



PATIENT PRESENTING CLINICAL SIGNS

Lily Kayali History: vomiting consumed stuffing

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Weimaraner

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 was noted. Ureteral papillae were normal.

SEX

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 right kidney measured 6.05 cm.

AGE

4 months

Adrenal Glands

WEIGHT

35 lbs

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 2.43 x 0.6 cm at the caudal pole and 0.77 cm at the cranial pole. The left adrenal gland measured 1.74 x 0.51 cm at the caudal pole and 0.66 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway AH

Liver

REFERRING VET

Dr. Maniar

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.

INVOICE

92801

DATE

11/2/21



PATIENT

Gastrointestinal

Lily Kayali

The **stomach** in this patient was filled with soft shadowing material. This is consistent with kibble or possible foreign matter depending on when the patient ate prior to the sonogram. Transit of chyme into the small intestine appeared to be occurring. Therefore, delayed outflow or post prandial presentation would be the description especially if the patient ate kibble prior to the sonogram.

SPECIES

Canine

BREED

Weimaraner

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.

SEX

Female

ULTRASONOGRAPHIC FINDINGS

Full stomach with shadowing material, likely kibble or possible foreign matter.

AGE

4 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

35 lbs

Transit appeared to be occurring. A recheck sonogram is recommended at 24 hour n.p.o. if the patient is persistently clinical.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

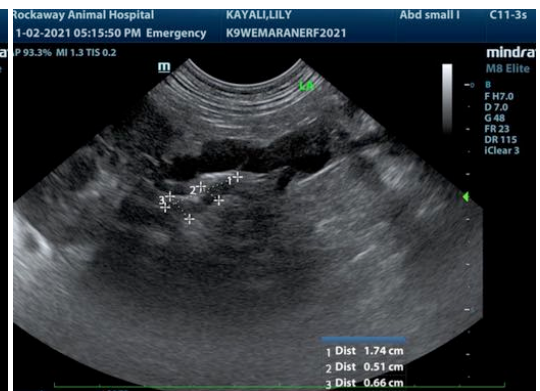
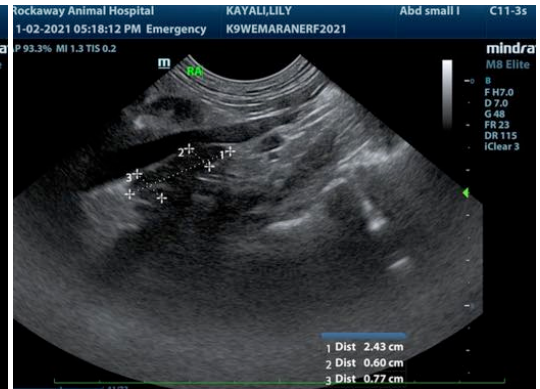
Dr. Maniar

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PATIENT

Lily Kayali

SPECIES

Canine

BREED

Weimaraner

SEX

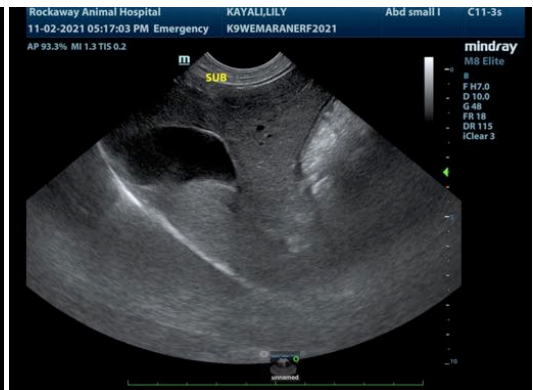
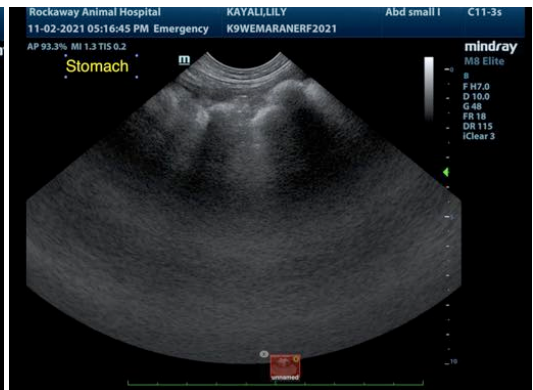
Female

AGE

4 months

WEIGHT

35 lbs



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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.

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