



PATIENT	PRESENTING CLINICAL SIGNS
MJ Ruggieio	Vomits-blood, foam, undigested food.
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 was noted. Ureteral papillae were normal.
Mix	
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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 4.46 cm. The left kidney measured 4.03 cm.
AGE	
2 years	
WEIGHT	Adrenal Glands
20 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 1.61 x 0.37 cm at the cranial pole and 0.43 cm at the caudal pole. The right adrenal gland measured 1.75 x 0.87 cm at the cranial pole and 0.41 cm at the caudal pole.
INTERPRETED BY	
Eric Lindquist, DMV DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	Spleen
Shari Reffi, CVT	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	
REFERRING VET	Liver
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	
94705	
DATE	
12/17/21	



PATIENT

Gastrointestinal

MJ Ruggiero

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 demonstrated normal luminal chyme and stool consistency respectively. The cecum was dilated with fluid and gas.

SPECIES

Canine

BREED

Mix

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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

2 years

Unremarkable upper gastrointestinal presentation with mild Typhlitis pattern.

WEIGHT

20 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI Protectant protocol is warranted given the clinical signs. However, structurally the GI tract is unremarkable. Microulcerative disease is always a potential, yet no macroulcers are noted. Midabdominal palpation is warranted to assess for discomfort in this region. This is suggestive for Typhlitis. Recheck sonogram in 7-10 days if the clinical signs are persisting.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Helicobacter/Gastritis protocol

A clinical trial of **Enrofloxacin** and **Metronidazole** (10-20 mg/kg p.o. b.i.d.), **Sucralfate** (0.5-2 g/dog PO) and **Omeprazole** (1 mg/kg p.o. s.i.d.) over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

IMAGING

PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Rockaway AH

REFERRING VET

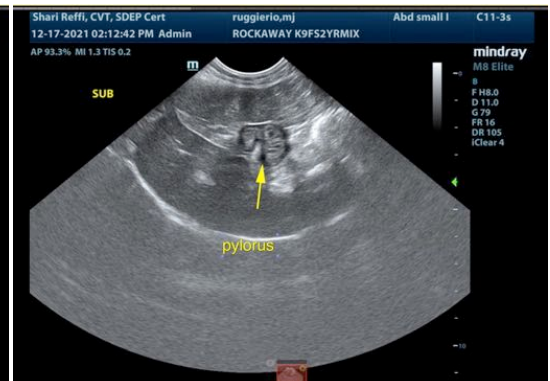
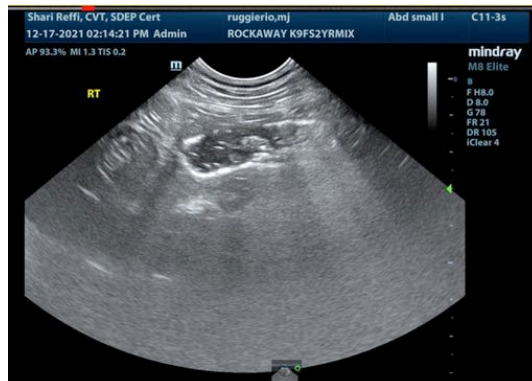
Dr. Maniar

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PATIENT

MJ Ruggiero

SPECIES

Canine

BREED

Mix

SEX

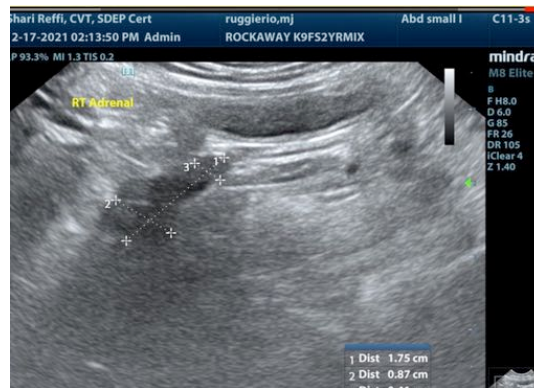
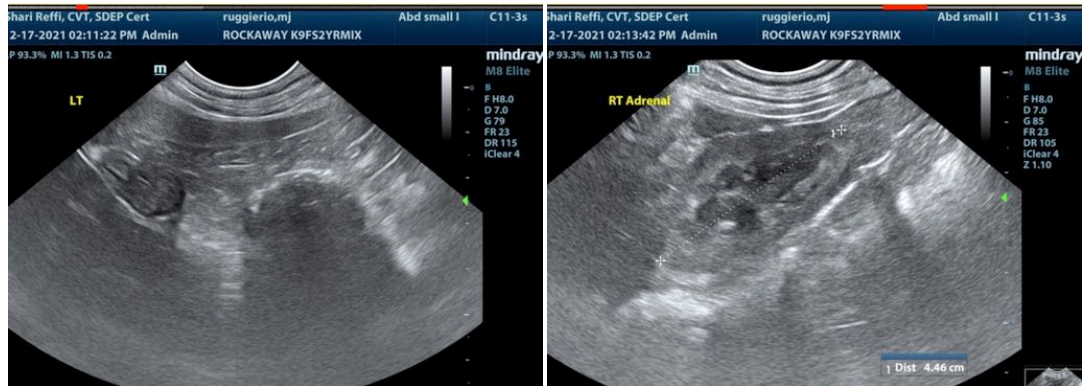
Spayed Female

AGE

2 years

WEIGHT

20 lbs



INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com