



PATIENT

Snickers Rahal

SPECIES

Canine

BREED

Great Swiss Mountain Dog

SEX

Female

AGE

2 Months

WEIGHT

13.5 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Vincent Ravancho CVT

HOSPITAL NAME

Wyckoff Veterinary Hospital

REFERRING VET

Dr. Scott

INVOICE

13995

DATE

02/27/26

PRESENTING CLINICAL SIGNS

- UTI signs yesterday, went to obtain cysto noticed free fluid and pericardial effusion and bladder severely thickened
- about to start Clavamox today

Abnormal PE/Chem/CBC/UA Results: BUN 6.7, Phos 9.7, Alb 2.8, TP 4.8 CBC/UA Pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed edematous wall with suspended debris and thickened yet not dilated ureter measuring 0.46 cm. Appeared to be the left ureter that was thickened, The uterus was 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 5.01 cm in length. The right kidney measured 5.74 cm in length.

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 2.13 cm x 0.42 cm width at the cranial pole and 0.35 cm width at the caudal pole. The right adrenal gland measured 1.82 cm x 1.49 cm width at the cranial pole and 0.54 cm width at the caudal pole.

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. Portal vein vena cava ratio was 1:1. No evidence of portosystemic shunting.

Gastrointestinal



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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was 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.

Free Abdomen

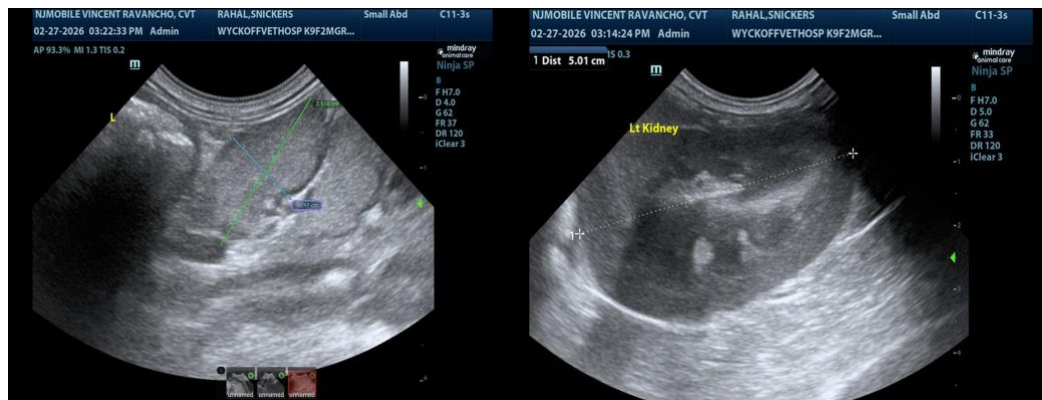
Juvenile mesenteric lymph nodes were present measuring 1.2 cm x 2.5 cm. A slight amount of physiologic free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- Cystitis pattern with thickened left ureter- uteritis/cystitis likely.
- Mesenteric lymphadenopathy.
- Free fluid.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck sonogram in 7-10 days is indicated. No evidence of congenital disease. Gastric presentation is consistent with post prandial presentation. The free fluid in this age patient can be physiological and is not overtly pathological, however, management for UTI is warranted based on the abdominal presentation.





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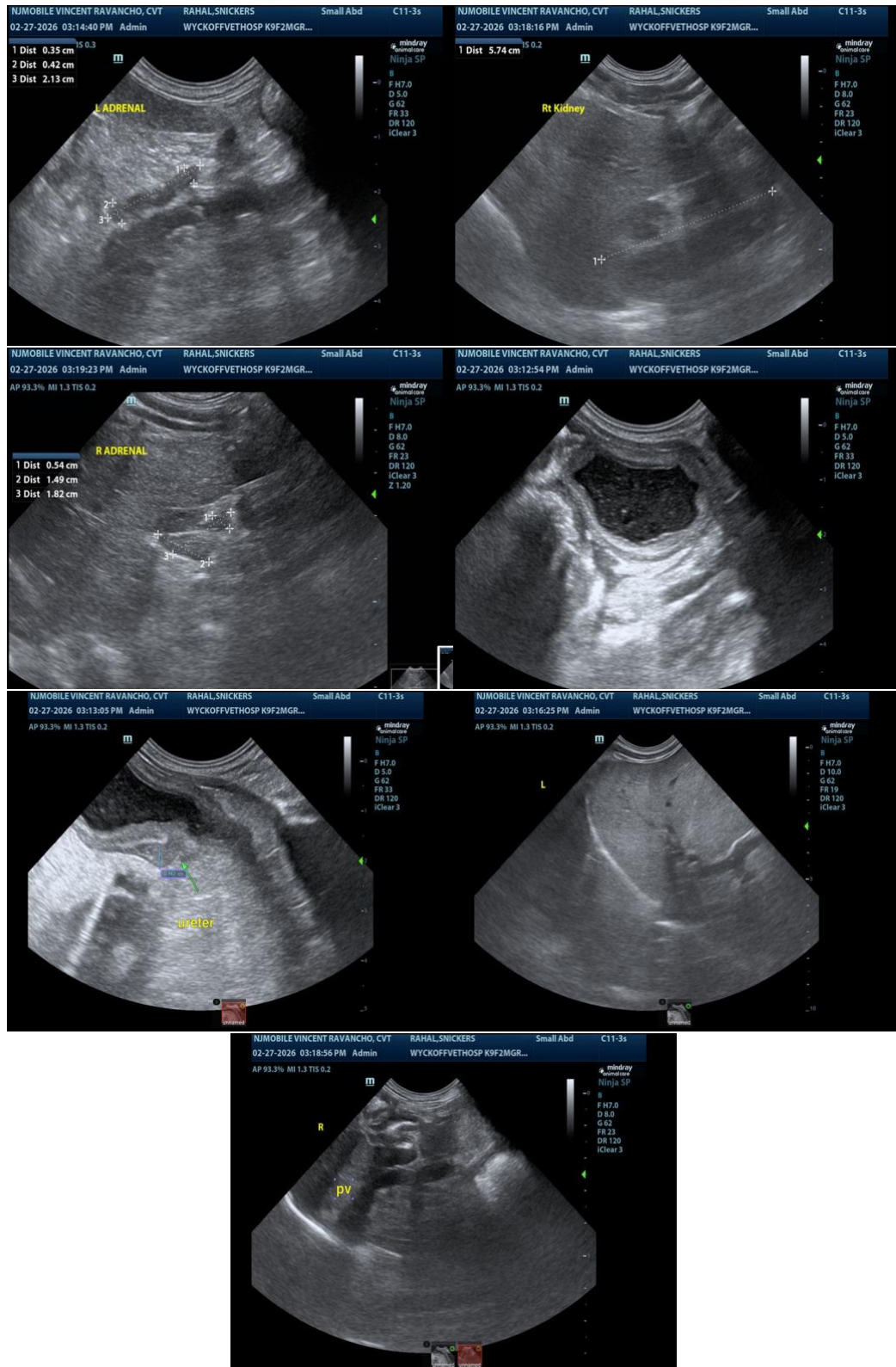
Dr. Scott

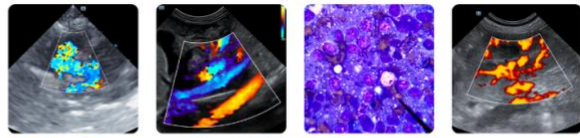
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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,

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