



PATIENT

Ruger Bradley

PRESENTING CLINICAL SIGNS

History: Lethargic / ADR. Patient vomited small amount of food yesterday afternoon. R/o gastric FB.
Current meds: Cerenia

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: WBC 30.8, Neut 27.6, ALP 167, cPL <55

BREED

Brittany Spaniel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. The prostate was uniform, measuring 2.5 cm- no evidence of pathology.

SEX

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 left kidney measured 7.2 cm. The right kidney measured 7.55 cm.

AGE

1 Year

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 2.82 cm x 0.52 cm at the caudal pole and 0.58 cm at the cranial pole. The right adrenal gland measured 2.57 cm x 0.58 cm at the caudal pole and 1.23 cm at the cranial pole.

WEIGHT

Not Provided

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 were noted.

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Basking Ridge AH

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.

REFERRING VET

Dr. Ulassin

INVOICE

12532

Gastrointestinal

Some shadowing material was noted in the **stomach** up to 2.0 cm, likely kibble or ingesta. Some transit of chyme was noted in the upper small intestine; however, no overt obstruction appears to be present. The colon revealed normal stool formation.

DATE

11/15/21

Pancreas



PATIENT

Ruger Bradley

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

Other

The **testicles** were imaged and found to be uniform with no evidence of pathology.

BREED

Brittany Spaniel

ULTRASONOGRAPHIC FINDINGS

- Delayed outflow gastric pattern, ingesta type material in the stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

I recommend medical therapy. If clinical signs persist, recheck sonogram indicated.

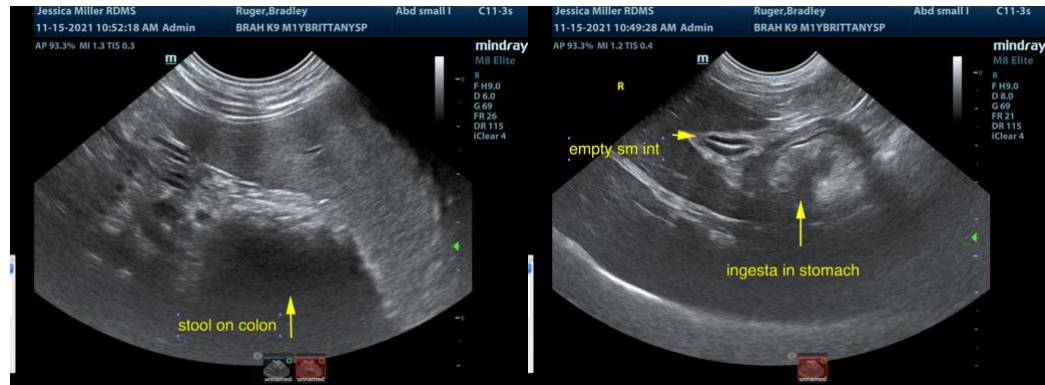
Male

AGE

1 Year

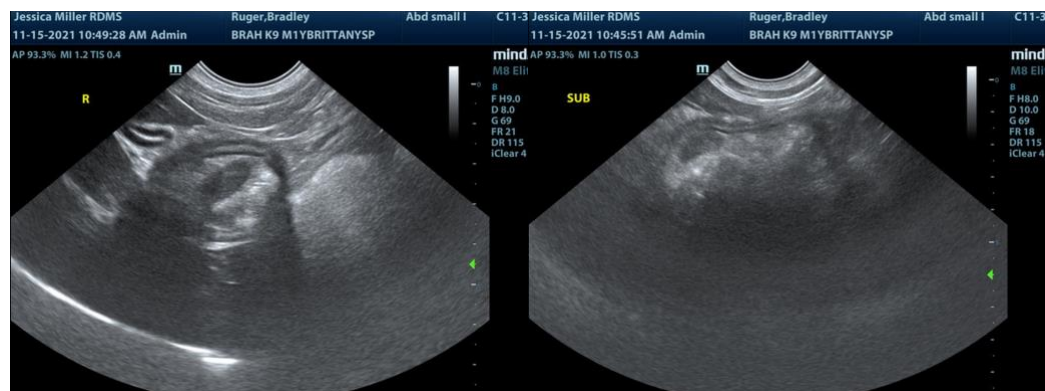
WEIGHT

Not Provided



INTERPRETED BY

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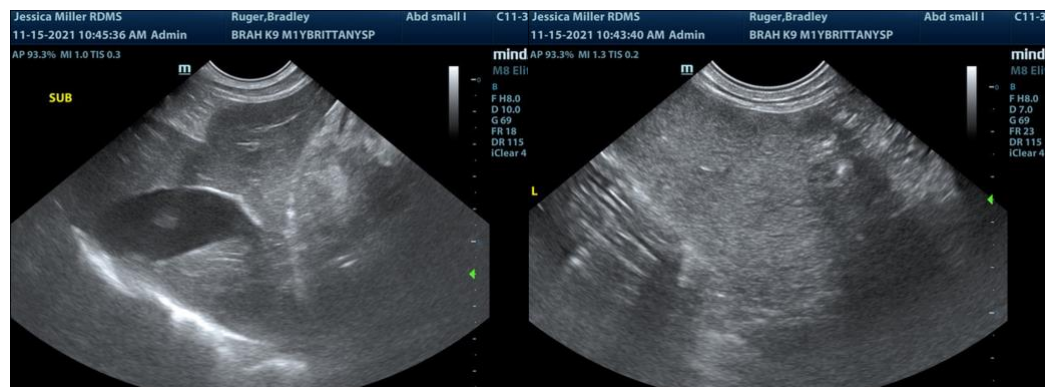


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SEX

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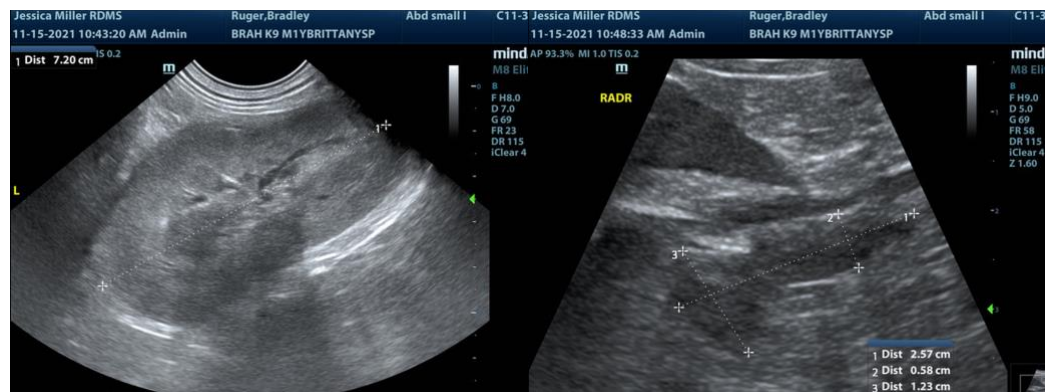
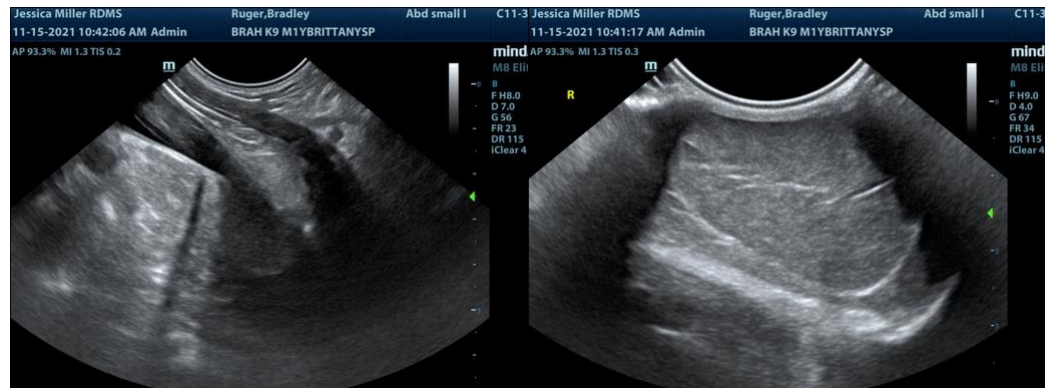
Dr. Ulassin

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DATE

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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
info@SonoPath.com