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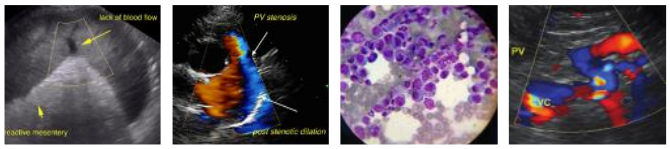
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Rocky Post

SPECIES

Canine

BREED

Viesla

SEX

Neutered Male

AGE

9 Years

WEIGHT

50 Pounds

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

JK

HOSPITAL NAME

Hamburg VC

REFERRING VET

Dr. DenHeyer

INVOICE

14372

DATE

3/18/22

PRESENTING CLINICAL SIGNS

History: PU/PD explosive diarrhea. Low protein levels

Abnormal PE/Chem/CBC/UA Results: TP 32.2, ALB 1.7,

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 6.55 cm. The left kidney measured 6.55 cm.

Adrenal Glands

The **left adrenal gland** was 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 2.16 cm x 0.57 cm.

The region of the **right adrenal gland** revealed no evident pathology.

Spleen

The **spleen** revealed a hyperechoic nodule, lipogranulomatous-type change. The spleen measured 1.08 cm.

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 **stomach** was overdistended with chyme and suspended and dependent material obscuring visibility of the pylorus. Some transit of chyme into the upper duodenum appeared to be present yet the cause of delayed outflow is unclear. Slight tortuous duodenal pattern noted.

Pancreas

Visibility of the **pancreas** was poor.

Free Abdomen

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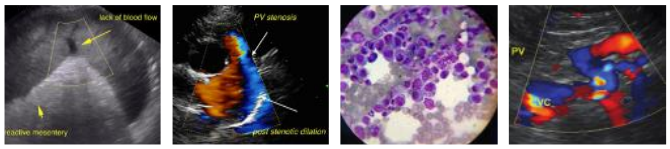

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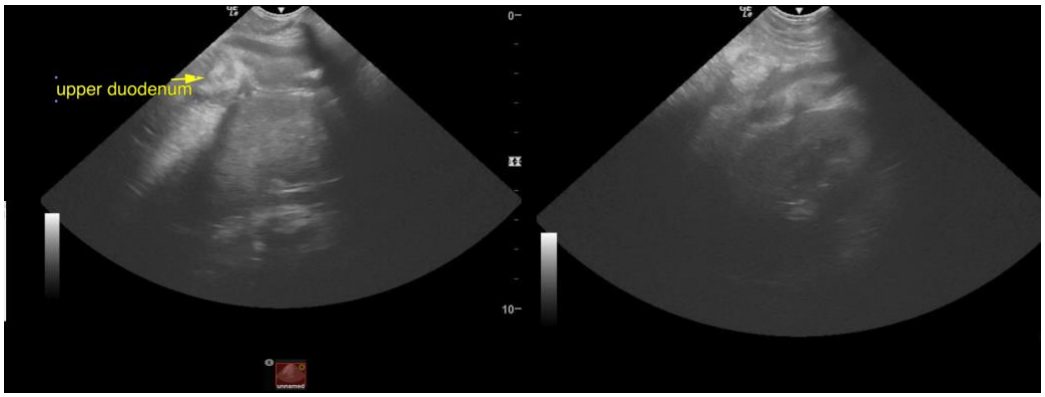
Trace amounts of **free fluid** were noted. Reactive mesentery noted.

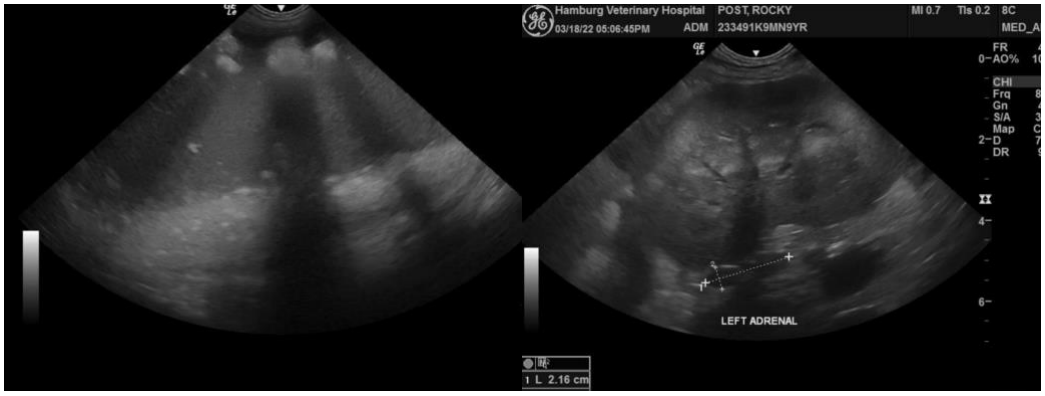
ULTRASONOGRAPHIC FINDINGS

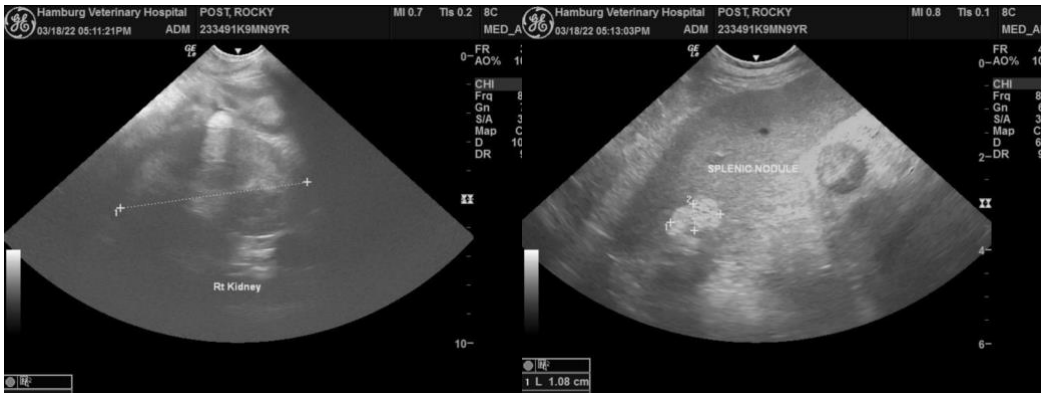
- Delayed outflow gastric pattern with tortuous duodenum
- Trace free fluid and reactive mesentery
- Hyperechoic splenic nodule

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The region of the pyloric outflow and pancreatic visibility was poor. I recommend medical management, 24-hour NPO and recheck sonogram. The underlying cause is unclear.







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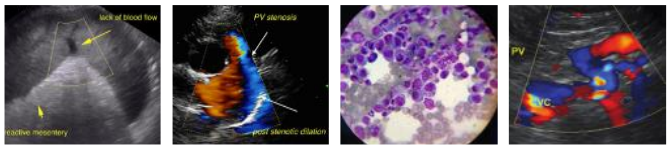

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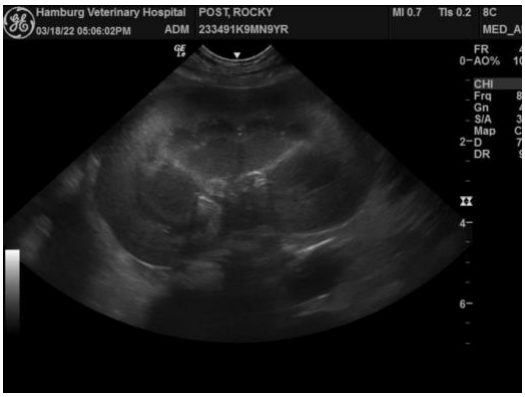

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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