



**PATIENT**

Devon Garner

**PRESENTING CLINICAL SIGNS**

Chronic GI upset  
Abnormal PE/Chem/CBC/UA Results: BUN 33

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Rottweiler

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 right kidney measured 6.69 cm. The left kidney measured 6.67 cm.

**AGE**

11 years

**WEIGHT**

75 lbs

**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 left adrenal gland measured 2.9 x 0.68 cm at the caudal pole and 0.89 cm at the cranial pole. The right adrenal gland measured 2.6 x 1.2 cm at the cranial pole and 0.84 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The region of the **splenic fossa** was unremarkable. The spleen was not visualized as the patient previously had a splenectomy.

**IMAGING PERFORMED BY**

Jessica Miller, RDMS

**HOSPITAL NAME**

Companion AH

**Liver**

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.

**REFERRING VET**

Dr. Tsai

**INVOICE**

99386

**DATE**

4/19/22



**PATIENT**

**Gastrointestinal**

Devon Garner

Gastropexy appears to be in proper position. The lumen was empty. There was no evidence of inflammation. The small intestine and colon were unremarkable. The curvilinear patterns were maintained.

**SPECIES**

Canine

**Pancreas**

**BREED**

Rottweiler

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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Stable abdomen.

**AGE**

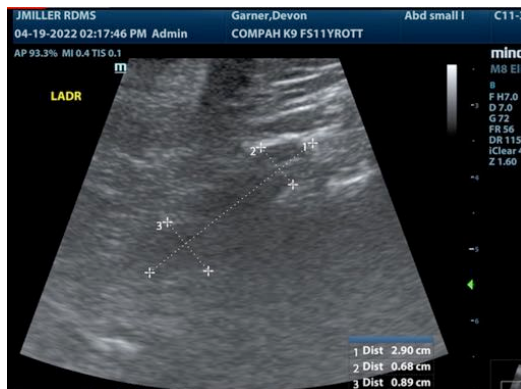
11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Underlying food intolerance, Helicobacter, occult parasitism or structurally insignificant inflammatory bowel is all possible in this patient. Diet change is recommended to a hydrolyzed diet with b.i.d. canned feedings is recommended +/- treatment for Helicobacter. If GI biopsies are performed at the time of surgery then treatment should be refined based on histopathology results.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

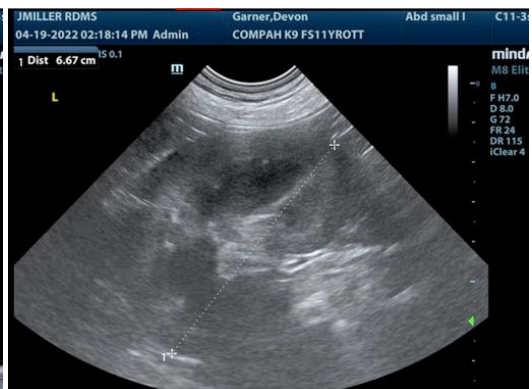
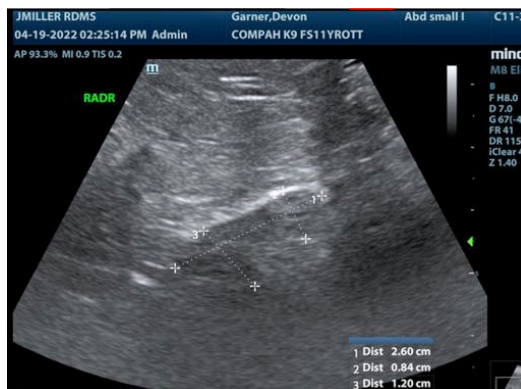


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**PATIENT**

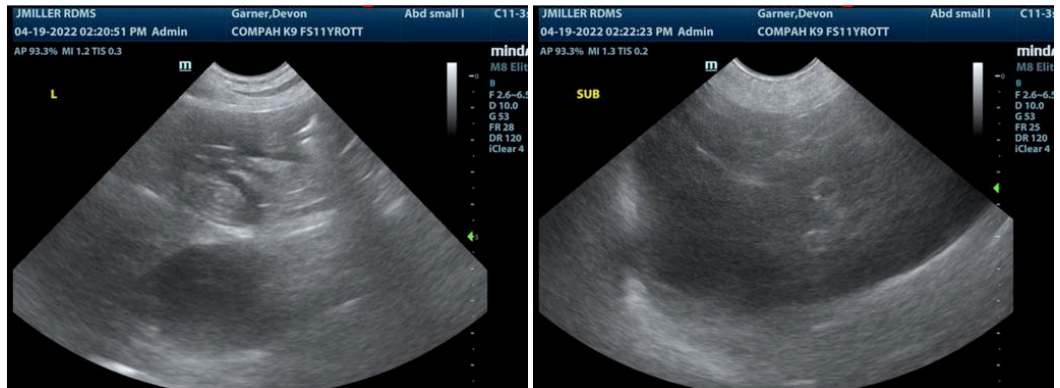
Devon Garner

**SPECIES**

Canine

**BREED**

Rottweiler



**SEX**

Spayed Female

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11 years

**WEIGHT**

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DABVP, Cert. IVUSS

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.

**IMAGING PERFORMED BY**

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

Jessica Miller, RDMS

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