



**PATIENT**

Lola DeFilippis

**PRESENTING CLINICAL SIGNS**

History: repeat from yesterday, no vomiting, doing well... surgery?

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Maltese Mix

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.

**SEX**

Spayed Female

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 4.35 cm. The right kidney measured 4.0 cm.

**AGE**

9 years

**Adrenal Glands**

**WEIGHT**

14 lbs

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 0.5 cm. The right adrenal gland was not visualized.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Jenn

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.

**HOSPITAL NAME**

Rockaway AH

**Liver**

**REFERRING VET**

Dr. Maniar

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.

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**PATIENT**

**Gastrointestinal**

Lola DeFilippis

The **stomach** revealed a mild amount of excessive GI gas. Reactive and remodeled mesentery was noted and is persistent similar to the prior sonogram. The gastrointestinal tract was further visible compared to the prior sonogram; however, significant remodeled mesentery was noted throughout the midabdomen. Trace amounts of free fluid were noted. The echogenic free fluid noted on the prior sonogram is no longer present. Adhesions upon the small intestine are present.

**SPECIES**

Canine

**BREED**

**Pancreas**

Maltese Mix

The **pancreas** was obscured by the reactive and remodeled mesentery.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Spayed Female

Improved mesenteric presentation, yet significant adhesions.

**AGE**

Remodeled mesentery noted.

9 years

Splenic mineralization, persistent.

**WEIGHT**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

14 lbs

I recommend continuation of medical management. As long as the patient continues to improve a recheck sonogram is recommended in a week. Enrofloxacin, Metronidazole is the suggested antibiotic combination.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

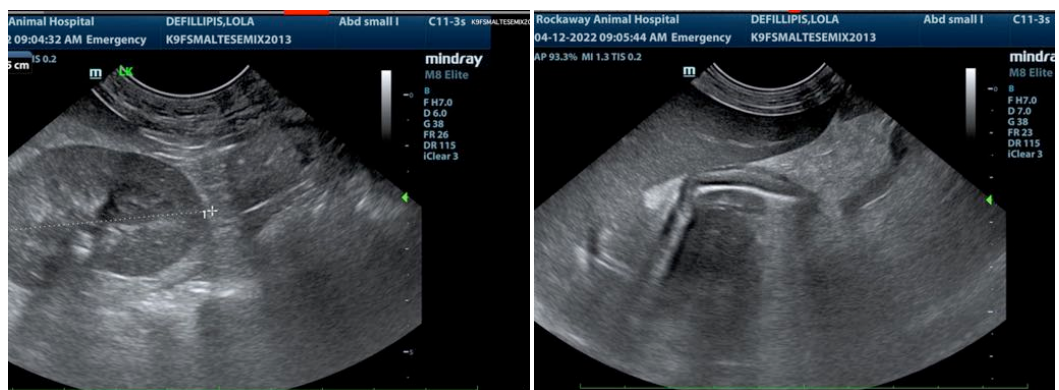
Dr. Maniar

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**PATIENT**

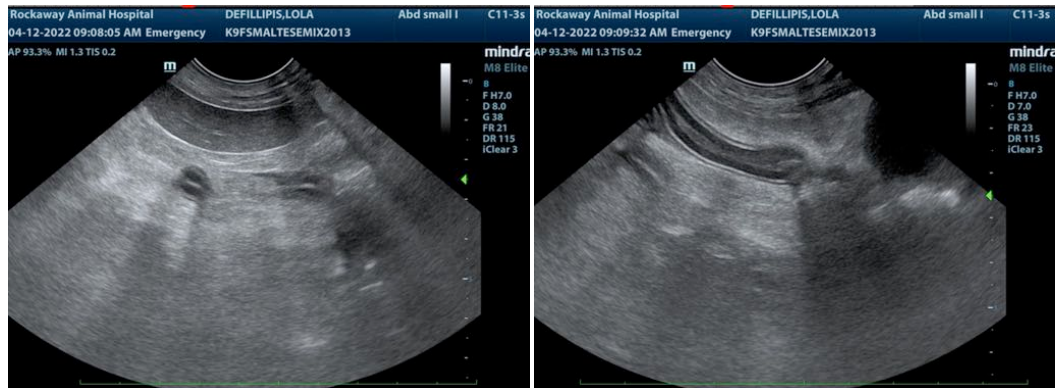
Lola DeFilippis

**SPECIES**

Canine

**BREED**

Maltese Mix



**SEX**

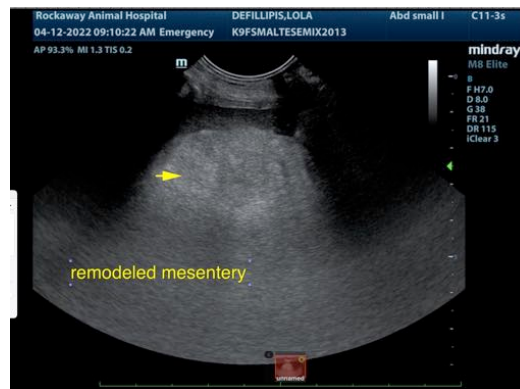
Spayed Female

**AGE**

9 years

**WEIGHT**

14 lbs



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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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