



**PATIENT**

Aggy Maitilasso

**PRESENTING CLINICAL SIGNS**

History: shaking, not herself

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Terrier Mix

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 was noted. Ureteral papillae were normal.

**SEX**

Spayed female

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 right kidney measured 5.55 cm.

**AGE**

3 years

**WEIGHT**

63 lbs

**Adrenal Glands**

The left **adrenal gland** was uniform and measured 1.65 x 0.59 cm at the caudal pole and 0.67 cm at the cranial pole. The region of the right adrenal gland was imaged without evidence of pathology.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 was noted.

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**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.

**REFERRING VET**

Dr. Maniar

**INVOICE**

42868

**Gastrointestinal**

**DATE**

12/6/22

Partially shadowing material in the **pylorus** of this patient. This may be oral medication and measured approximately 1.0 cm. The small intestinal and colon were unremarkable.



**PATIENT**

**Pancreas**

Aggy Maitilasso

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Terrier Mix

Unremarkable abdomen with non-obstructive minor pyloric material. Possible oral medications or ingesta.

**SEX**

Spayed female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Orthopedic, CNS or thoracic disease should be considered. Screening for Addison's is recommended given that the right adrenal gland was not overtly visualized.

**AGE**

3 years

**WEIGHT**

63 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

42868

**DATE**

12/6/22





**PATIENT**

Aggy Maitilasso

**SPECIES**

Canine

**BREED**

Terrier Mix

**SEX**

Spayed female

**AGE**

3 years

**WEIGHT**

63 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Dr. Maniar

**INVOICE**

42868

**DATE**

12/6/22



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