



PATIENT

Marley Russow

SPECIES

Canine

BREED

Lab

SEX

Neutered Male

AGE

9 Months

WEIGHT

68.5 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Mayra Sanchez

HOSPITAL NAME

Sunset AH

REFERRING VET

Dr. Mayra Sanchez

INVOICE

33753

DATE

12/28/21

PRESENTING CLINICAL SIGNS

Presented for diarrhea x 4 days, vomited once on 12/24, decreased appetite and no urination x 24 h FB ingestion unknown

Abnormal PE/Chem/CBC/UA Results: PE: NSF CBC/Chem: NSF Fecal: Coccidia Radiographs: gas filled small and large intestines, mildly distended portions of SI

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 **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 6.0 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The regions of the **adrenal glands** were unremarkable.

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** was structurally normal. However, slight free fluid noted between the liver lobes. The gallbladder was unremarkable.

Gastrointestinal

The **stomach** revealed approximately 3.0 cm of soft shadowing material, which may be ingesta or grass-type density. Transit of chyme into the small intestine appeared fairly normal. The colon was full of normal stool material from the transverse colon to the descending colon. Excessive GI gas noted.

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

- Gastrointestinal upset with soft shadowing gastric material, non-obstructive, possible grass or similar



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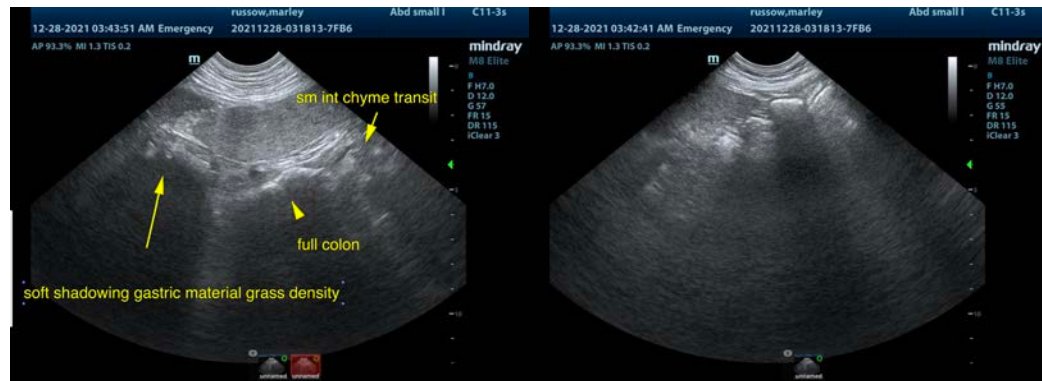
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend conservative therapy in this patient with IV fluid support and 24 hour NPO. Recheck sonogram of the GI tract should the patient have persistent clinical signs. Screening for Addison's warranted given that the adrenal glands were not overtly visible even though the regions were adequately imaged. Baseline cortisol warranted. I recommend a fresh fecal smear and fecal floatation analysis. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. I not feel this is a surgical presentation at this time.





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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.

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

info@SonoPath.com

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