



PATIENT

Nova Good Karma
Rescue

SPECIES

Canine

BREED

Pomeranian

SEX

Spayed Female

AGE

1 year

WEIGHT

14 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Jessica Miller, RDMS

HOSPITAL NAME

Westwood Regional
VH

REFERRING VET

Dr. Giammanco

INVOICE

94796

DATE

12/15/21

PRESENTING CLINICAL SIGNS

Inappetence, vomiting, diarrhea. Parainfluenza positive. Current med: Cerenia, famotidine, metronidazole, clavamox, IVF (LRS), sucrofate
Abnormal PE/Chem/CBC/UA Results: ALP 30, Parainfluenza positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

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 4.3 cm. The left kidney measured 4.29

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 1.88 x 0.56 cm at the caudal pole and 0.41 cm at the cranial pole. The right adrenal gland measured 1.84 x 0.41 cm at the caudal pole and 0.81 cm at the cranial pole.

Spleen

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.

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.



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Gastrointestinal

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The **stomach** was over distended with fluid. The pylorus was patent and there was no evidence of a foreign body. The small intestine was fluid filled. This is consistent with enteritis. The colon was fluid filled.

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Pancreas

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The **pancreas** revealed heterogenous parenchymal changes in the right limb. It appeared to be tethering the upper duodenum.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis, pancreatitis pattern.

AGE

1 year

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

24-hour n.p.o., plasma expanders and treatment for enterotoxins are all indicated. A recheck sonogram is recommended in 48-72 hours. There was no evidence of a foreign body. Slurry feeding is warranted after 24-hour n.p.o.

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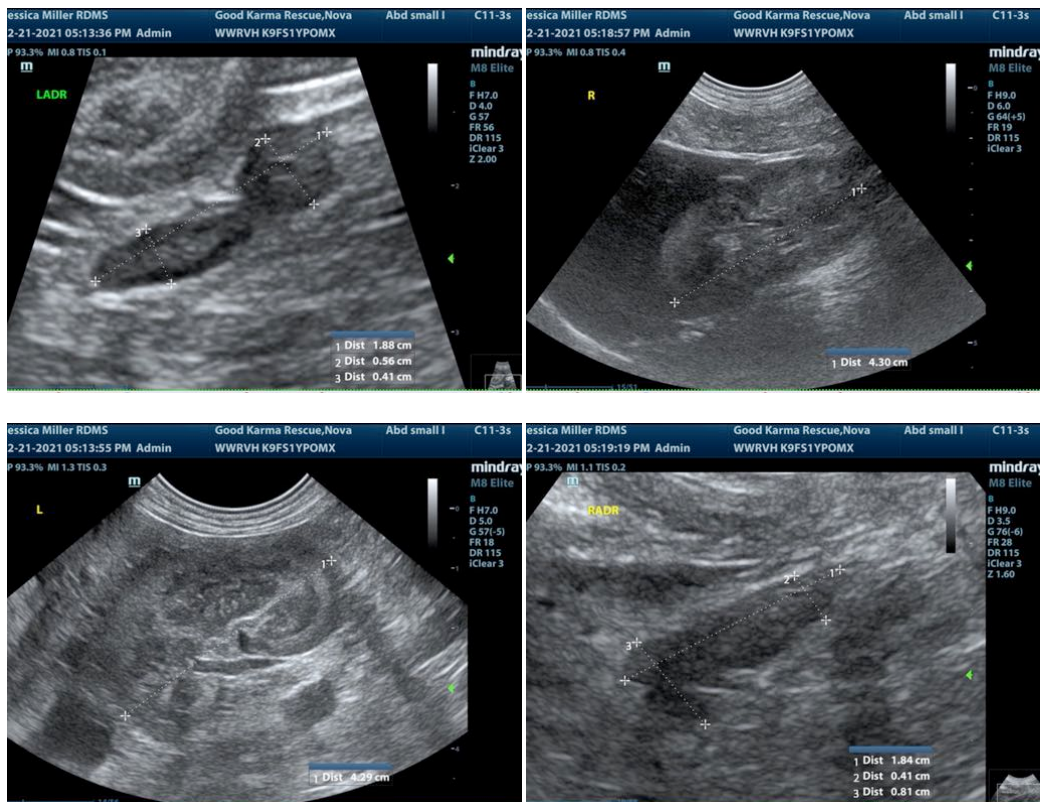
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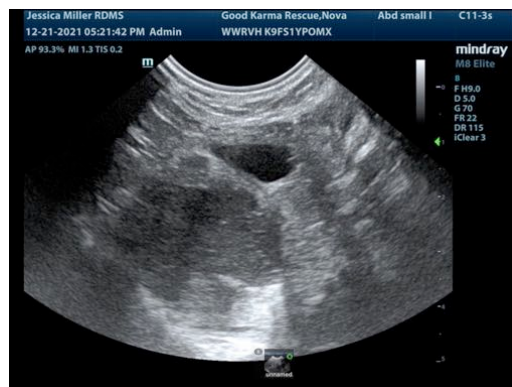
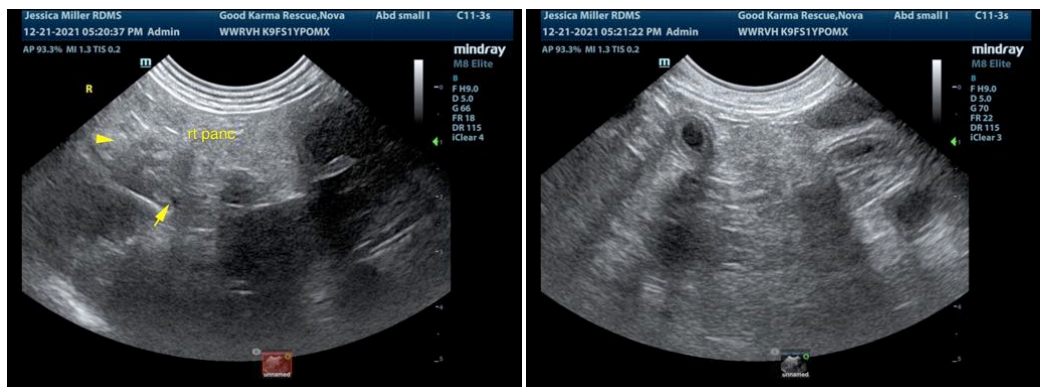
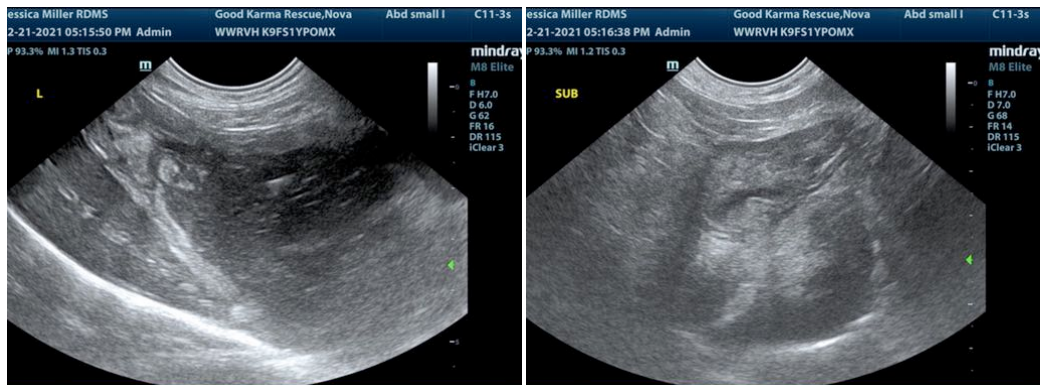
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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