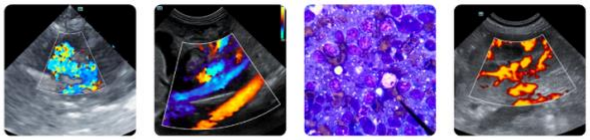

PATIENT

Rizzo Brent

SPECIES

Canine

BREED

Pug

SEX

Spayed Female

AGE

6 Years

WEIGHT

20 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jill Rumachik

HOSPITAL NAME

Clarity Imaging LLC

REFERRING VET

Dr. Kara Hunter

INVOICE

12537

DATE

12/03/25

PRESENTING CLINICAL SIGNS

Regurg vs vomiting for past several days. Initially appeared to be a passive act but evolved to have some more head movement recently in line with vomiting. Some diarrhea as well. Evaluated at ER as well - received SQ fluids, ondansetron, omeprazole, and metoclopramide. Pancreatitis test positive. Started Panoquel - not responding as robustly as most pets. Was treated with stelfonta for MCTs approx 3 months ago.

Abnormal PE/Chem/CBC/UA Results: Recent CBC unremarkable; bw performed 3 months ago unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urethra** revealed proximal calculus measuring 0.42 cm which was lodged in the proximal urethra at approximately 1.0 cm distal from the cystourethral junction. Minor amount of urethral sand was noted in the deep urethra. Sand accumulation was noted in the bladder.

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 3.7 cm in length. The right kidney measured 4.6 cm in length. An idiopathic hyperechoic medullary rim sign was noted.

Adrenal Glands

The regions of the **adrenal glands** were imaged with no evident pathology.

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** was over distended with chyme. A delayed outflow pattern was noted in the stomach. The pylorus was patent. The pylorus revealed a hyperechoic shadowing structure measuring 1.0 cm. Some transit of chyme was noted in the small intestine. The colon were unremarkable.

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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.

Free Abdomen

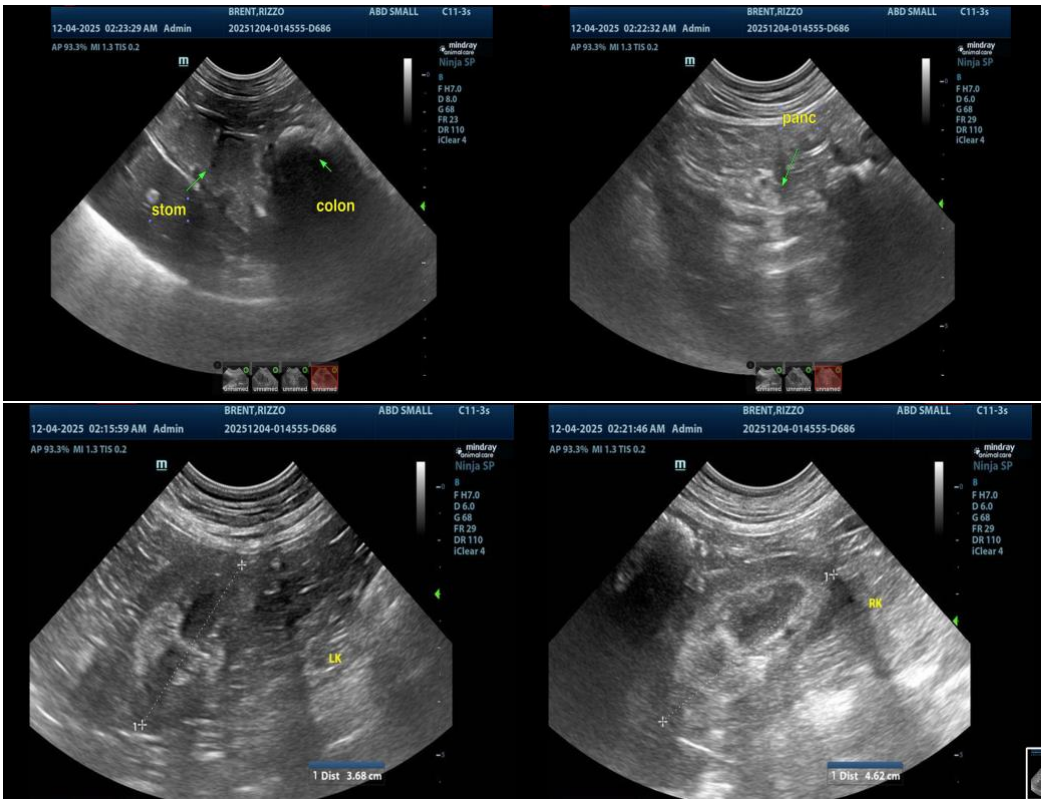
B-lines were noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

- Medullary rim sign.
- Proximal urethral calculus and sand accumulation.
- Delayed outflow gastric pattern with possible small shadowing structure in the pyloric outflow, however, partial obstructive pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for proteinuria is indicated. Given that cystotomy and also potential alveolar disease, chest radiographs are warranted if not already performed. Cystotomy, normal retrograde urethral flushing and examination of the upper gastrointestinal tract would be ideal in this patient. Recommend 24-hour NPO and recheck sonogram of the pyloric outflow.



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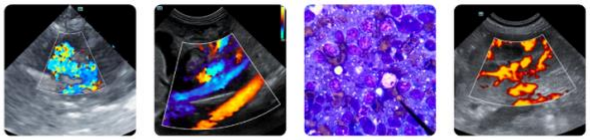

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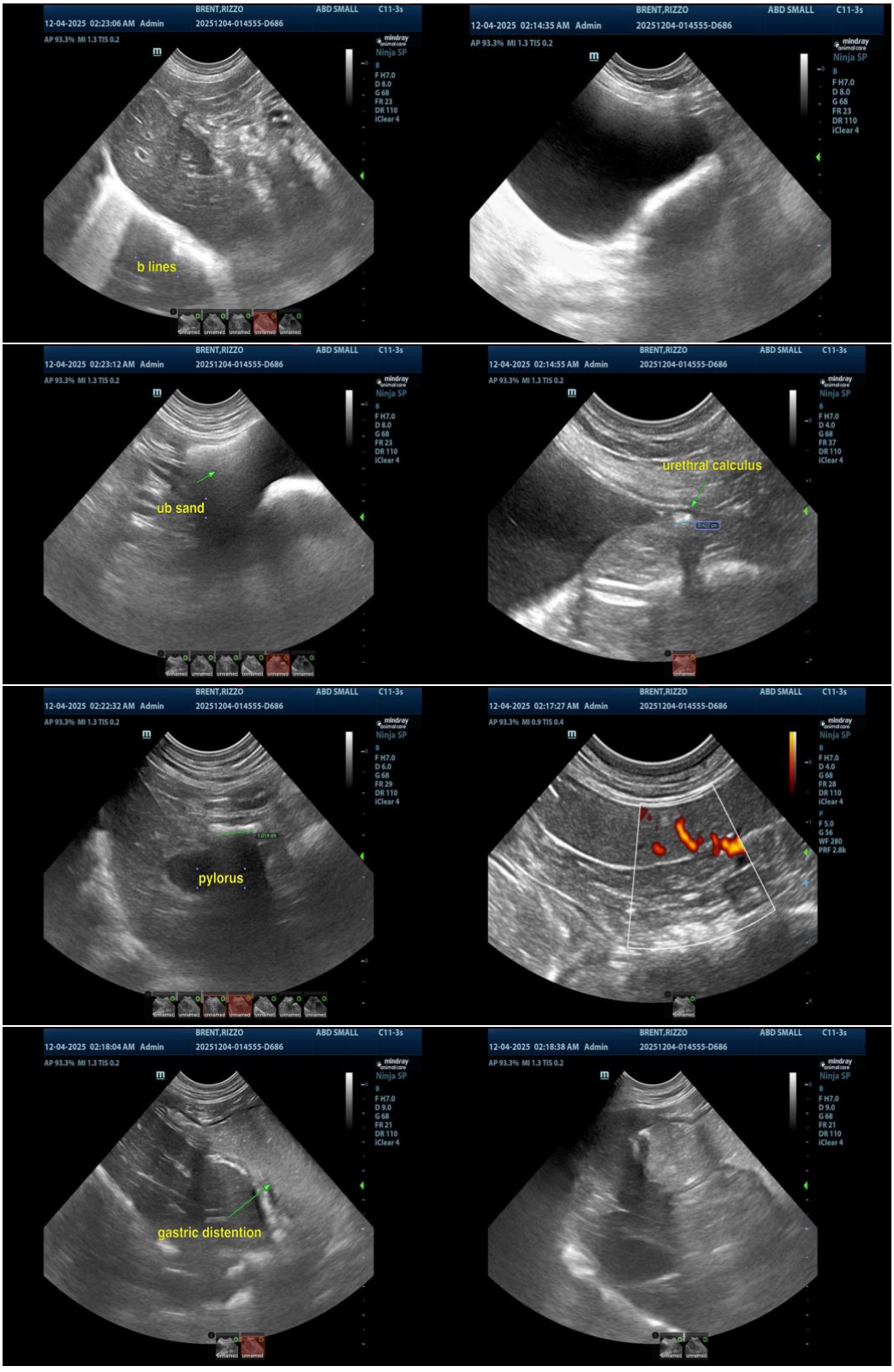

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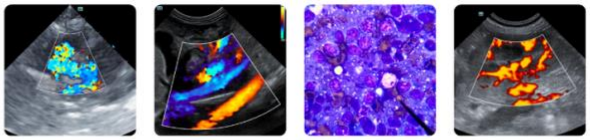

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

CEO, Owner, Founder -- SonoPath.com

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