

PATIENT

Miley Ragusa

PRESENTING CLINICAL SIGNS

Recheck from yesterday, partial obstructive small intestine pattern. Patient has been NPO

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Poodle Mix

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

Spayed Female

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 6.26 cm.

AGE

12 years

WEIGHT

55 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 2.0 x 1.01 cm at the cranial pole and 0.93 cm at the caudal pole. The left adrenal gland measured 2.54 x 0.8 cm at the caudal pole and 0.72 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

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

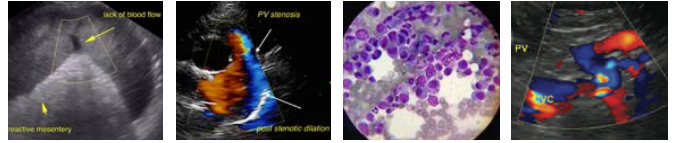
The **liver** was mildly enlarged. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

94931

DATE

1/4/22



PATIENT

Gastrointestinal

Miley Ragusa

The **stomach** was dilated with fluid. Small intestinal dilation was noted and measured 1.5 cm. The majority of the small intestine visualized appeared to be empty. However, there is a portion of dilated small intestine as well as corrugated bowel without evident foreign body.

SPECIES

Canine

Pancreas

BREED

Poodle Mix

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.

SEX

Spayed Female

Free Abdomen

Reactive mesentery was present.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis with persistent stasis pattern. Regional dysfunctional bowel, likely underlying cause with reactive mesentery. Improved from the prior sonogram; however, persistent, mild, irregular corrugated bowel and gastric dilation was noted. No obvious foreign matter, however, small foreign matter cannot be completely ruled out.

WEIGHT

55 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

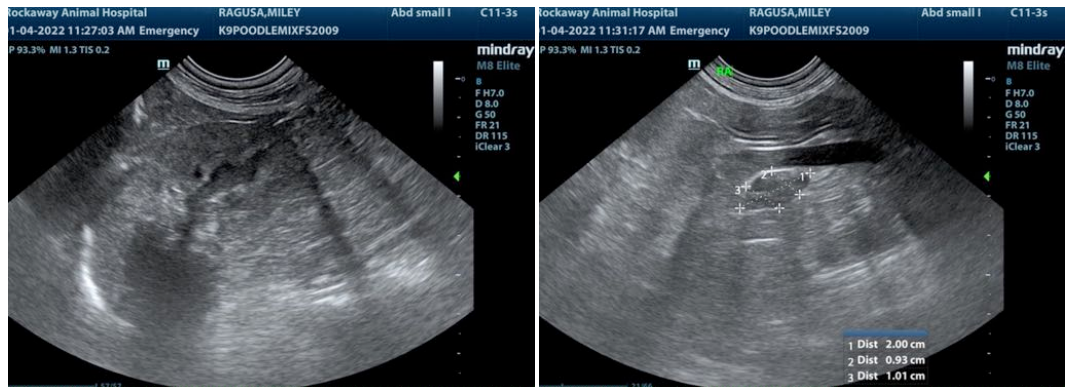
If the patient is improving then I recommend continuing medical therapy. However, if clinical decline is an issue then exploratory surgery with the objective of assessing gastric small intestinal pathology particularly in the area of the urinary bladder where there appears to be more reactive mesentery in this region and GI biopsies would be appropriate. However, there was some improvement from the prior sonogram.

IMAGING PERFORMED BY

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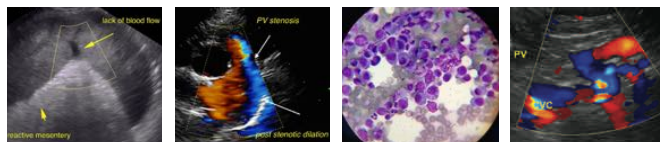
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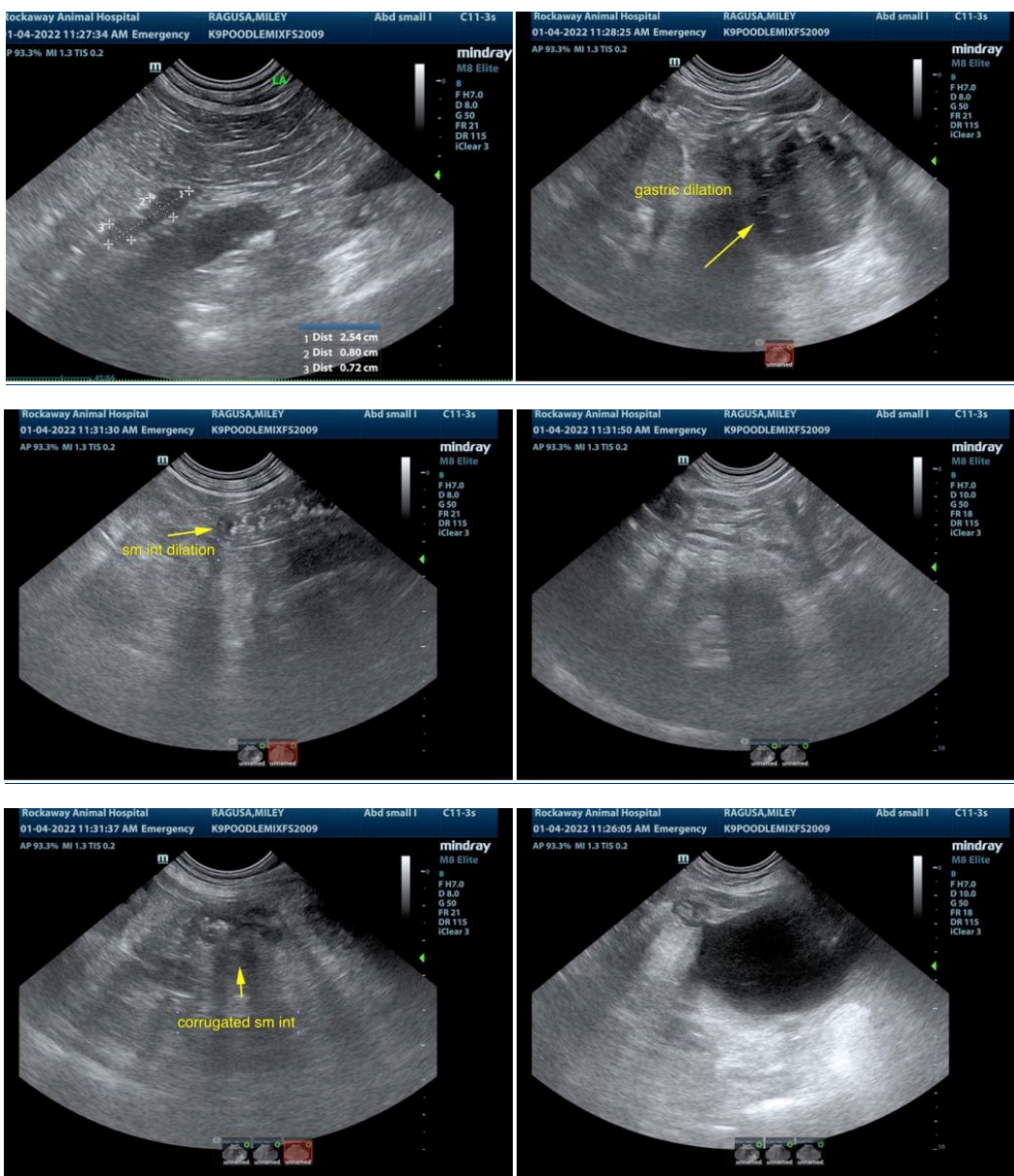
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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