



PATIENT

Henry Zovko

SPECIES

Canine

BREED

Cavalier King Charles

SEX

Intact male

AGE

10 Months

WEIGHT

9.3 Lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hour

REFERRING VET

Dr. Gruffydd

INVOICE

13167

DATE

12/27/21

PRESENTING CLINICAL SIGNS

History: History of chronic GI issues some vomiting mostly diarrhea. Has been worse last few days. Blood work non diagnostic

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 **prostate** was uniform, measuring 2.6 cm, unremarkable.

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 4.72 cm. The right kidney measured 4.83 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. The left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.58 cm at the cranial pole and 0.35 cm at the caudal pole.

Spleen

The **spleen** revealed slight heterogenous parenchymal changes yet uniform otherwise.

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

Gastric stasis was noted. The pylorus was free of evident pathology. Hyperperistaltic jejunum noted in this patient with some areas of reactive mesentery. A few hyperechoic linear objects noted without intestinal tethering. Underlying parasitic disease should be considered.

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.



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Free Abdomen

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The mesenteric **lymph nodes** (an example measured up to 1 cm x 2 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern with ileus
- Mesenteric lymphadenopathy
- Heterogeneous spleen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Medical management recommended. Fecal test warranted. Worm burden may be playing a role in the stasis pattern.

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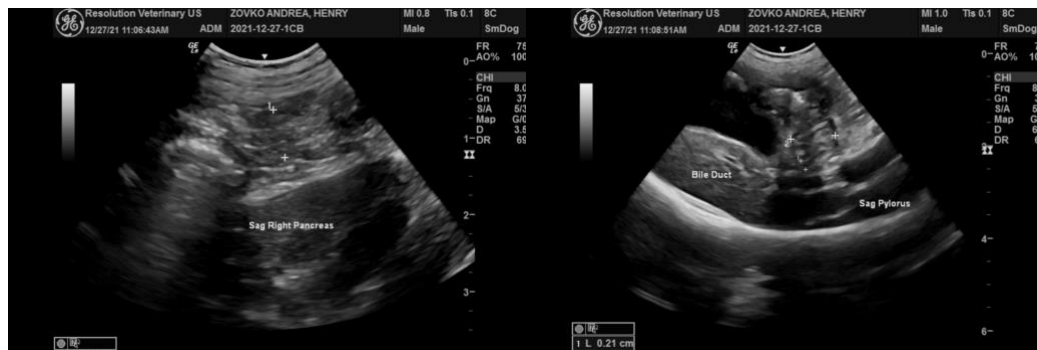
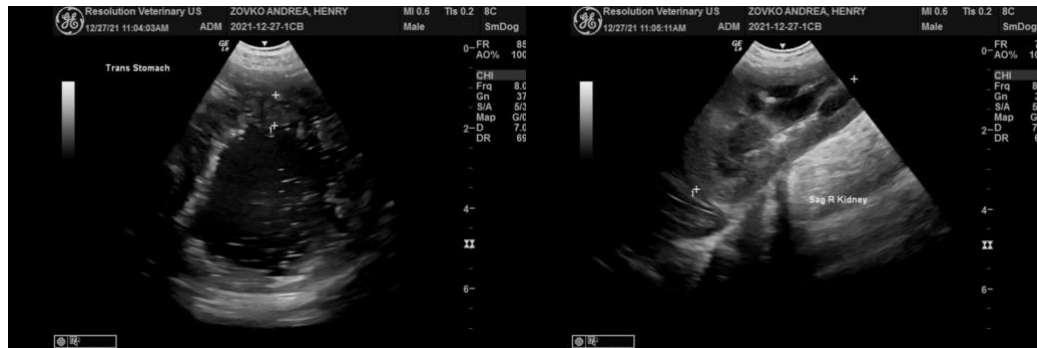
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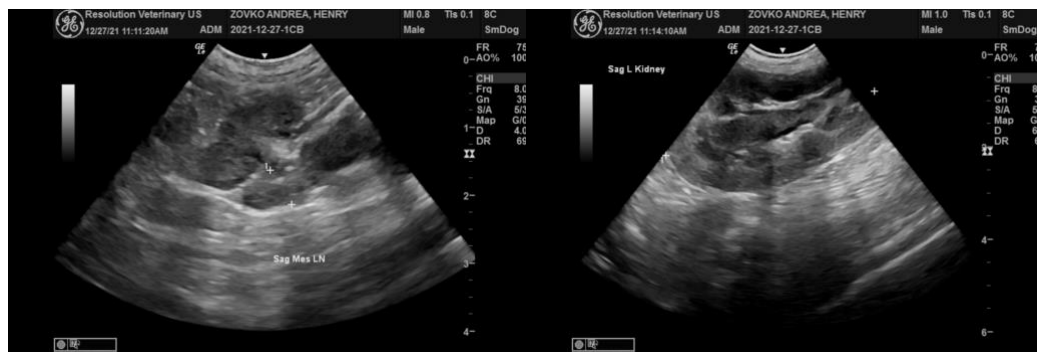
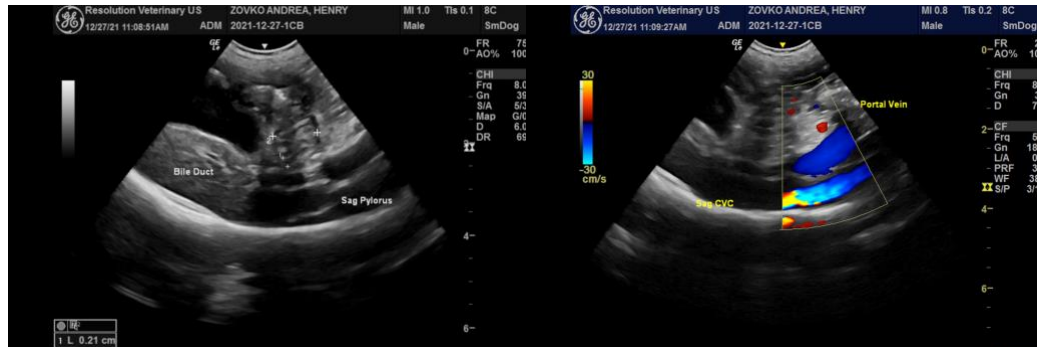
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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