PATIENT

Remi Edmund

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed Female

AGE

3 Years 11 Months

WEIGHT

59 lbs

INTERPRETED BY

Eric Lindquist, DMV, DABVP (CFM), Cert. IVUSS

IMAGING PERFORMED BY

Vincent Ravancho, CVT

HOSPITAL NAME

Black River Veterinary Hospital

REFERRING VET

Dr. Beth Elliot

INVOICE

72789

DATE

12/26/25

PRESENTING CLINICAL SIGNS

Pre-sx TPLO scheduled for 1/22/26 Clinical findings: Chronic intermittent regurgitation daily for last few wks. Was started on Rimadyl for limping/CCL tear, Regurg no worse but persistent. D/C Rimadyl last wk and regurg stopped however P was not on NSAID when regurg first noticed.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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. Left kidney measured 6.27 cm. Right kidney measured 6.67 cm.

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. Left measured 2.5 cm x 0.69 cm at the caudal pole and 0.71 cm at the cranial pole. Right measured 2.47 cm x 0.98 cm at the cranial pole and 0.68 cm at the caudal 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 were 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.

Gastrointestinal

The **stomach** revealed mild gastric hypertrophy and minor fluid filled lumen. Pyloric wall measured 1.1 cm. No loss of mural detail. However, some muscularis hypertrophy noted. Minor intestinal thickening noted with areas of muscularis hypertrophy, consistent with inflammatory bowel type presentation. Changes were fairly minor. No loss of mural detail. No evidence of foreign bodies. The imaging followed

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the pylorus to the gastroesophageal inlet with continual minor thickening. The esophagus did not present any gross pathology as it crossed into the diaphragm. The gastroesophageal sphincter was clearly visualized without gross pathology.

Pancreas

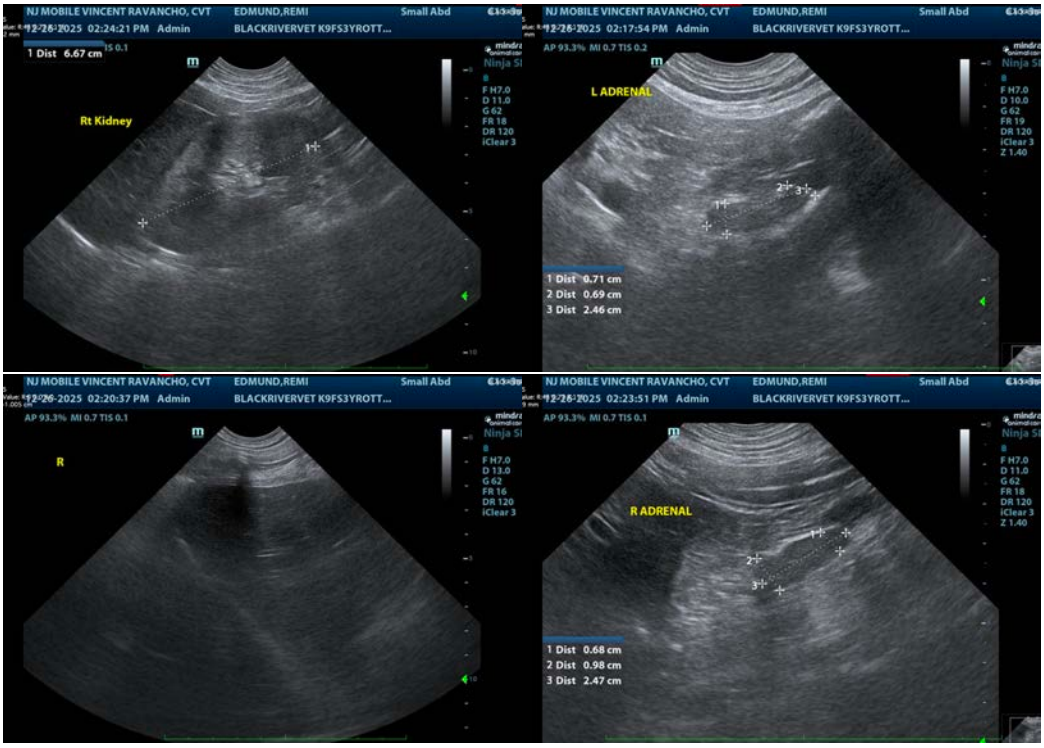
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern without gross gastroesophageal pathology.
- IBD GI pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend GI protectant protocol in this patient. Alternative anti-inflammatory or pain management would be recommended instead of NSAIDs. Hydrolyzed diet may be in this patient's long-term interest. Parasite management also indicated. No gross evidence of pathology that would contraindicate anesthesia.



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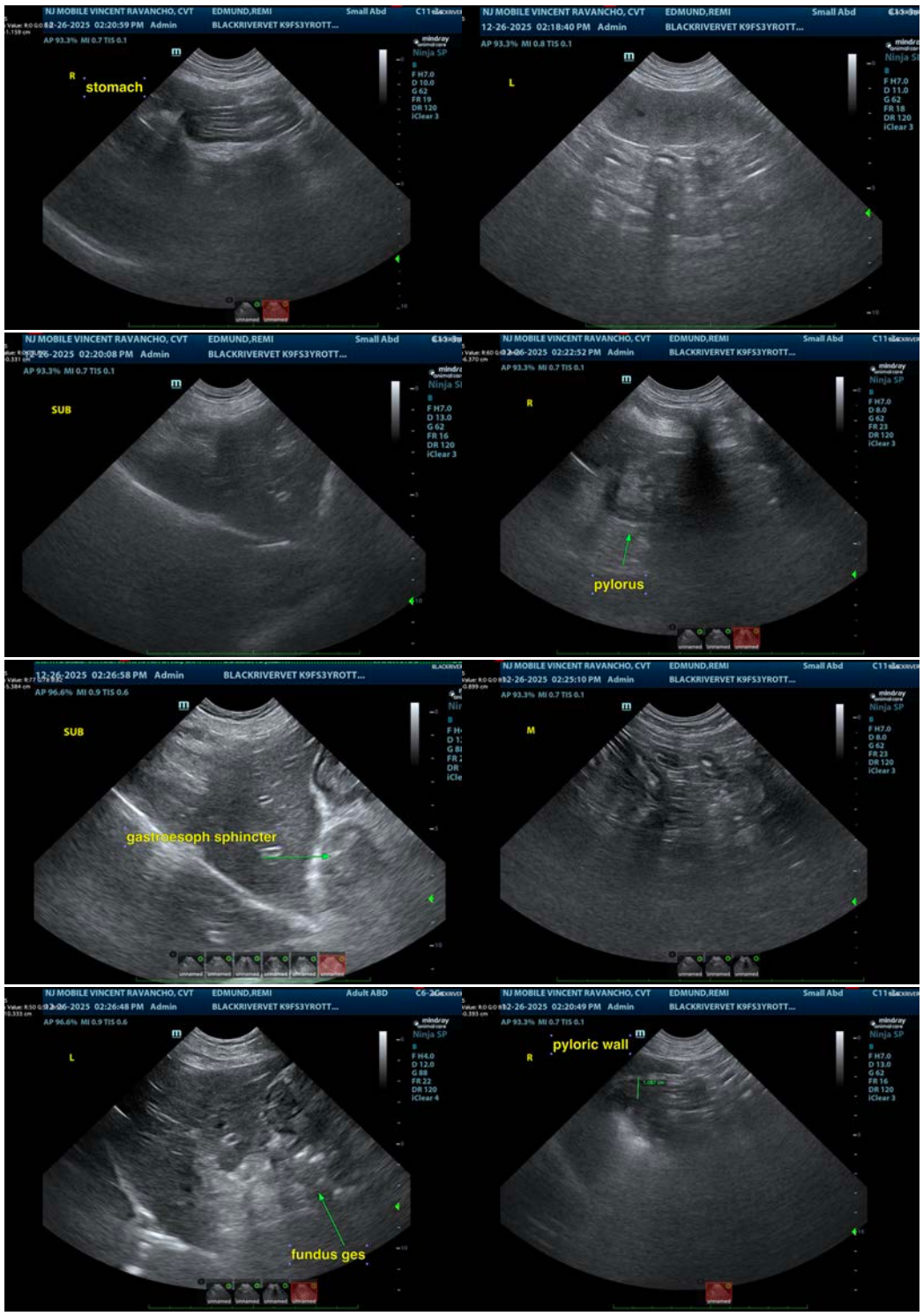

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,
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