



PATIENT

Mo Ramundo

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered Male

AGE

2015

WEIGHT

83.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert IVUSS

**IMAGING
PERFORMED BY**

Denise Bruno, LVT,
RDMS

HOSPITAL NAME

Farview AC

REFERRING VET

Dr. Mosaad

INVOICE

93111

DATE

11/15/21

PRESENTING CLINICAL SIGNS

History: Chronic GI issues

Vomiting + diarrhea the past 2 months

Panacur powder Sid x 5 days

Tylan powder ¼ tsp Bid

Owner stated this AM stool has improved on Tylan powder

History of increased liver enzymes

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed slight, micropolypoid changes and a minor amount of urine at the time of the sonogram measuring 0.48 cm. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

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 8.18 cm. An anechoic cyst was noted in the caudal pole of the left kidney and measured 3.4 cm. The left kidney measured 7.67 cm.

Adrenal Glands

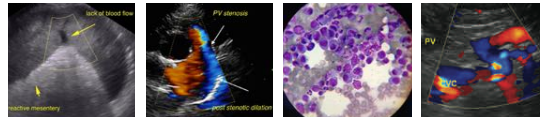
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 2.68 x 0.74 cm at the caudal pole and 0.6 cm at the cranial pole. The left adrenal gland measured 2.96 x 0.92 cm at the caudal pole and 0.6 cm at the cranial pole.

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.

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



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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.

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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was retention of ingesta noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The intestinal wall thickness measured up to 0.37 cm. A hypoechoic, cystic or parenchymal lymph node was noted and measured 3.6 x 2.1 cm. The lymph node was noted in the mesenteric root.

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Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

Benign abdomen with renal cyst and enlarged mesenteric lymph node, possibly cystic.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

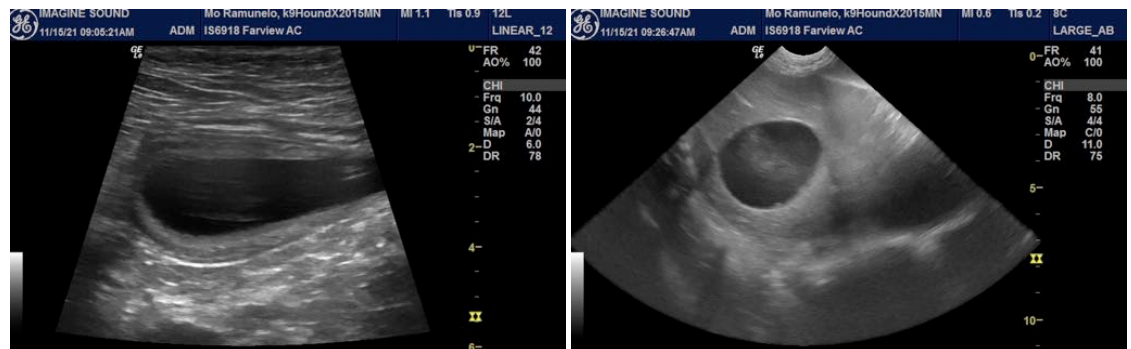
There was no evidence of significant structural disease. Ultrasound-guided FNA or drainage of the mesenteric lymph node can be considered. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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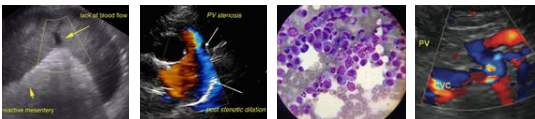
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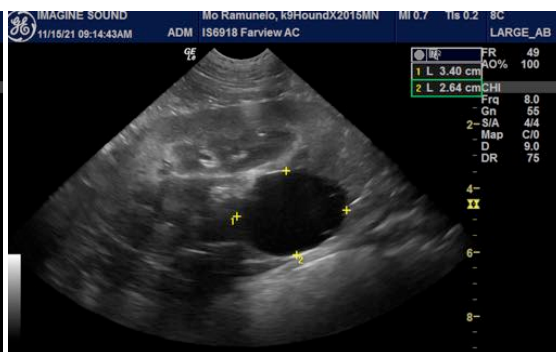
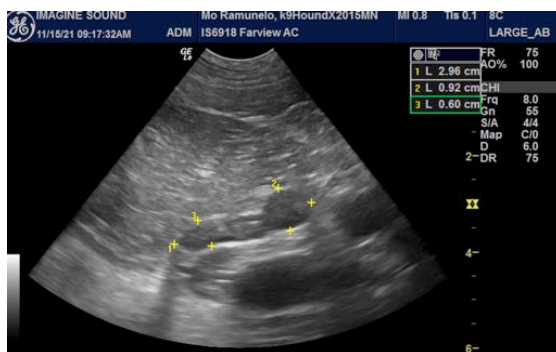
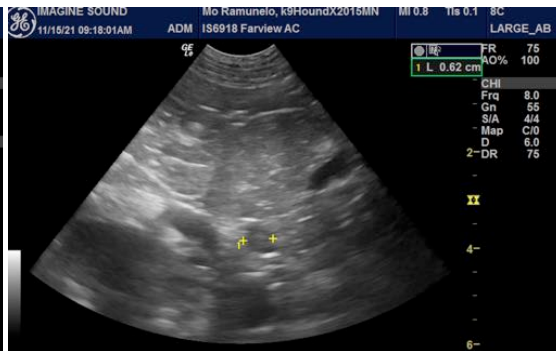
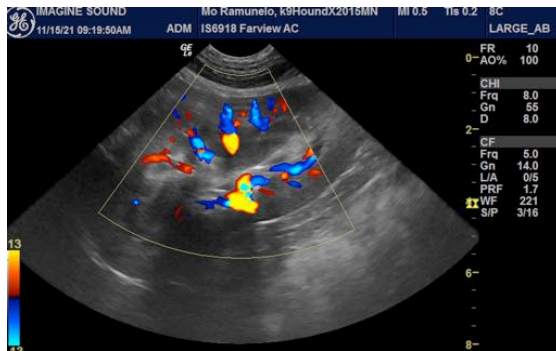
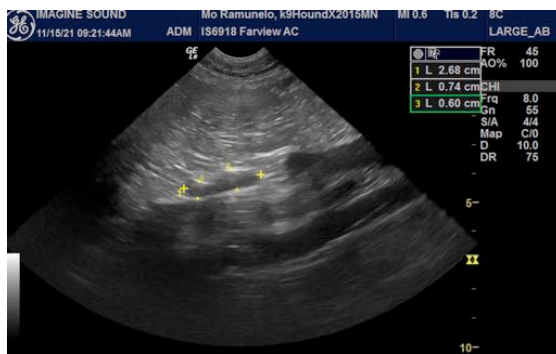
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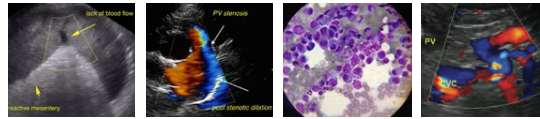
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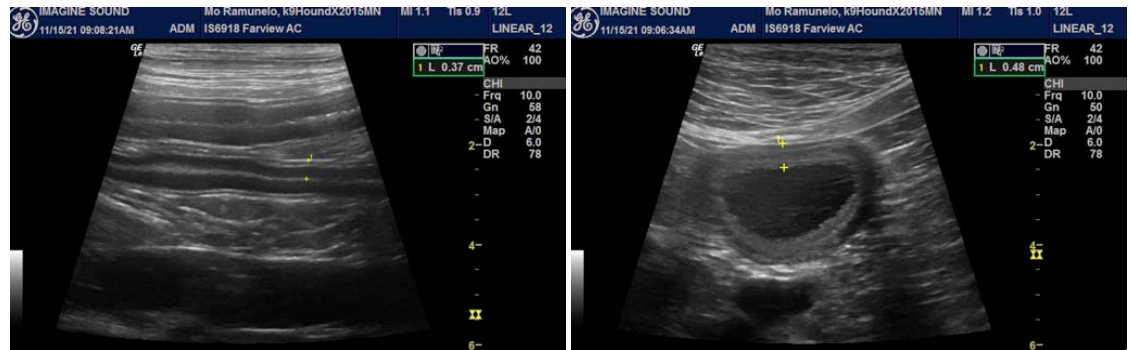
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com