



PATIENT

Kali Gutierrez

SPECIES

Canine

BREED

Rottweiler

SEX

Spayed female

AGE

4 years

WEIGHT

104.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Logas

HOSPITAL NAME

Bradenton VH

REFERRING VET

Dr. Logas

INVOICE

42508

DATE

2/1/23

PRESENTING CLINICAL SIGNS

History: Pet has been vomiting digested food in the morning on and off for the last 4 weeks. She will then eat in the morning and hold that down. She does not vomit after water. She has not lost wt. She is UTD on vaccines and is on Simparica Trio for heartworm prevention and other parasite control. She has been acting OK and has not been examined until this morning when she vomited and then did not want to get up. She was acting very depressed and painful in her cranial abdomen. The owner brought her in right away. The owner is employed with us as a full time veterinary technician.

Abnormal PE/Chem/CBC/UA Results: Pet presented depressed but ambulatory. mms pk. CRT<2s. HR 150. normal femoral pulse. Cranial ventral abdomen on rt side very tense and painful. Chem profile and CBC WNL. Radiographs show loss of detail in the rt cranial abdomen with a gas filled duodenum that is not distended.

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 was noted. Ureteral papillae were normal.

The **left kidney** 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 capsule was acceptably uniform without significant irregularities. The left kidney measured 7.7 cm. The right kidney was not visualized.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

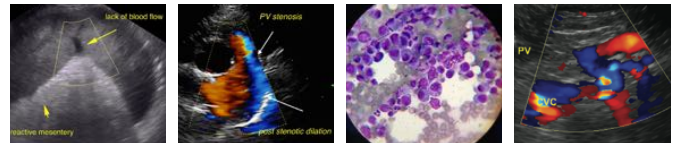
The **spleen** revealed minor, heterogenous parenchymal changes. This is consistent with hyperplasia. The spleen was folded upon itself cranially.

Liver

The visible **liver** was unremarkable. Artifact and lack of acoustic penetration was an issue visualizing the entire liver. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

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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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ULTRASONOGRAPHIC FINDINGS

SEX

Visible abdomen, unremarkable.

Spayed female

Minor, hyperplastic spleen.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

4 years

The gastrointestinal tract appeared to have a large amount of gas, yet there was no evidence of significant disease. Baseline cortisol or ACTH stimulation is warranted to rule out occult Addison's. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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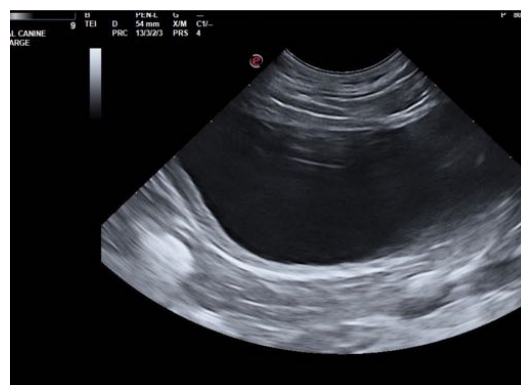
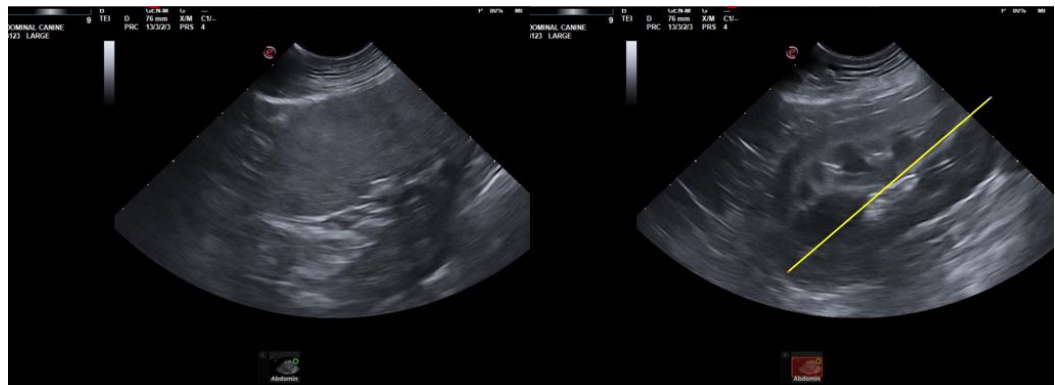
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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