



**PATIENT**

Mel Rocha

**PRESENTING CLINICAL SIGNS**

History: V/D. Lethargy. Inappetent.

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Medium Mix

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

**SEX**

Spayed Female

**AGE**

9 years

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 5.68 cm. The left kidney measured 5.57 cm.

**WEIGHT**

19.5 kg

**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 0.62 cm at the caudal pole and 0.5 cm at the cranial pole. The right adrenal gland measured 0.6 cm at the caudal pole and 1.0 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dave Stasiuk RDMS,  
RDCS

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself caudally. This is a positional variant and is not pathological. There was no evidence of significant disease.

**HOSPITAL NAME**

Resolution Veterinay  
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**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. Karagic

**INVOICE**

94493

**Gastrointestinal**

**DATE**

12/10/21

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

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**Pancreas**

The left limb of the **pancreas** was slightly irregular. This may be normal for this age patient or related to low-grade inflammation.

**BREED**

Medium Mix

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen with minor bladder thickening with micropolypoid changes.

**SEX**

Spayed Female

Slightly irregular left pancreatic limb.

Otherwise, unremarkable abdomen.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Subxiphoid palpation is recommended to assess for pain-solicited response. If pain is noted low grade pancreatitis is suspected. GI support is recommended.

**WEIGHT**

19.5 kg

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**REFERRING VET**

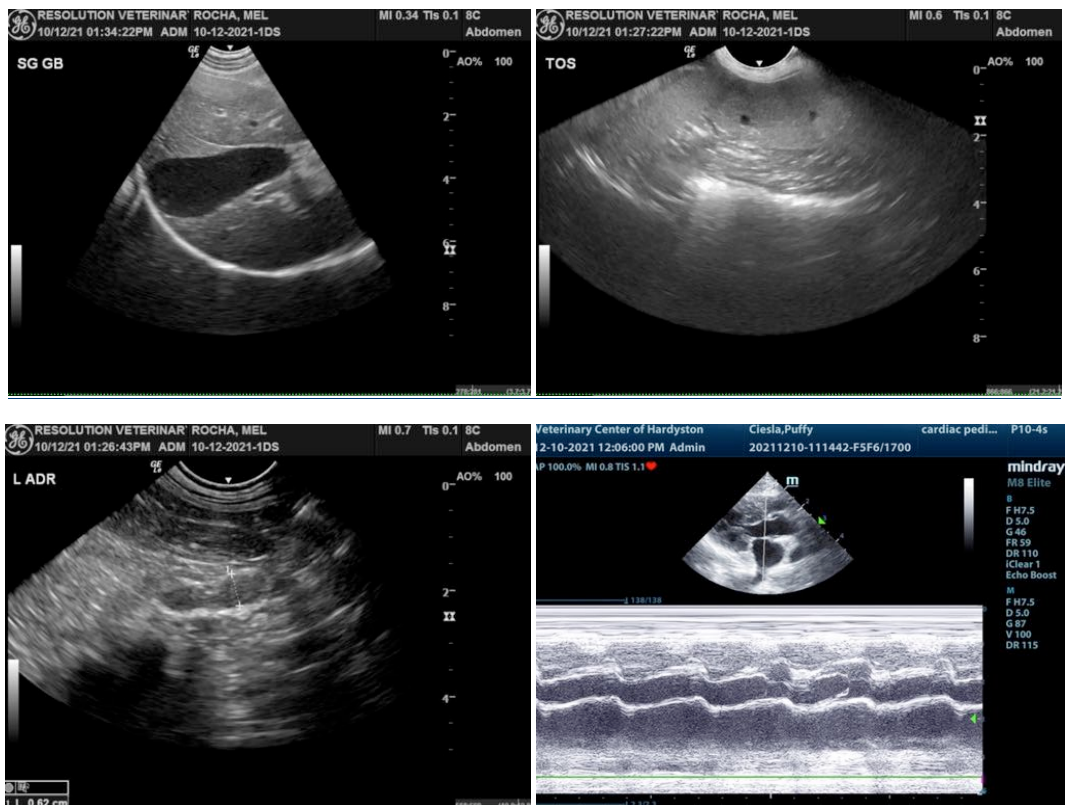
Dr. Karagic

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**SPECIES**

Canine

**BREED**

Medium Mix

**SEX**

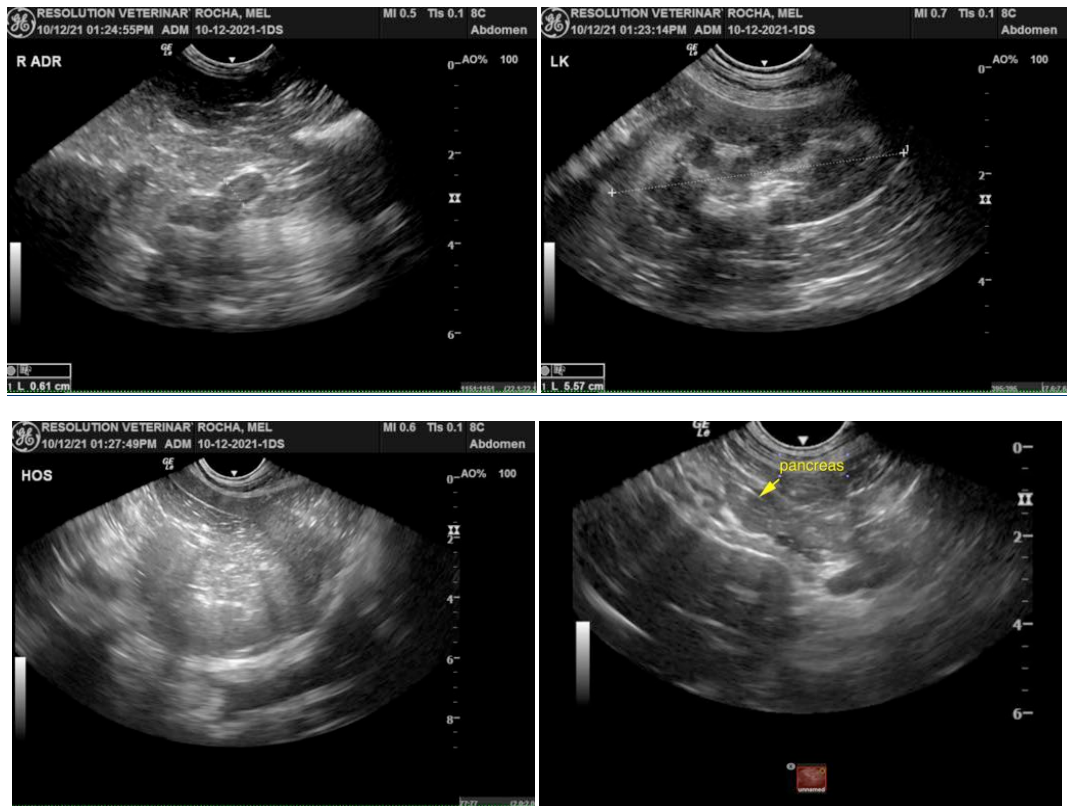
Spayed Female

**AGE**

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**WEIGHT**

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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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