



PATIENT PRESENTING CLINICAL SIGNS

Eli Stringham re check Still vomiting bile

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine Urinary System

BREED

Poodle X

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 fairly uniform at 1.5 cm.

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 right kidney measured 5.45 cm. The left kidney measured 5.0 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 2.05 cm x 1.33 cm at the cranial pole and 0.71 cm at the caudal pole. The left adrenal gland measured 1.26 cm x 0.44 cm at the cranial pole and 0.34 cm at the caudal pole.

WEIGHT

25 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Gastrointestinal

The **stomach** was persistently dilated and overdistended, similar to prior sonograms. The small intestine and colon were unremarkable.

INVOICE

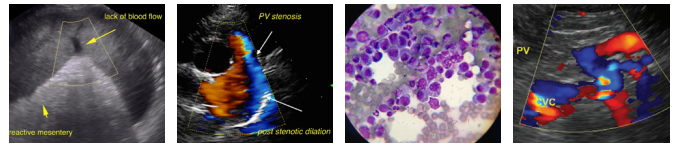
36504

Pancreas

The **pancreatic** presentation appears to be largely resolved with minor heterogeneous parenchymal changes.

DATE

3/28/22



PATIENT

Eli Stringham

ULTRASONOGRAPHIC FINDINGS

- Persistent gastric overdistention

SPECIES

Canine

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The exact cause of the gastric stasis is unclear in this patient. The pylorus was not overtly visible owing to distention and artifact. Given the persistent clinical signs and non-response to medical management, I recommend exploratory surgery to assess the pyloric outflow and upper duodenum.

BREED

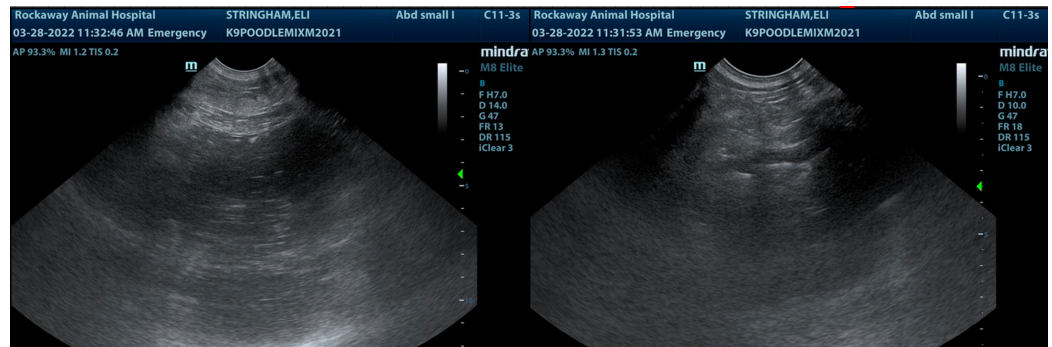
Poodle X

SEX

Male

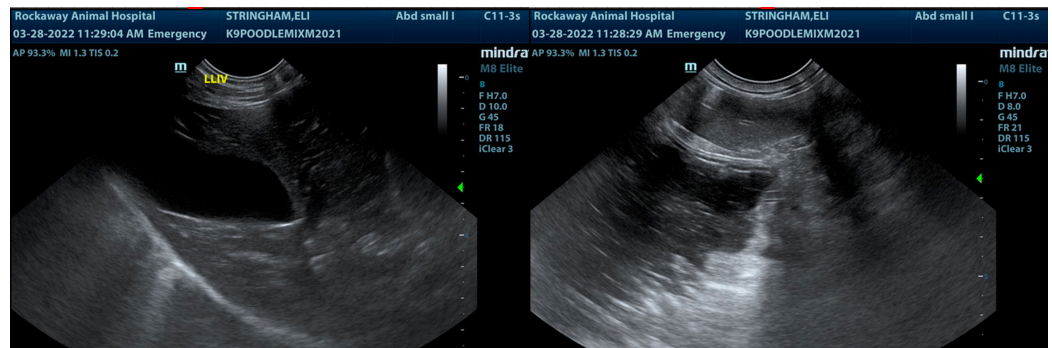
AGE

1 Year



WEIGHT

25 Pounds



INTERPRETED BY

Eric Lindquist, DMV

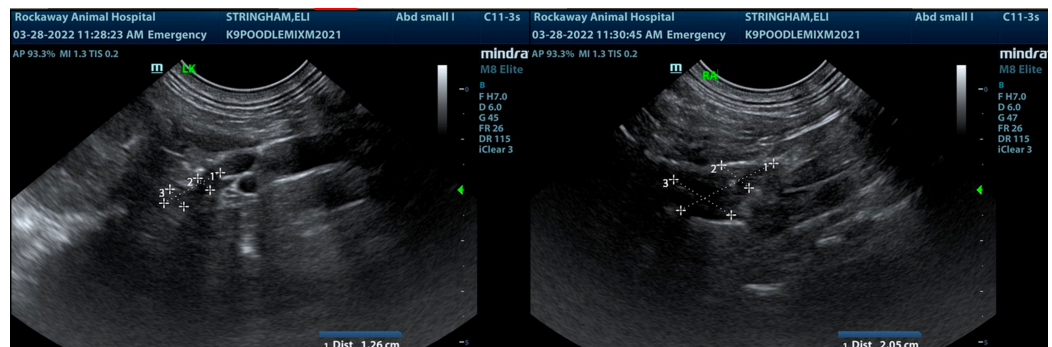
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Rockway AH



REFERRING VET

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PATIENT

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SPECIES

Canine

BREED

Poodle X

SEX

Male

AGE

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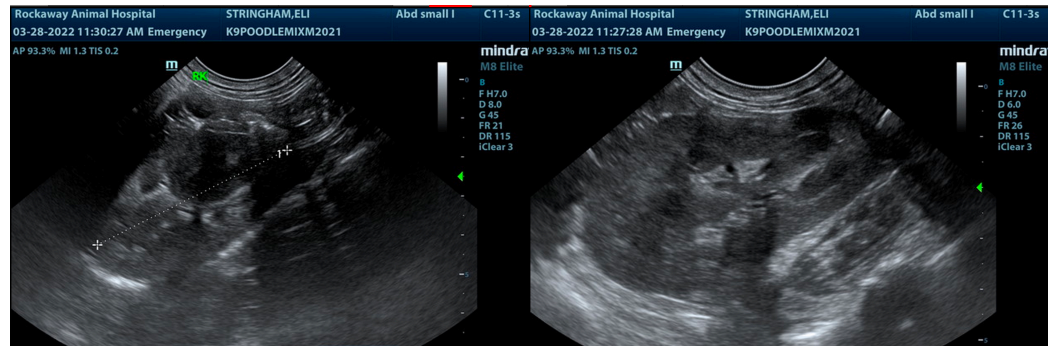
Dr. Maniar

INVOICE

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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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