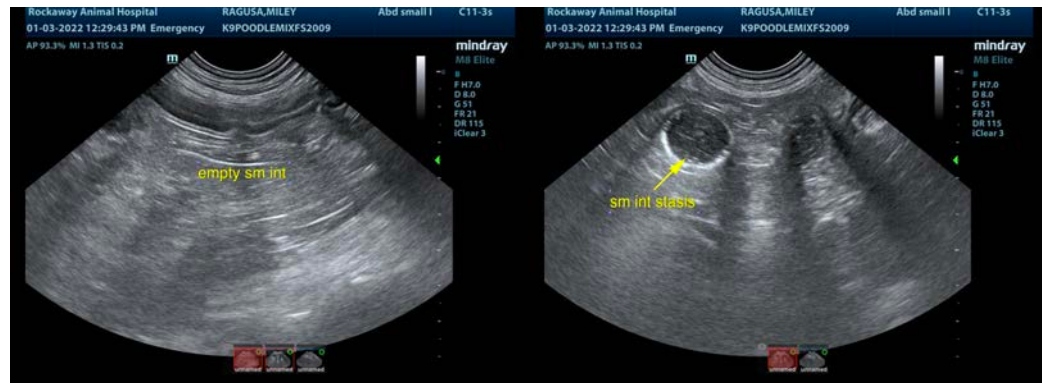
Poodle X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend 24-hour NPO, IV fluid support, broad-spectrum antibiotics, GI protectants, and recheck sonogram in 12-24 hours.

SEX

Spayed Female



AGE

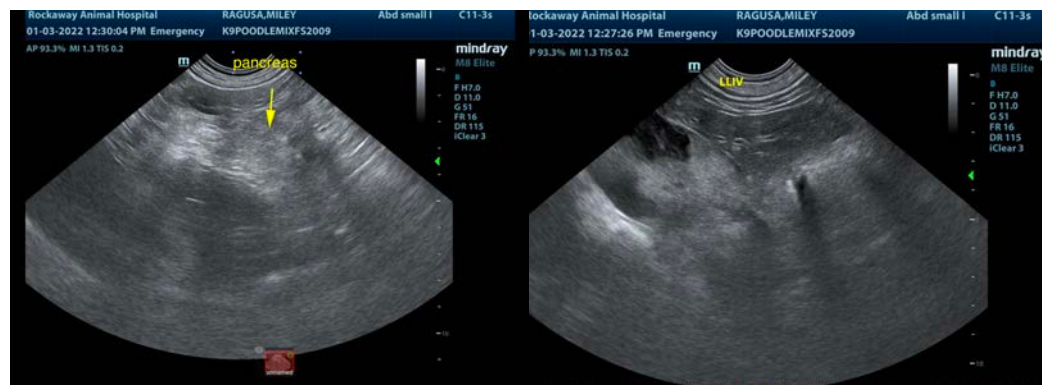
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Miley Ragusa

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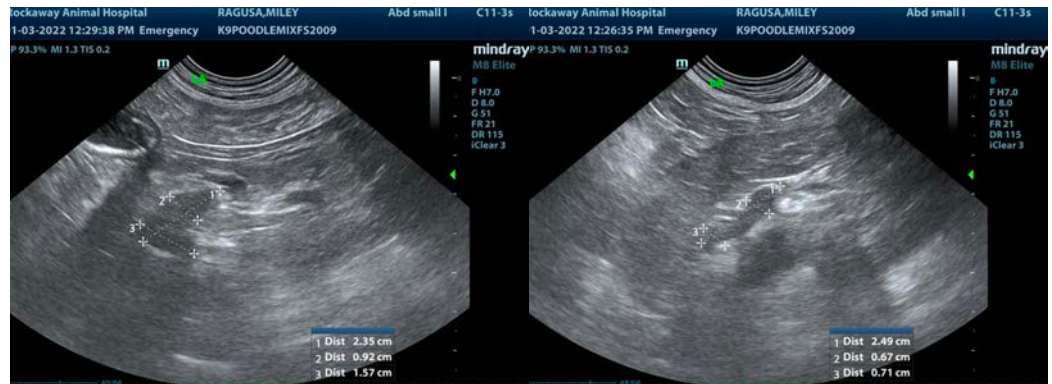
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com