



**PATIENT PRESENTING CLINICAL SIGNS**

Nash Malloy Chronic bloody stools., straining

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Labrador

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**

Neutered male

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 6.33 cm. The left kidney measured 5.43 cm.

**AGE**

5 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 left adrenal gland measured 0.5 cm and the right adrenal gland measured 0.58 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

JK

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**

Hamburg VC

**Liver**

**REFERRING VET**

Dr. Martens

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.

**INVOICE**

94999

**DATE**

1/5/22



**PATIENT**

**Gastrointestinal**

Nash Malloy

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Canine

**BREED**

Labrador

**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.

**SEX**

Neutered male

**Free Abdomen**

Iliac and sublumbar lymph nodes are mildly enlarged measuring 1.5 x 1.0 cm. The pattern is reactive. If any weight loss is present then FNA is indicated.

**AGE**

5 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

55 lbs

Unremarkable abdomen with minor iliac/sublumbar lymphadenopathy. There is no evidence of visceral disease.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

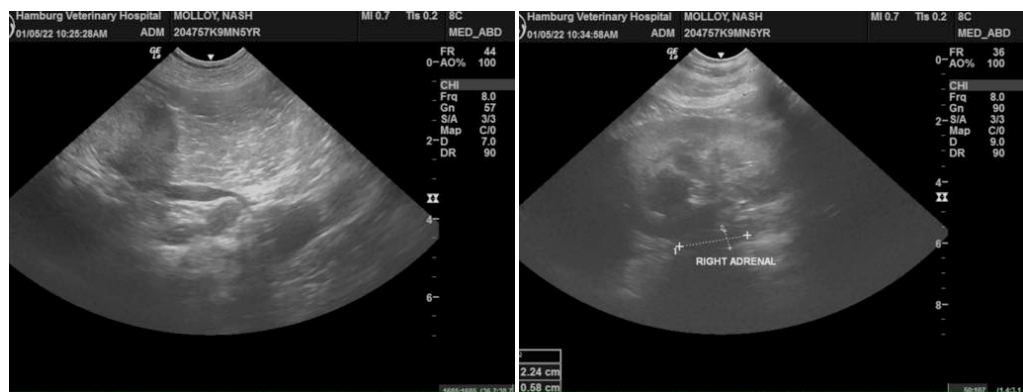
If any weight loss is noted then FNA of the lymph nodes is recommended. Given the location of the lymph nodes, lymphadenitis and colitis is likely. A clinical trial of Enrofloxacin and Metronidazole as well as a bland diet is recommended followed by reassessment of the clinical signs.

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC



**REFERRING VET**

Dr. Martens

**INVOICE**

94999

**DATE**

1/5/22



**PATIENT**

Nash Malloy

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered male

**AGE**

5 years

**WEIGHT**

55 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

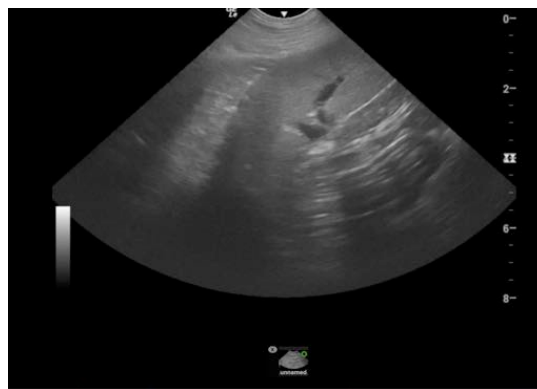
Dr. Martens

**INVOICE**

94999

**DATE**

1/5/22



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



**PATIENT**

info@SonoPath.com

Nash Malloy

**SPECIES**

Canine

**BREED**

Labrador

**SEX**

Neutered male

**AGE**

5 years

**WEIGHT**

55 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

JK

**HOSPITAL NAME**

Hamburg VC

**REFERRING VET**

Dr. Martens

**INVOICE**

94999

**DATE**

1/5/22