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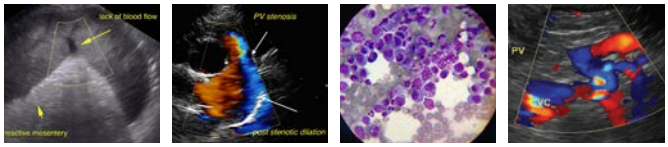

PATIENT
Omega Soto

SPECIES
Canine

BREED
Yorkshire Terrier

SEX
Neutered Male

AGE
7 Years

WEIGHT
15.8 Pounds

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Ferrer

HOSPITAL NAME
Paseos Vet Center

REFERRING VET
Dr. Ferrer

INVOICE
42873

DATE
11/18/22

PRESENTING CLINICAL SIGNS

The patient presented with a history of lethargy. Has not eaten since yesterday and seems in pain. No v/d at the moment but has a history of eating foreign bodies. Radiographs were taken and radiopaque material was seen in the stomach. The abdominal ultrasound was done to further evaluate the GI tract. PT has not eaten in over 20 hrs since the last radiographs that were included as supporting documents. Abnormal PE/Chem/CBC/UA Results: PE: tension on abdominal palpation and mild discomfort. BW: unremarkable

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 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 4.83 cm. The left kidney measured 4.04 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 1.72 cm x 0.60 cm. The left adrenal gland measured 1.95 cm x 0.40 cm.

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.

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** presented minor hypertrophy. No loss of mural detail. A shadowing 2.0 cm structure was noted in the gastric fundus, yet the pylorus was patent. No obstructive pattern. The small intestine and colon were unremarkable.

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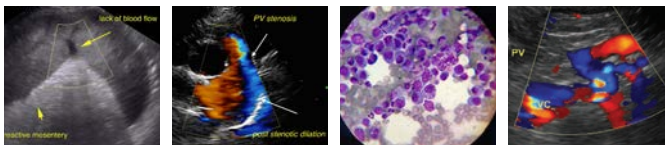

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Pancreas

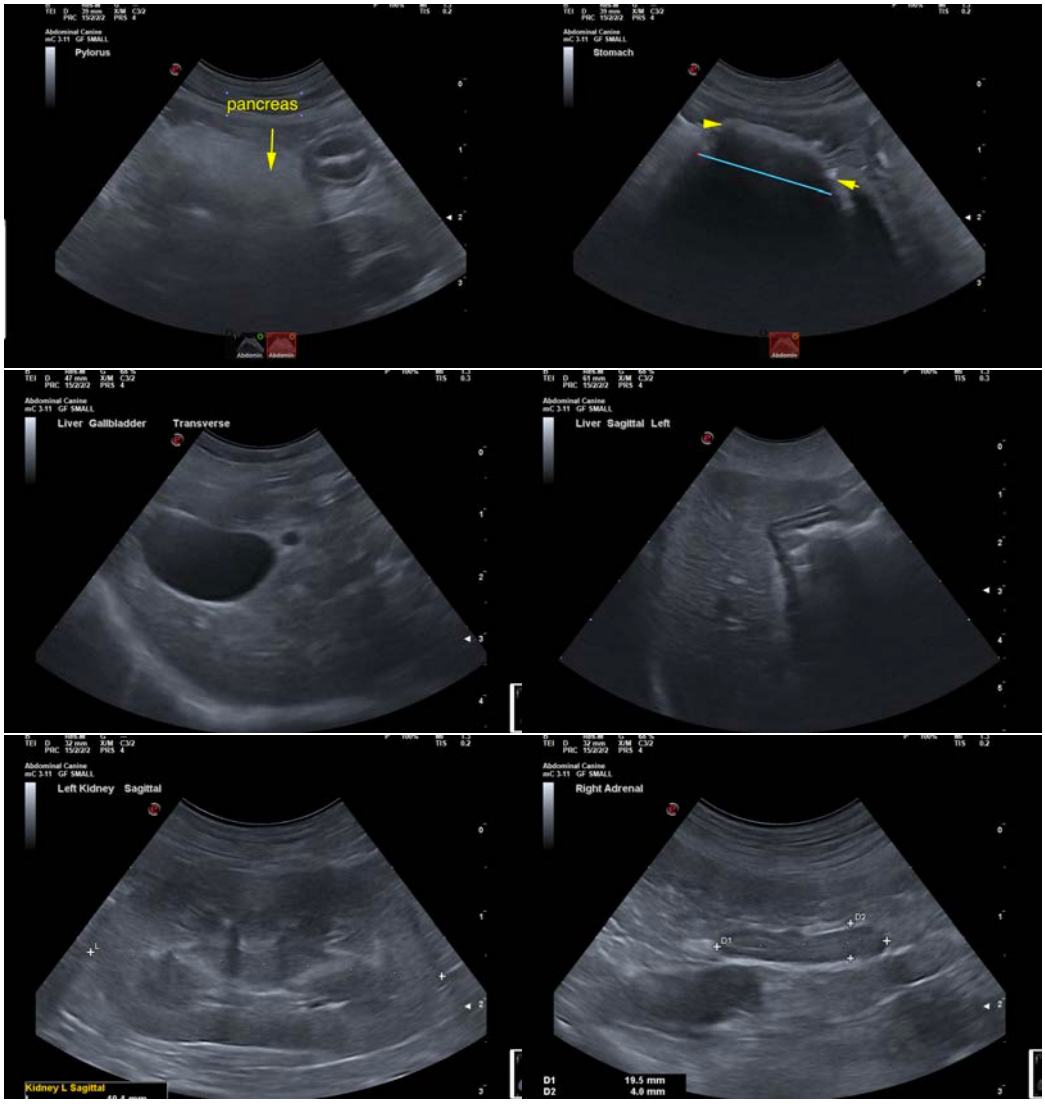
The right limb of the **pancreas** was hyperechoic with a mild amount of remodeling and coarse architecture. History of pancreatitis likely.

ULTRASONOGRAPHIC FINDINGS

- Pancreatic remodeling
- Gastritis pattern with 2.0 cm structure in the gastric fundus, non-obstructive

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend supportive care at this time with GI protectants and recheck sonogram in 48-72 hours if the patient is stable to assess if the material is persistently present on NPO status. If vomiting continue, then endoscopy could be considered. However, the 2.0 cm structure may represent a large oral medication or possible foreign body but is not obstructive.



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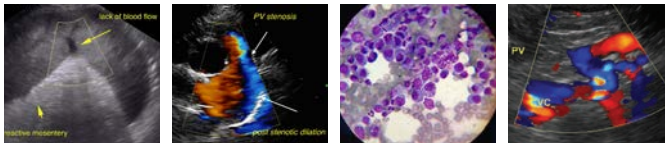

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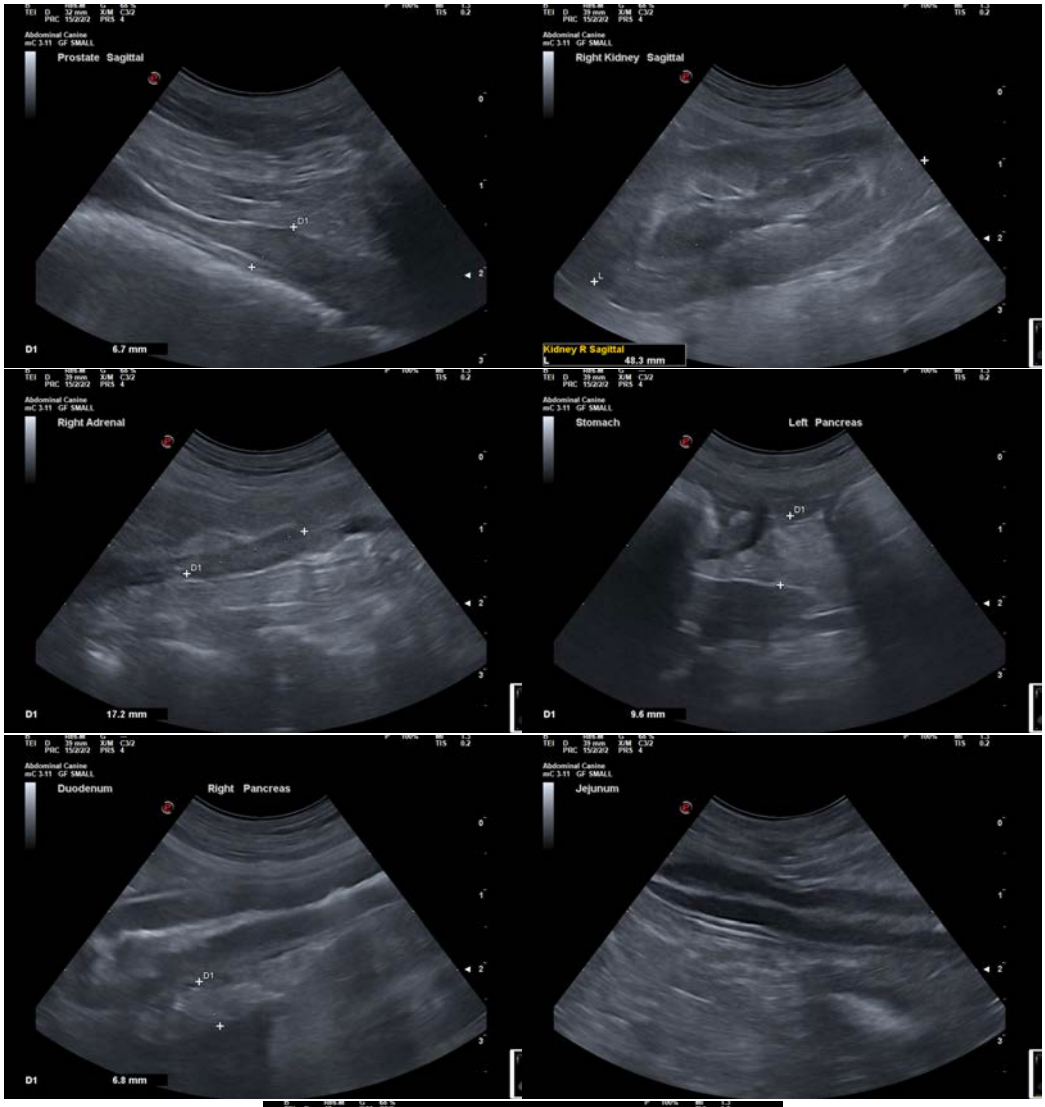

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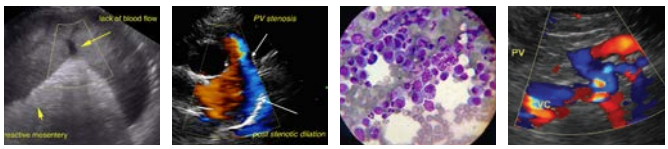

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com