



**PATIENT**

Bella Zingone

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Spayed female

**AGE**

5 ½ years

**WEIGHT**

41 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Christensen

**HOSPITAL NAME**

Tranquility VC

**REFERRING VET**

Dr. Christensen

**INVOICE**

43021

**DATE**

2/28/23

**PRESENTING CLINICAL SIGNS**

History: Weight loss and chronic vomiting and diarrhea. Was ultrasound at Fredon Vet in December. Doing better on Cerenia, Forta Flora and Purina HA diet.  
Abnormal PE/Chem/CBC/UA Results: Not done today. Previously WNL. Very low B12 on maldigestion panel. Currently receiving BV12 injections.

**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 **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 5.64 cm. The left kidney measured 5.41 cm.

**Adrenal Glands**

The left **adrenal gland** was slightly heterogenous and visualized obliquely measuring 0.69 cm in width. The region of the right adrenal gland was imaged with no evidence of 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 was 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**

There is disparity in the transit of chyme between the gastric dilation, variable small intestinal dilation with portions of minimally filled intestine. Delayed transit is a suspicion in this patient. A large amount of artifact and blending of tissues was noted. Variable small intestinal thickening was noted. Soft stool



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was noted in the colon. Poor contrast was noted in the region of the gastrointestinal tract and pancreas. I cannot differentiate inflammation from software appearance.

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***Pancreas***

Canine

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.

**BREED**

Boxer Mix

***Free Abdomen***

**SEX**

A slight amount of free fluid was noted between the liver lobes.

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

Enteritis pattern with trace fluid and poor contrast. Maldigestion/malassimilation is likely.

5 ½ years

Free fluid.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

41 lbs

There is no overt evidence of neoplasia. Delayed transit may be an issue. Underlying parasitic disease should be considered. Albumin levels should be monitored carefully. The slight free fluid may be secondary to inflammation or if albumin is less than 1.5 this would be secondary to third spacing of fluid and poor oncotic pressure. Empirical treatment for maldigestion may be appropriate. If clinical signs persist a recheck sonogram is recommended in 10-14 days to assess if any further progression occurs.

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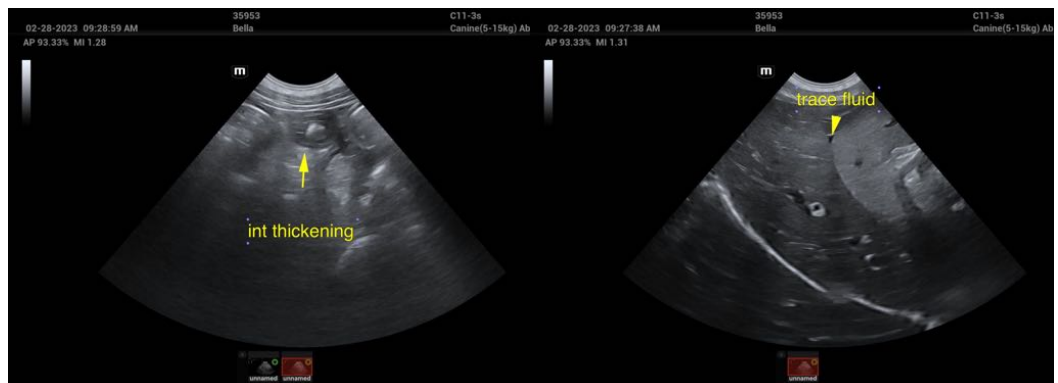
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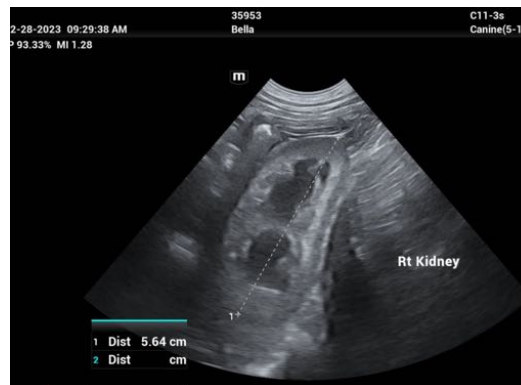
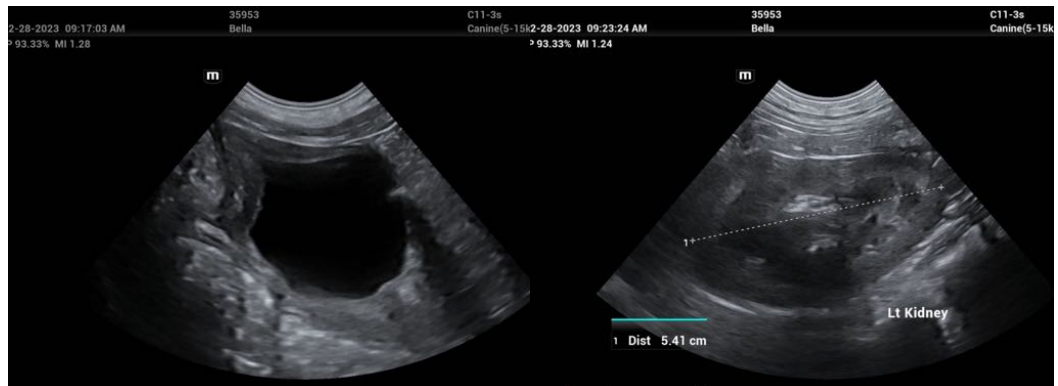
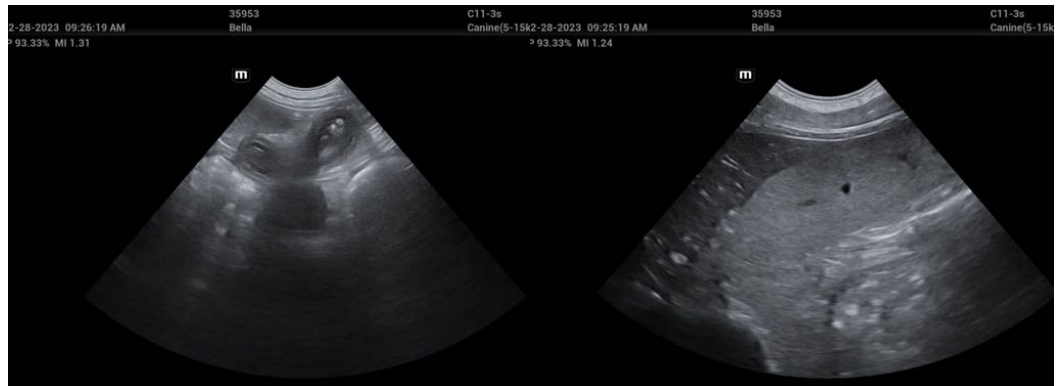
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com**  
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