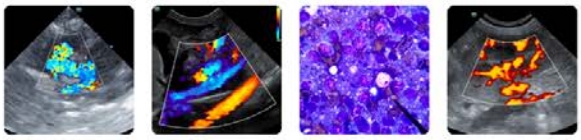


DATE

11/11/25

PATIENT

Millie Schwarz

SPECIES

Rodent

BREED

Guinea Pig

SEX

Intact Female

AGE

11/13/20

WEIGHT

1181 grams

INTERPRETED BY

Eric Lindquist, DMV, DABVP, Cert. IVUSS

HOSPITAL NAME

Chadwell Animal Hospital

REFERRING VET

Dr. Gold

INVOICE

71718

PRESENTING CLINICAL SIGNS

Patient History: Bloody urine

Current Medications: Metacam and Baytril
Labwork Results: Labwork not attached, reported as: BW-none. U/A- bacterial cystitis. xrays- calcified mass in caudal abd
Date of Previous IntraPet Ultrasound: No previous.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.
Imaging Performed by: Stephanie Warga RDCS, RVT.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 2.43 cm with slight pinpoint mineralizations noted. The left kidney measured 2.57 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 0.44 cm. The left adrenal gland measured 0.52 cm.

Spleen

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed. The spleen measured 0.30 cm.

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** was severely overdistended with shadowing material, excessive for this species, concern for impaction. The small intestine and colon were unremarkable.

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.

Other

Small amount of free fluid noted adjacent to the spleen. This may be secondary owing to gastric overdistention/congestion. No overt masses noted.

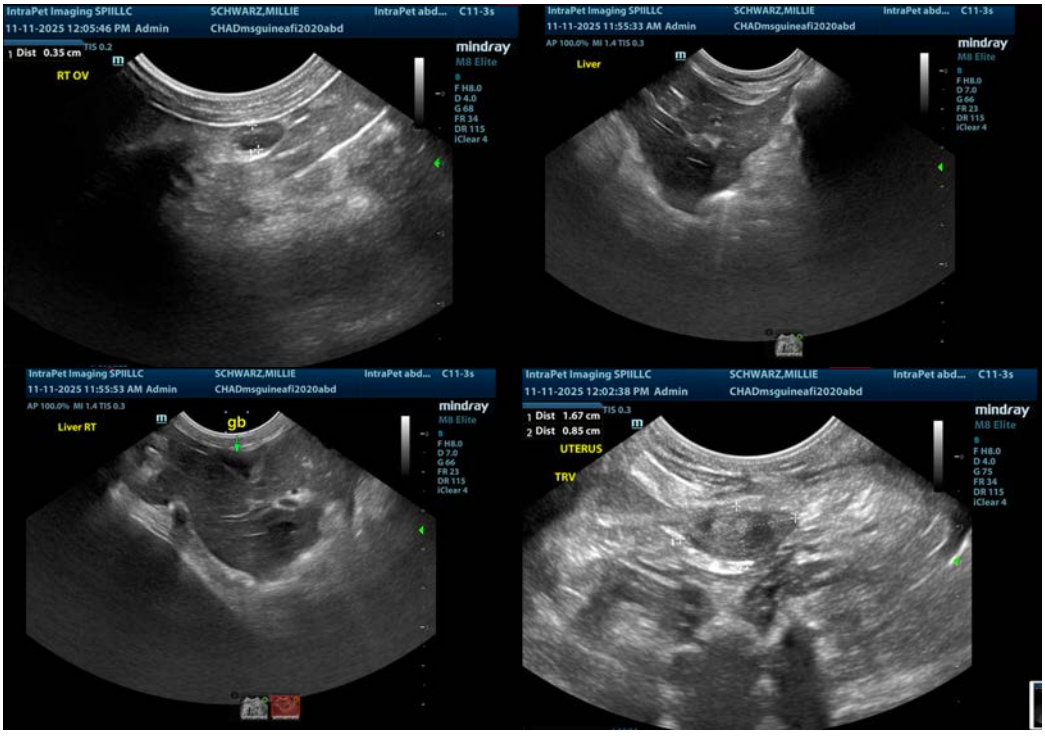
The uterus was mildly thickened, no evidence of fluid filled lumen. The uterus measured 0.85 cm in width. The right ovary was uniform at 0.34 cm.

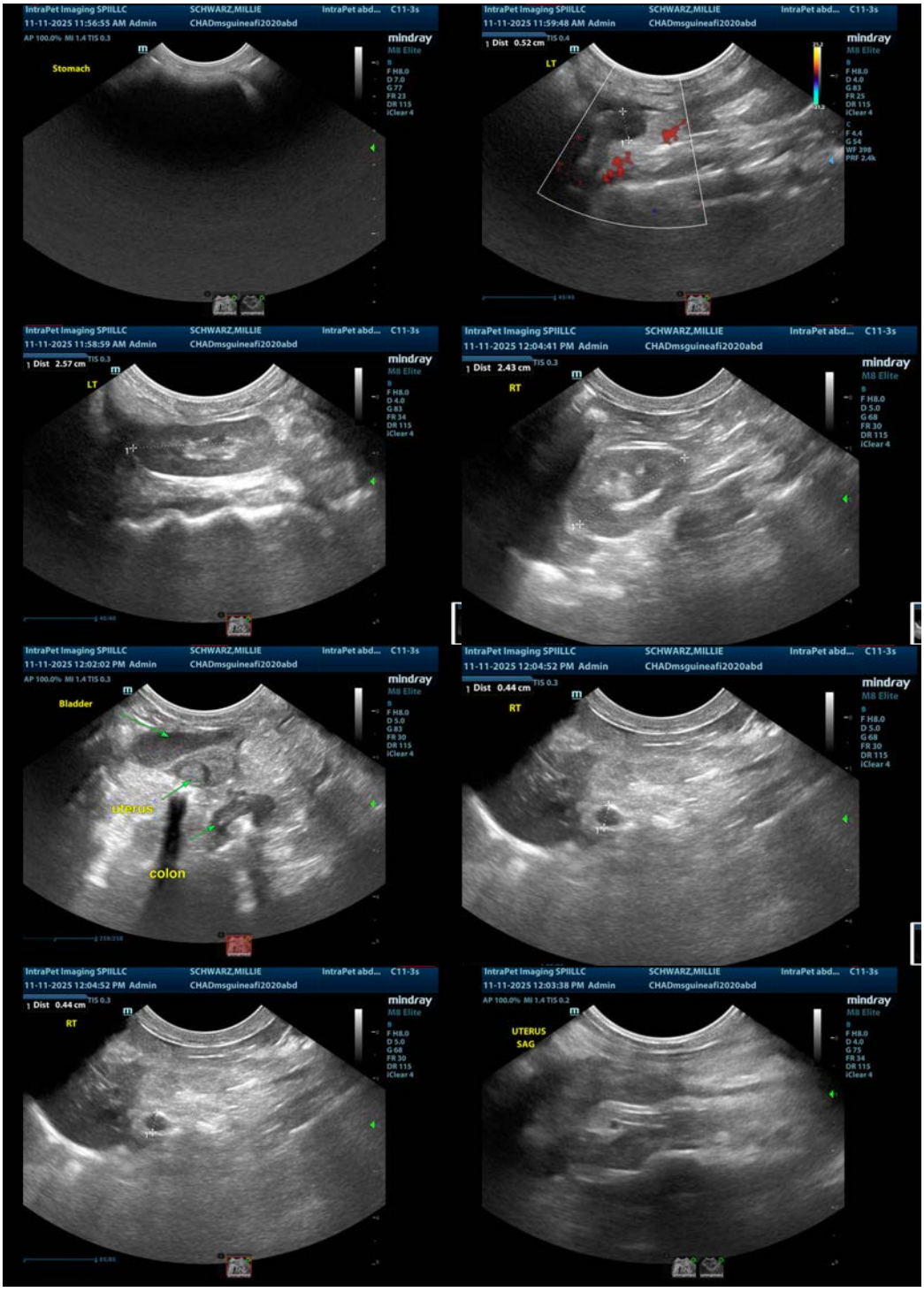
ULTRASONOGRAPHIC FINDINGS

- Severe gastric overdistention, potential impaction.
- Urinary bladder debris.
- Volume contracted spleen.
- Prominent, otherwise unremarkable uterus.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ultrasound guided abdominocentesis warranted if the fluid is accessible. Urine culture and sensitivity indicated. No evidence of masses. Mineralizing gastric material may be creating the appearance of a mass. Assessment for potential gastric impaction warranted.

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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(CFM), Cert. IVUSS,
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info@SonoPath.com