

PATIENT

Doc Moshofsky

SPECIES

Canine

BREED

Weimaraner Mix

SEX

Male

AGE

9

WEIGHT

72.2

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Maggiulli

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Maggiulli

INVOICE

21700

DATE

3/18/23

PRESENTING CLINICAL SIGNS

History: Pt trembling and shaking throughout night and this morning. Not wanting to get up. E a lot of grass. P been having accidents in bed where he produced a small amount of stool unknowingly.

Abnormal PE/Chem/CBC/UA Results: RDVM evaluated p 3/8 and rx prion- o never gave, p had some weight loss with intermittent vomiting in 9/22 and had full body radiographs performed- THORAX/ABDOMEN September 9, 2022: 6 images are provided for review. FINDINGS: The heart is at the upper limits of normal for size. The pulmonary vessels are normal for size. There are no pulmonary soft tissue nodules or masses, and the pulmonary parenchyma is normal for the patient's age and degree of inflation. There are no significant mediastinal, tracheal, pleural, or other thoracic abnormalities. The serosal detail is adequate. There are no obvious abdominal masses. The liver is normal in size. The stomach is minimally gas and fluid filled. The small intestine is mostly gas filled, and there is no evidence of abnormal intestinal dilation, plication or obvious foreign material. The colon is filled with feces and gas. There are no significant splenic, renal, urinary bladder, or other abdominal abnormalities. There are no other significant findings on this study. CONCLUSIONS: Unremarkable thoracic and abdominal radiographs. There is no evidence of hepatomegaly, gastric dilation with volvulus, or a mechanical intestinal obstruction on this study. Inflammatory bowel disease or other nonspecific causes of gastroenteritis are differentials for the clinical signs. RECOMMENDATIONS: Abdominal sonography is recommended for further assessment of the gastrointestinal tract and for further staging purposes

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 1.0 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 left kidney measured 6.6 cm. The right kidney measured 6.6 m.

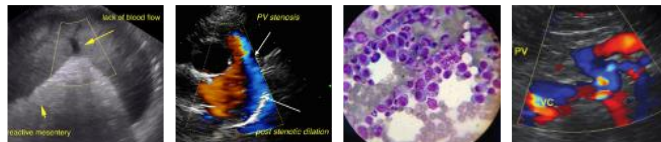
Adrenal Glands

The **adrenal glands** were not 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



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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** revealed minor fluid filled gastric lumen. The small intestine and colon were unremarkable. Curvilinear patterns were maintained. The colon revealed normal stool consistency.

Pancreas

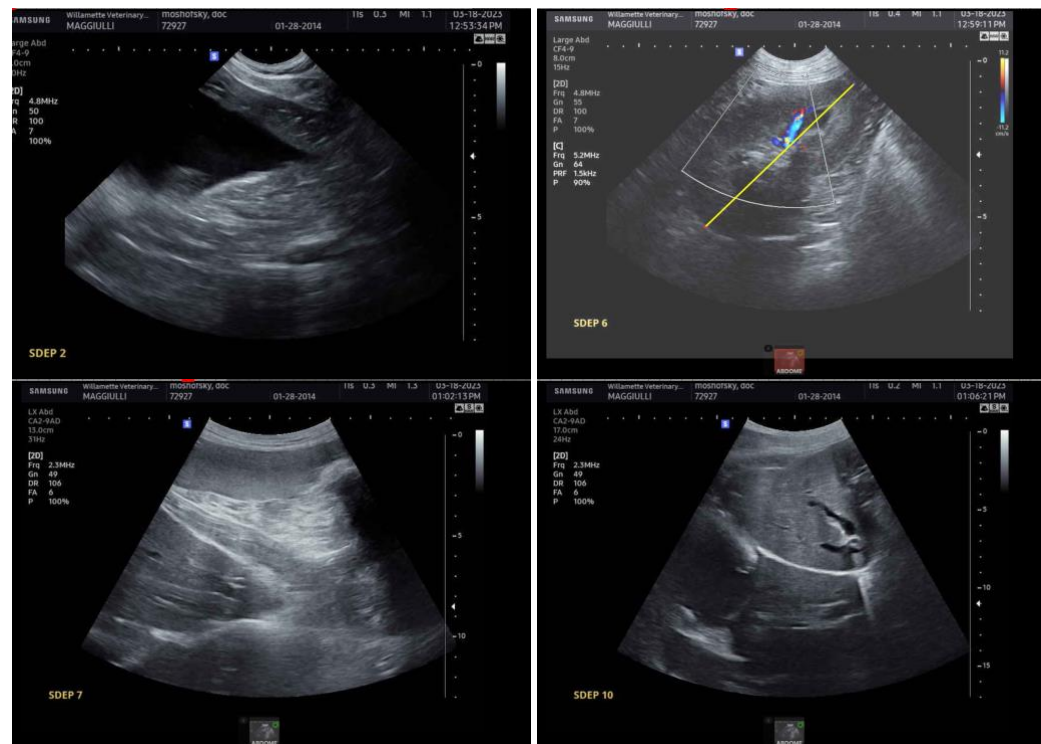
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

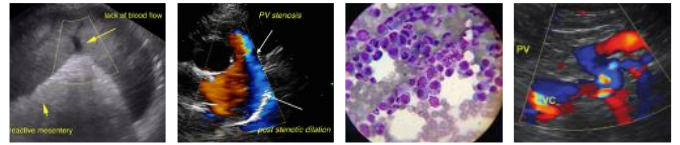
- Nonspecific GI upset
- Structurally unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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