



PATIENT	PRESENTING CLINICAL SIGNS
Freya Subramanian	History: ate 12 inch x 12 inch square of blanket on Friday - generally BAR, but lethargy increasing -- vomited up some blanket (but not all), no other v/d, eating okay
SPECIES	Abnormal PE/Chem/CBC/UA Results:
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Mixed Breed	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 were noted. Ureteral papillae were normal.
SEX	
Spayed Female	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 5.3 cm. The right kidney measured 5.4 cm.
AGE	
7 Months	Adrenal Glands
WEIGHT	The left adrenal gland was 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 1.92 cm x 0.62 cm at the cranial pole and 0.56 cm at the caudal pole.
INTERPRETED BY	The right adrenal gland was not visualized.
Eric Lindquist, DMV DABVP, Cert. IVUSS	Spleen
IMAGING PERFORMED BY	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.
Jill Rumachik	Liver
HOSPITAL NAME	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.
Mazomanie AH	Gastrointestinal
REFERRING VET	The stomach was overdistended with chyme. Portions of small intestine were empty in this patient. Some transit appeared to be present in the upper GI tract.
Heisler	Pancreas
INVOICE	
12536	
DATE	
11/15/21	



PATIENT

Freya Subramanian

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Delayed outflow pattern

BREED

Mixed Breed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I do not overtly see an obstruction yet cannot rule one out. If the patient continues to have clinical signs, then recheck sonogram warranted following the upper GI dilation until its finality into empty intestine or until it arrives to the ileocecal regional.

SEX

Spayed Female

*Depth penetration by this ultrasound machine was not adequate to completely visualize the mid abdomen and completely assess for obstruction. Therefore, the recommendations are based on the evaluation of the image set that is visible.

AGE

7 Months

WEIGHT

44 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

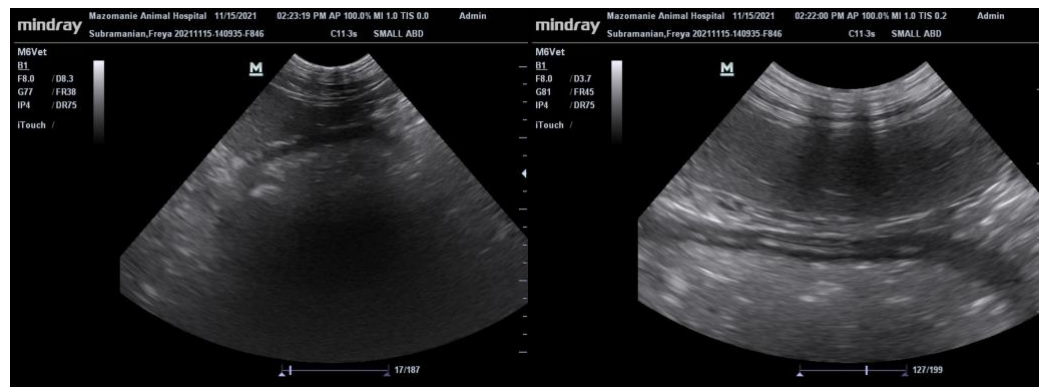


IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Mazomanie AH



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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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