



PATIENT	PRESENTING CLINICAL SIGNS
Apollo Patino	History: re check abd prev u/s yesterday showed gastric overdistention with partially shadowing pyloric material ingesta and bloat
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	Urinary System
BREED	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.
Bullmastiff	
SEX	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 5.5 cm. The left kidney measured 6.5 cm.
Neutered Male	
AGE	Adrenal Glands
1	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 2.44 cm x 0.97 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 2.67 cm x 0.49 cm at the caudal pole and 0.8 cm at the cranial pole.
WEIGHT	
65	
INTERPRETED BY	Spleen
Eric Lindquist, DMV DABVP, Cert. IVUSS	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	Liver
Jenn	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	Gastrointestinal
Rockaway AH	The stomach was persistently bloated, similar to the prior sonogram with some echogenic material in the pyloric outflow. This is possibly foreign matter or delayed outflow. The pylorus appeared patent, however. Transit of chyme into the small intestine was not occurring. The descending colon was unremarkable with normal stool consistency.
REFERRING VET	Pancreas
Dr. Maniar	
INVOICE	
22061	
DATE	
4/18/23	



PATIENT

Apollo Patino

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Persistent bloat with echogenic material

BREED

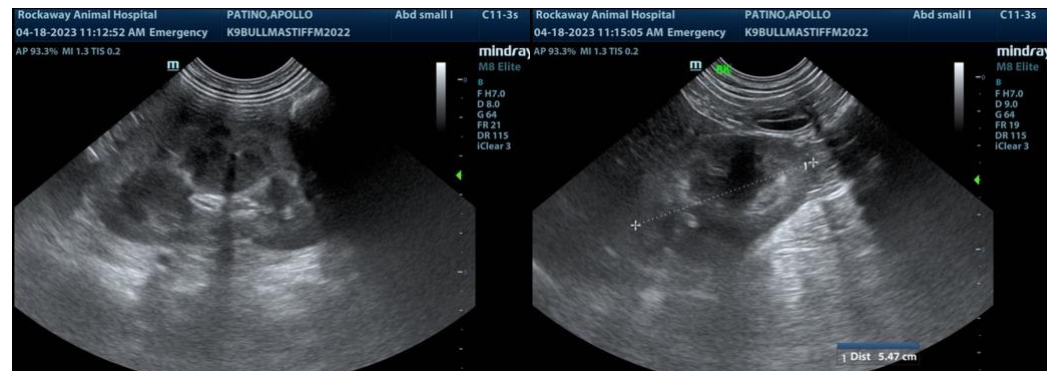
Bullmastiff

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend exploratory surgery with expectation of evacuation of the stomach, gastric biopsies and gastric tacking.

SEX

Neutered Male



AGE

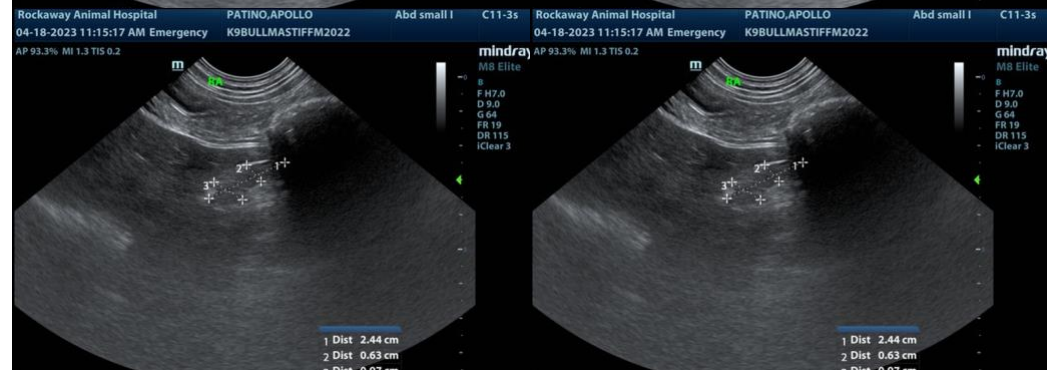
1

WEIGHT

65

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS



IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH



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PATIENT

Apollo Patino

SPECIES

Canine

BREED

Bullmastiff

SEX

Neutered Male

AGE

1

WEIGHT

65

INTERPRETED BY

Eric Lindquist, DMV
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IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

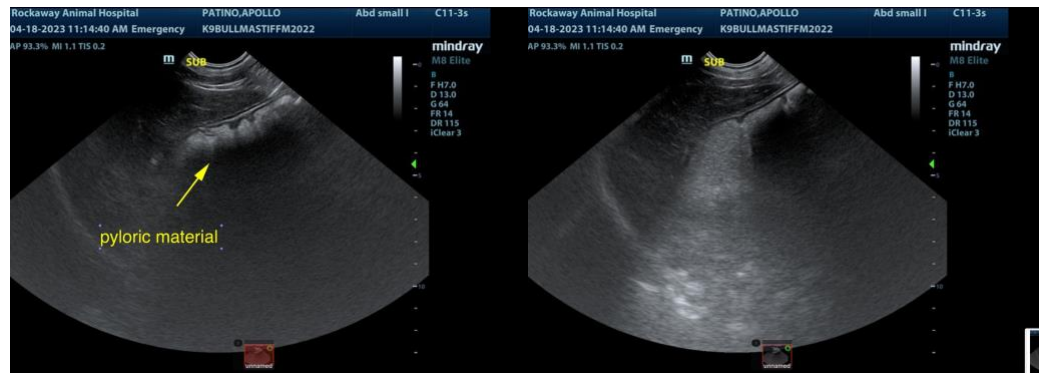
Dr. Maniar

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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.

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