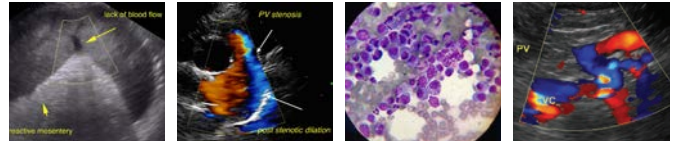


PATIENT	PRESENTING CLINICAL SIGNS
Drake Montessor	Staff vet dog. Decreased appetite and intermit vomiting. Diarrhea. Abnormal PE/Chem/CBC/UA Results: Pending
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	The bladder in this patient was mildly thickened with slight echogenic 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. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction.
Mastiff X	
SEX	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 left kidney measured 7.26 cm. The right kidney measured 6.85 cm.
Neutered Male	
AGE	Adrenal Glands
12 Years	The adrenal glands were not visualized.
WEIGHT	Spleen
108 Pounds	The spleen was slightly irregular in contour. Subtle heterogeneous parenchymal changes. No overt masses present.
INTERPRETED BY	Liver
Eric Lindquist, DMV	The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was not visualized.
DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	Gastrointestinal
Dr. Rodriguez	The stomach was overdistended with chyme. The cecum revealed a concentric wall thickening, with wall thickness up to 1.03 cm in a region of approximately 2.0 cm. Reactive mesentery noted around portions of small intestine with localized free fluid. Variable intestinal thickening present. Portions of the intestine appeared to be partially obstructed owing to mural disease. Penetrating foreign matter could not be ruled out. Some annular lesions noted within the intestinal tract.
HOSPITAL NAME	Pancreas
Foxfield Vet Services	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.
REFERRING VET	ULTRASONOGRAPHIC FINDINGS
Dr. Rodriguez	<ul style="list-style-type: none"> • Multifocal intestinal neoplastic pattern with reactive mesentery • Slight irregular spleen
INVOICE	
43569	
DATE	
12/22/22	



PATIENT

Drake Montessor

SPECIES

Canine

BREED

Mastiff X

SEX

Neutered Male

AGE

12 Years

WEIGHT

108 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

Dr. Rodriguez

INVOICE

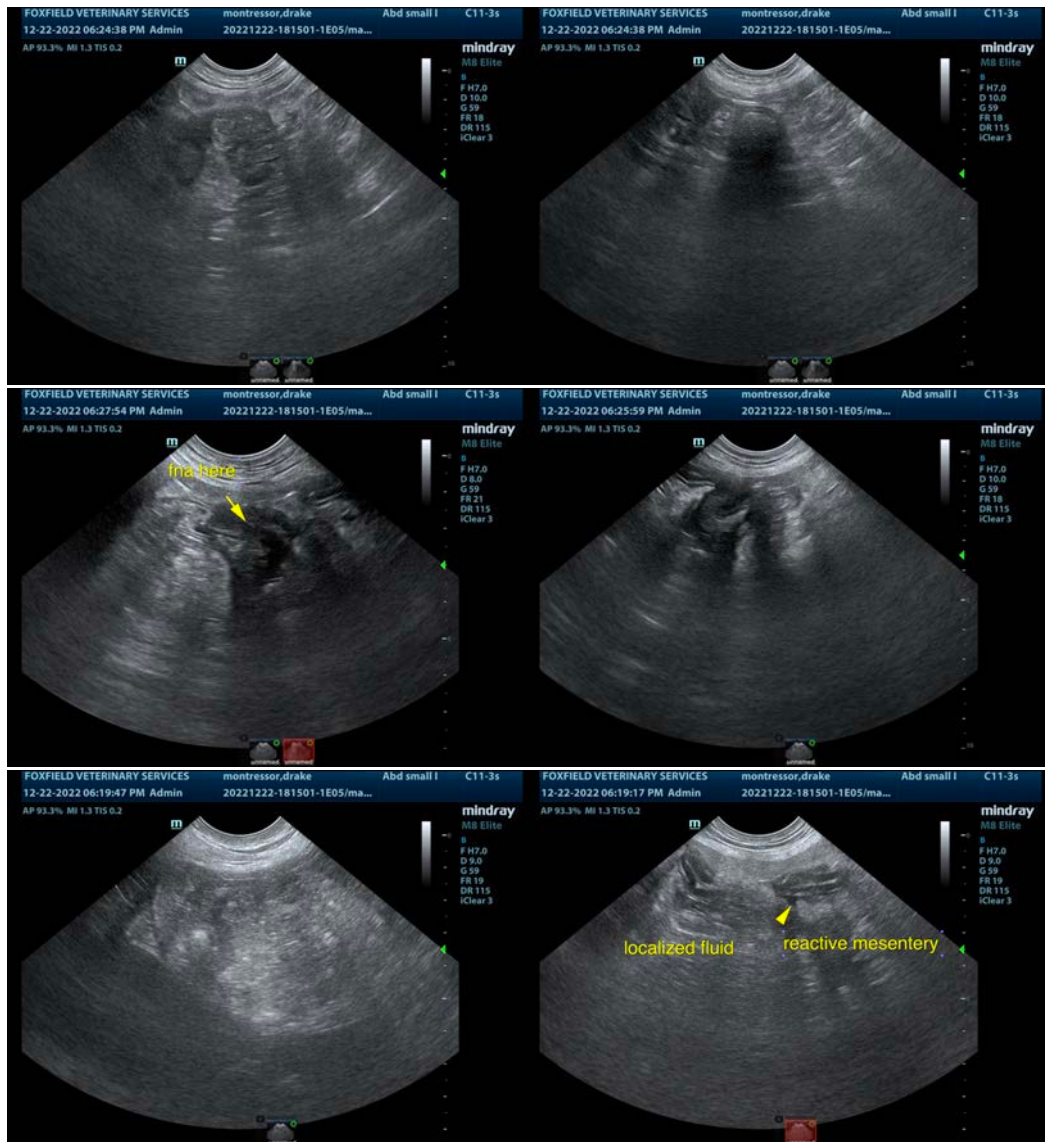
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12/22/22

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for either peritonitis or potential septic abdomen. Exploratory surgery with appropriate biopsies or FNA of the variable intestinal thickening as well as spleen and liver indicated. Prognosis is extremely guarded to poor.





PATIENT

Drake Montessor

SPECIES

Canine

BREED

Mastiff X

SEX

Neutered Male

AGE

12 Years

WEIGHT

108 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield Vet Services

REFERRING VET

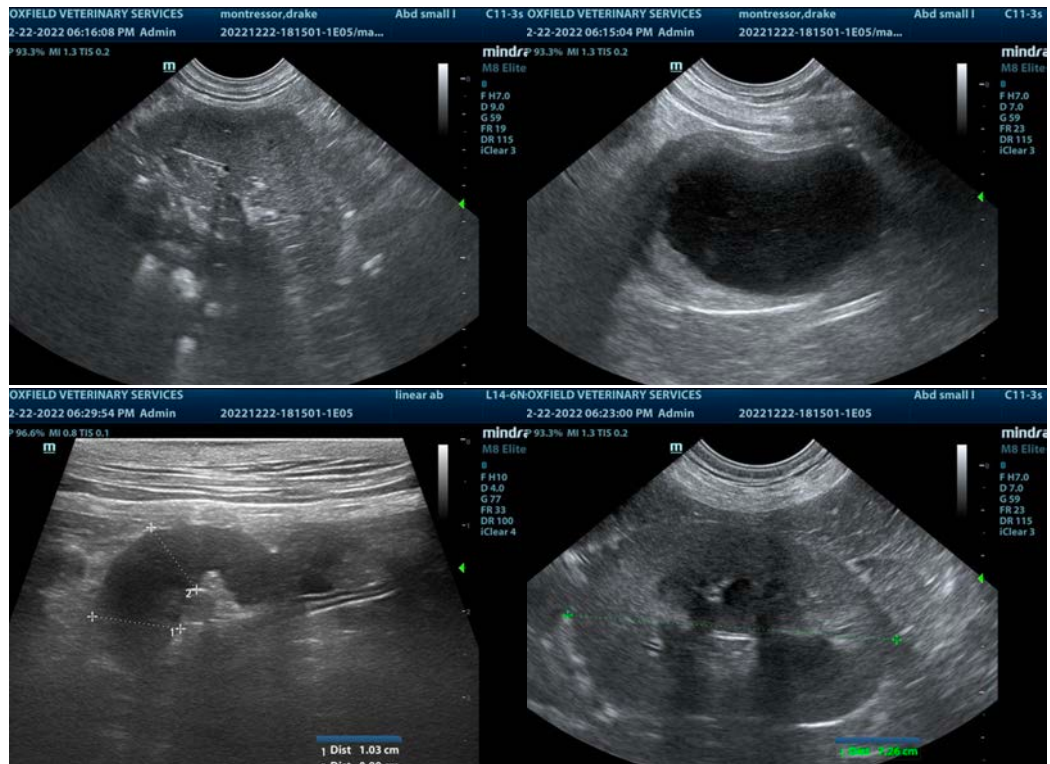
Dr. Rodriguez

INVOICE

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DATE

12/22/22



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