



PATIENT **PRESENTING CLINICAL SIGNS**

Snoopy Brzozowski

History: P presented for recheck appt/recheck rads +/- repeat AUS. P has been NPO for over 24 hours. Per O has been e/d normal, no v/d. Prev hx of hyporexia/wt loss. After rads taken today metoclopramide was given IV.

SPECIES

Abnormal PE/Chem/CBC/UA Results: Rads from 2/25/23, and 3/16/23 concern for food vs foreign material in stomach, rads today looked similar.

Canine

BREED

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix

Urinary System

SEX

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 was noted. Ureteral papillae were normal.

Neutered male

The residual prostate was uniform and measured 0.96 cm.

AGE

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 4.75 cm. The left kidney measured 4.34 cm.

WEIGHT

12.8 lbs

Adrenal Glands

INTERPRETED BY

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 1.41 x 0.37 cm. The left adrenal gland measured 1.69 x 0.5 cm.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jessica Green

Spleen

HOSPITAL NAME

Stanglein VC

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 was noted.

REFERRING VET

Dr. Stanglein

Liver

INVOICE

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The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

DATE

3/28/23



PATIENT

Gastrointestinal

Snoopy Brzozowski

The stomach revealed persistent, progressively shadowing material that measured up to 0.4 cm. This is consistent with grass accumulation or similar. The colon was unremarkable and empty.

SPECIES

Canine

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.

BREED

Mix

SEX

Neutered male

Free Abdomen

The iliac lymph nodes are reactive and measured up to 1.9 x 0.6 cm.

AGE

10 years

ULTRASONOGRAPHIC FINDINGS

Soft shadowing gastric material.

Persistent small intestine.

WEIGHT

12.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was truly n.p.o. then indication of vomiting after a canned food meal may prove effective in evacuating the material or direct gastrotomy. Grass ball or similar is suspected. Gastrotomy, gastroscopy or induction of vomiting after a meal may prove effective. If the vomiting induction is to be utilized then a recheck sonogram is recommended after evacuation. The material is soft. Therefore, I do not expect damage by induction of vomiting.

INTERPRETED BY

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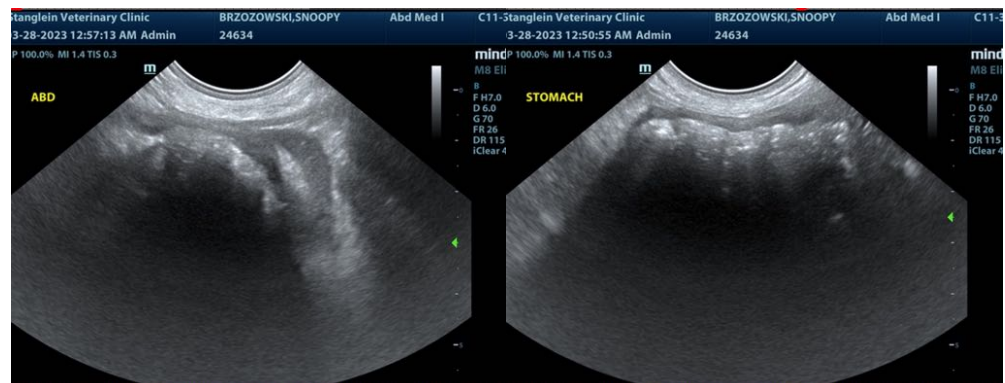
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SPECIES

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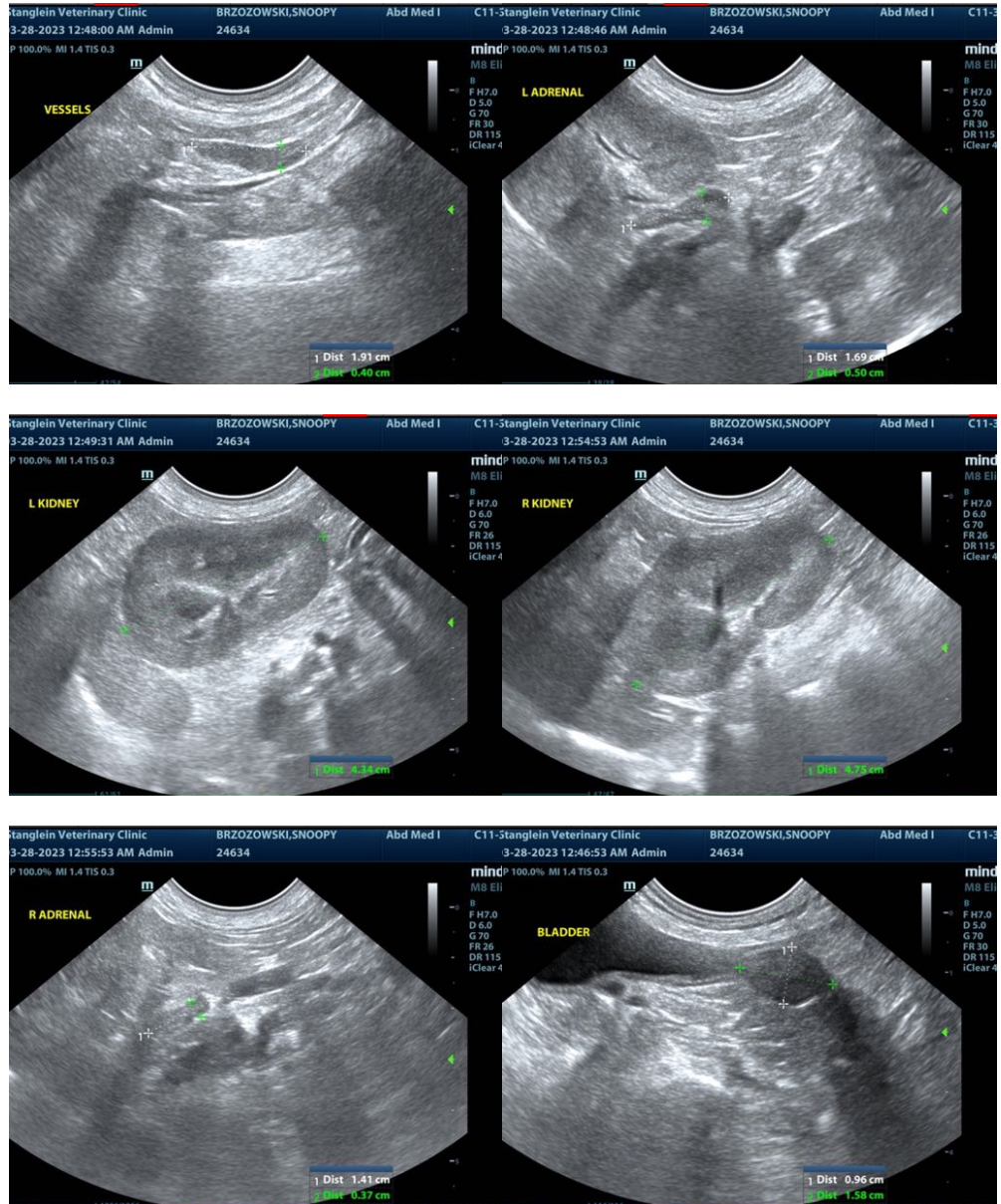
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3/28/23



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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