



PATIENT PRESENTING CLINICAL SIGNS

Eli Stringham Defecated out underwear, intermittent V+

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine 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 prostate was uniform at 2.5 cm.

BREED

Poodle X

SEX

Male

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 5.92 cm. The right kidney measured 5.97 cm.

AGE

1 Year

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 right adrenal gland measured 1.98 cm x 0.86 cm at cranial pole and 0.40 cm at the caudal pole. The left adrenal gland measured 2.24 cm x 0.44 cm at the cranial pole and 0.41 cm at the caudal pole.

WEIGHT

45 Pounds

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.

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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

Gastrointestinal

The **stomach** revealed a shadowing pyloric foreign body, consistent with fabric. The fabric type gastric foreign body occupied the entire stomach and appeared anchored in the pylorus. Some soft shadowing material was noted in the duodenum, some material may be embedded in the duodenum as well. Reactive mesenteric lymph nodes noted, measuring 1.5 cm x 0.5 cm.

INVOICE

36289

Pancreas

DATE

3/18/22

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.



PATIENT

Free Abdomen

Eli Stringham

The testicles were imaged and found to be uniform.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Gastric foreign body

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gastrotomy indicated. GI biopsies warranted to rule out underlying diseases.

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Poodle X

SEX

Male

AGE

1 Year

WEIGHT

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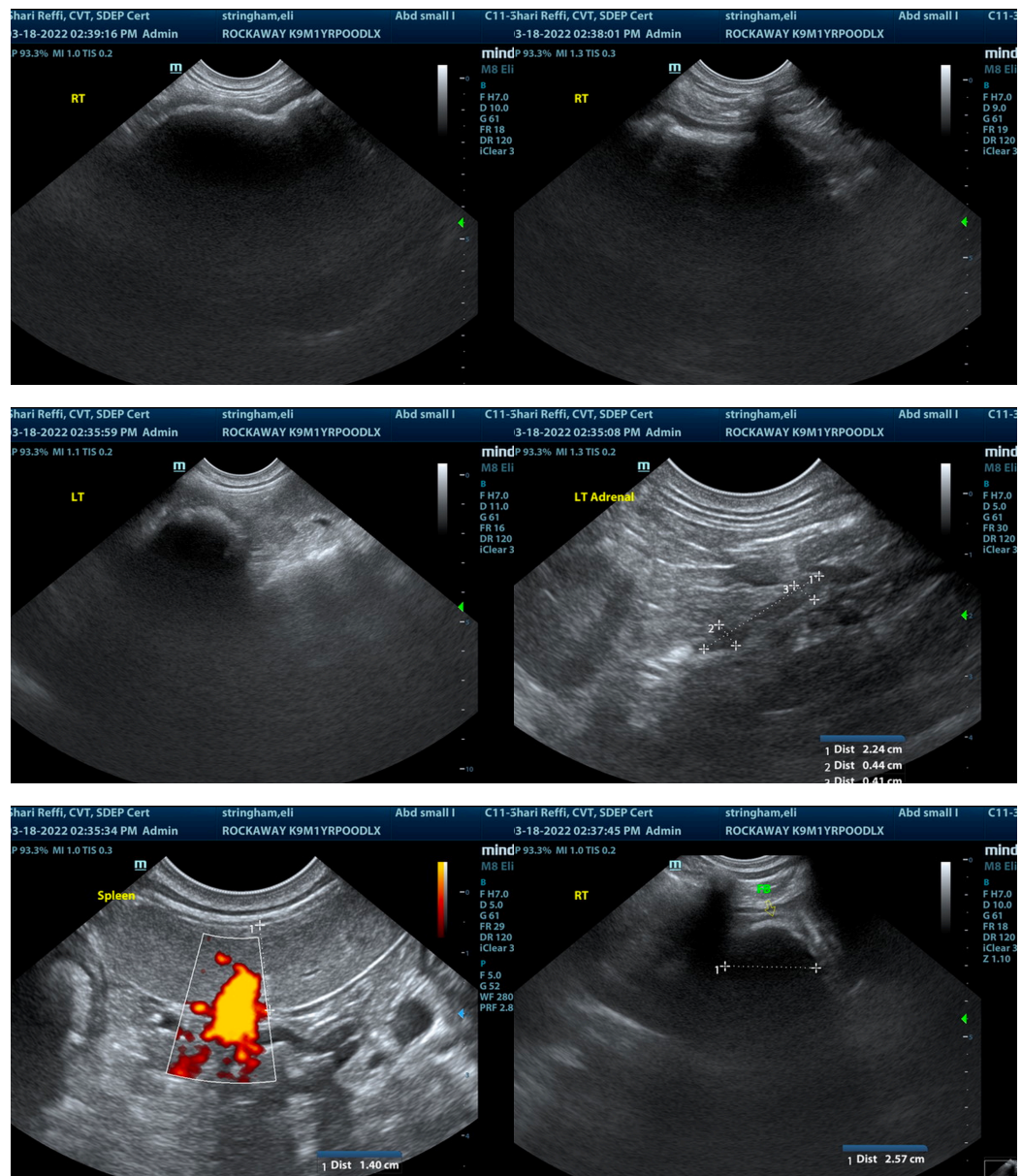
Dr. Maniar

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PATIENT

Eli Stringham

SPECIES

Canine

BREED

Poodle X

SEX

Male

AGE

1 Year

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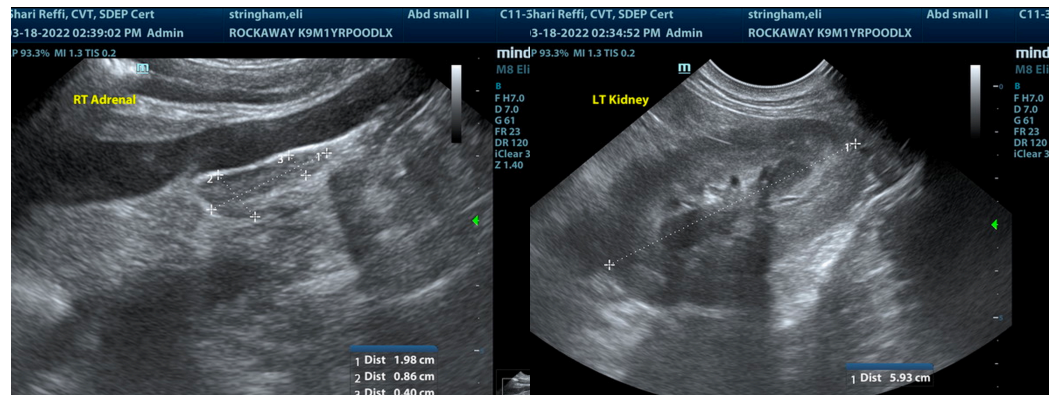
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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