



PATIENT

Jewel Miller

PRESENTING CLINICAL SIGNS

Annual exam revealed distended abdomen and labs had very elevated LE. No clinical signs. Abnormal PE/Chem/CBC/UA Results: ALT 1302 ALP 358

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pitbull Mix

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

Spayed 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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.88 cm with trace pyelectasia. The left kidney measured 5.93 cm.

AGE

8 years

Adrenal Glands

WEIGHT

57.7 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 left adrenal gland measured 2.27 x 0.45 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland measured 2.66 x 0.64 cm at the caudal pole and 0.8 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Prescott

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

Roundout Valley
Veterinary Assoc

Liver

REFERRING VET

Dr. Prescott

The **liver** revealed coarse architecture with increased portal markings. 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

94692

Gastrointestinal

DATE

12/17/21

The **stomach** revealed shadowing material. This is consistent with soft, dense foreign matter such as fabric. The small intestine and colon were unremarkable.



PATIENT

Pancreas

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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

ULTRASONOGRAPHIC FINDINGS

BREED

Pitbull Mix

Full stomach of soft, dense foreign matter such as cloth or similar.

Chronic inflammatory hepatopathy.

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

8 years

Assuming the patient was n.p.o. at the time of the sonogram I recommend gastrotomy and liver biopsy for further definition. If the patient was not n.p.o. at the time of the sonogram then follow-up ultrasound on full n.p.o. status is recommended as well as the sonogram of position SDEP 13 just prior to surgery to ensure that no movement has occurred with material in the stomach. Leptospirosis titers are appropriate. There is no evidence or suspicion of neoplasia.

WEIGHT

57.7 lbs

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IMAGING PERFORMED BY

Dr. Prescott

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REFERRING VET

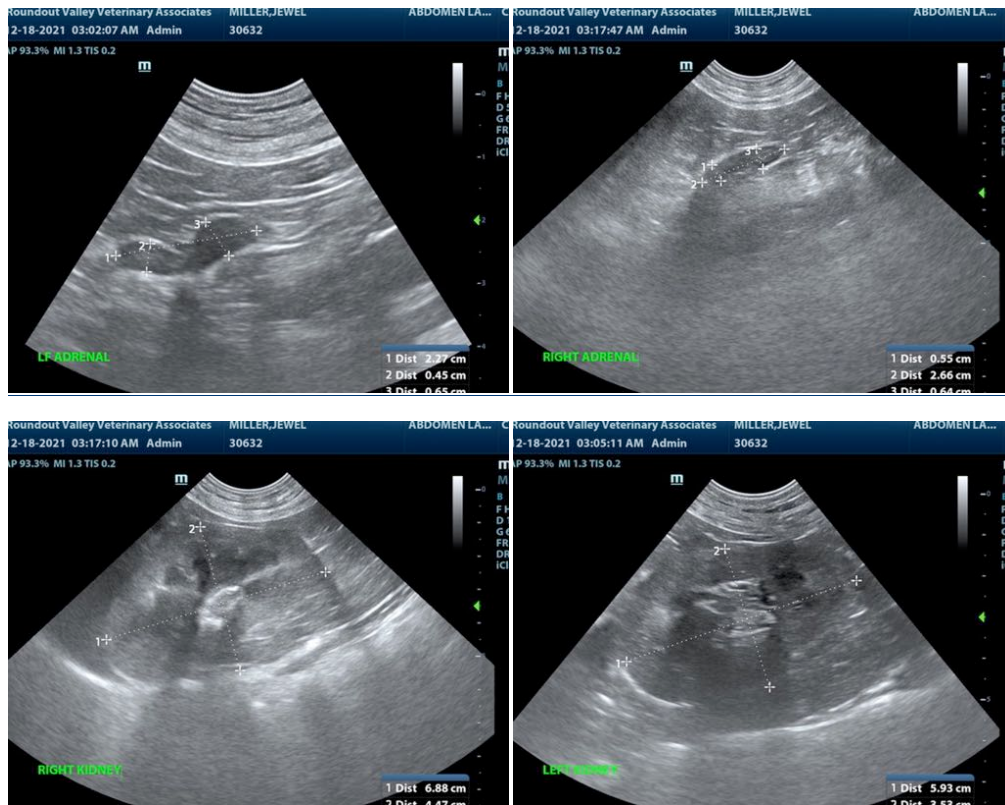
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Canine

BREED

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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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