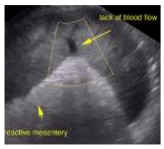
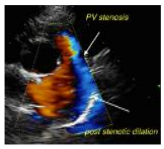
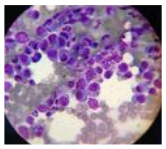
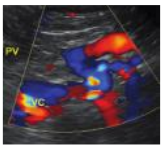

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1-800-838-4268 info@sonopath.com

PATIENT

Zoey Nolt

SPECIES

Canine

BREED

Rottweiler

SEX

Intact Female

AGE

4

WEIGHT

80

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Danielle Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Danielle Lanz

INVOICE

20978

DATE

2/3/23

PRESENTING CLINICAL SIGNS

History: 4yo FI Rottweiler used as breeding bitch. Has been bred multiple times but has never gotten pregnant. O states has longer heats then normal and progesterone is slow to rise when monitoring progesterone levels. O has attempted to breed with multiple different males. O states hair loss at time of estrus but not bilateral, generalized shed. No hair-loss noted on PE.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 pending

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 were 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 6.8 cm. The left kidney measured 6.5 cm.

Adrenal Glands

Both **adrenal glands** were not overtly visualized.

Spleen

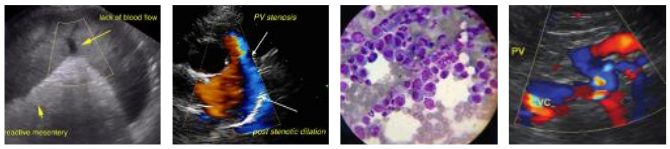
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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 **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative



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disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24-hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

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.

Other

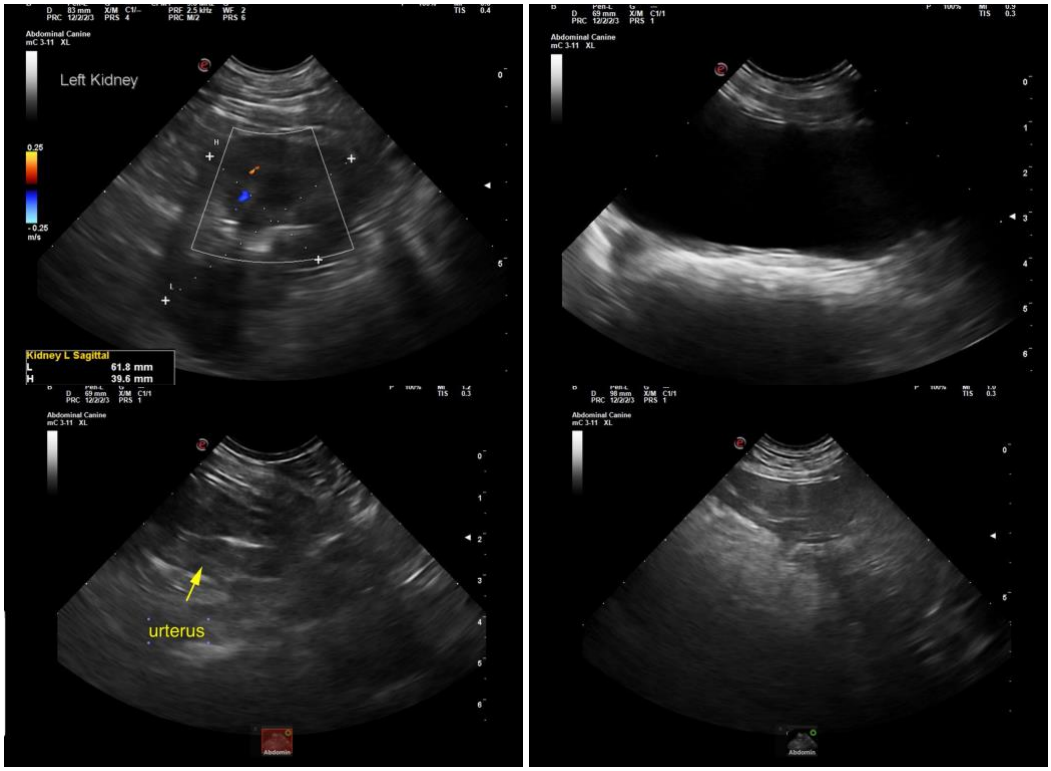
The **uterus** was normal, measuring 8.0 mm in width, with empty lumen. No evidence of inflammation. The regions of the ovaries were imaged and revealed no evident pathology.

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen
- Full stomach

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addisons is warranted with baseline cortisol or ACTH stimulation, yet no evidence of pending pathology. Silent heats may be an issue, yet structurally the uterus appears normal.



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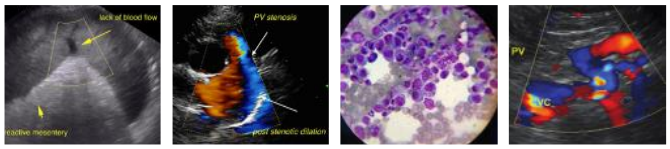

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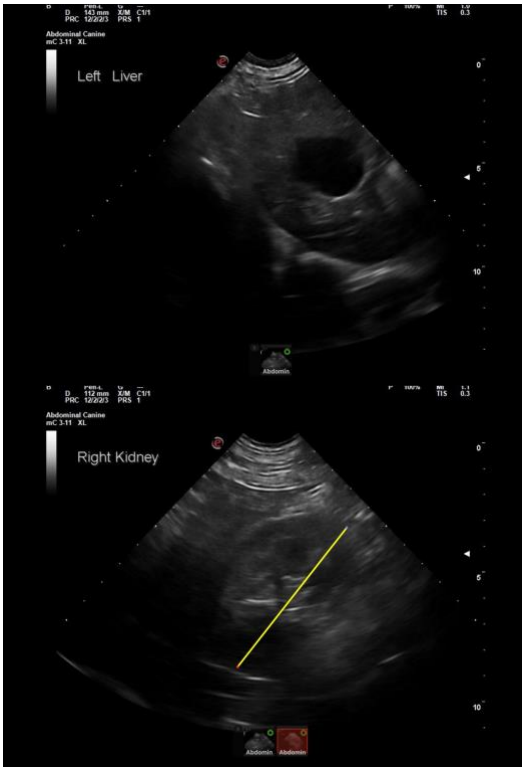

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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