



PATIENT PRESENTING CLINICAL SIGNS

Ollie Farley Bay Area referral vomiting started 11/22. Vomited while on cerenia. Hospitalized 11/23-11/24. 11/29 started vomiting after finishing cerenia.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

Terrier X

SEX The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.8 cm. The right kidney measured 5.1 cm.

Neutered Male

AGE **Adrenal Glands**

WEIGHT 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 1.86 cm x 0.38 cm at the caudal pole and 0.31 cm at the cranial pole. The right adrenal gland measured 0.80 cm at the cranial pole and 0.60 cm at the caudal pole.

31 Pounds

INTERPRETED BY Spleen

Eric Lindquist, DMV 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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY Liver

Dr. Adrienne Waffle 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.

HOSPITAL NAME Gastrointestinal

Torch Lake VC

REFERRING VET Pancreas

Dr. Adrienne Waffle

INVOICE Minor **gastric** hypertrophy present and empty lumen. Transit of chyme into the small intestine appeared to be occurring normally.

43038 **Pancreas**

DATE The **pancreatic** base was hypoechoic to surrounding fat and mildly irregular, suspect low-grade inflammation. The pancreatic inflammatory pattern continued into the right base.

11/30/22



PATIENT

Ollie Farley

ULTRASONOGRAPHIC FINDINGS

- Minor pancreatitis/gastritis pattern, unremarkable abdomen otherwise
- Age related renal changes

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24 hour NPO, IV fluid support, GI protectants, bland BID canned feedings, or hydrolyzed approach could also be considered.

BREED

Terrier X

SEX

Neutered Male

AGE

9 Years

WEIGHT

31 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

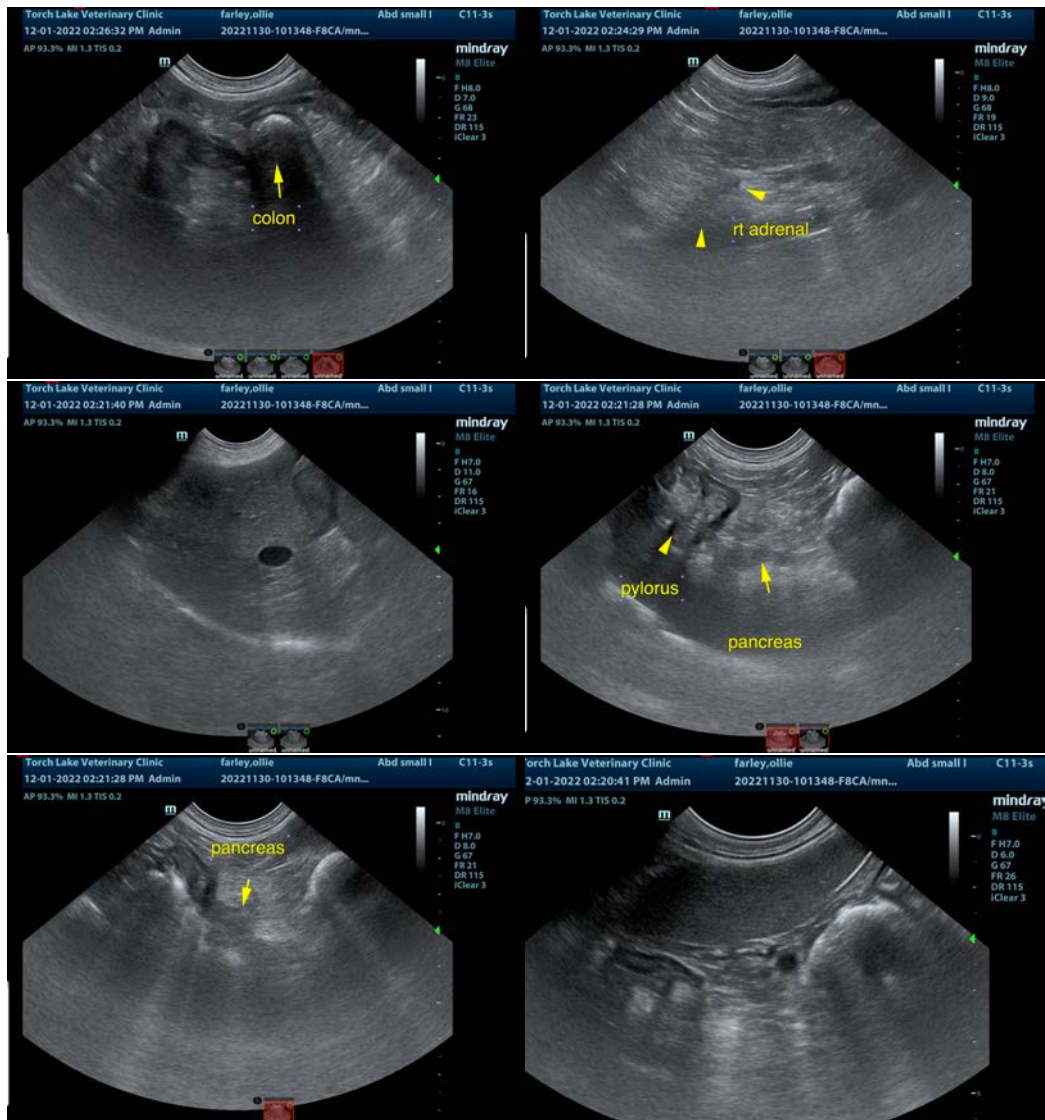
Dr. Adrienne Waffle

HOSPITAL NAME

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REFERRING VET

Dr. Adrienne Waffle



INVOICE

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DATE

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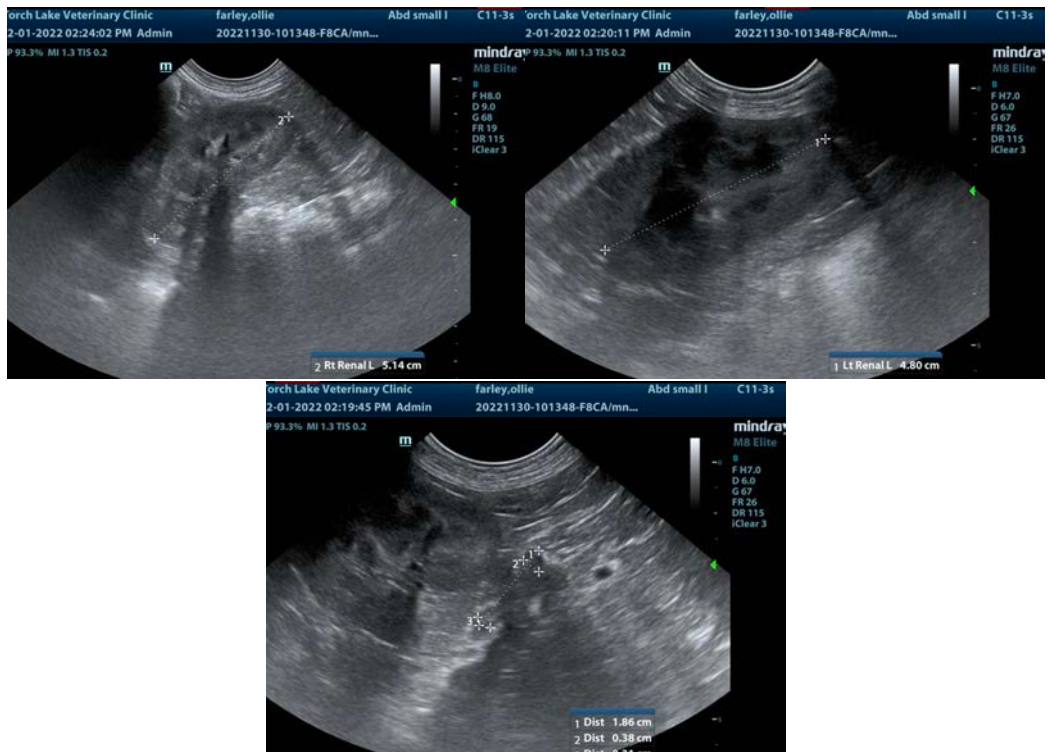
Dr. Adrienne Waffle

INVOICE

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DATE

11/30/22



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