



PATIENT

Roscoe Rojas

PRESENTING CLINICAL SIGNS

Recheck scan for ascites, irregular pancreas, hepatopathy. Clinically the patient is much improved. Current meds: Drontal, Zeniquin, Unasyn.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Black Mouth Cur

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

Neutered 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 6.16 cm. The left kidney measured 5.6 cm.

AGE

10 months

WEIGHT

49 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 right adrenal gland measured 2.44 x 1.04 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 2.4 x 0.53 cm at the cranial pole and 0.48 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

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 was noted.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

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. The hepatic lymph nodes were slightly enlarged and measured 1.24 x 1.06 cm.

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Gastrointestinal

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The **stomach** was mildly thickened. There was no loss of mural detail and empty lumen. Soft stool was noted in the colon. The mesenteric lymph nodes were reactive and measured up to 3.2 x 0.77 cm.

SPECIES

Canine

Pancreas

BREED

Black Mouth Cur

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

Neutered male

Free Abdomen

The ascites has resolved in this patient.

AGE

10 months

ULTRASONOGRAPHIC FINDINGS

Minor mesenteric and hepatic lymphadenopathy.

WEIGHT

49 lbs

Resolved ascites and visceral presentation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend continuation of the current protocol for another 7-10 days. Underlying infectious agents are likely the issue; however, residual infection is still possible.

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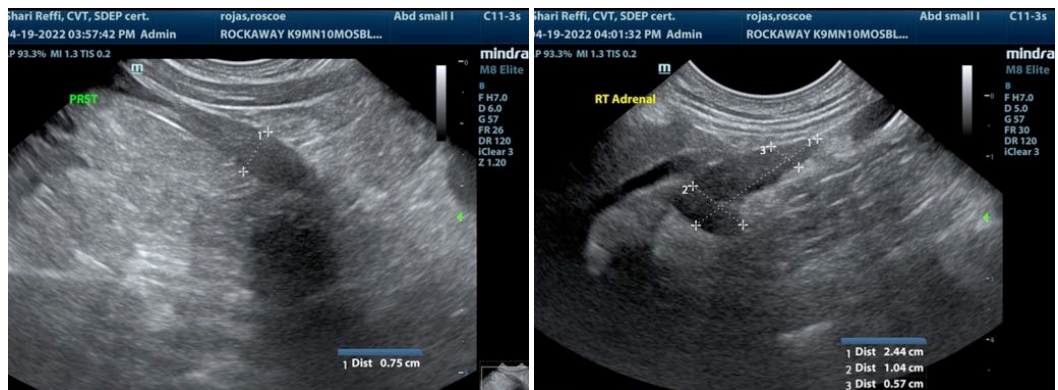
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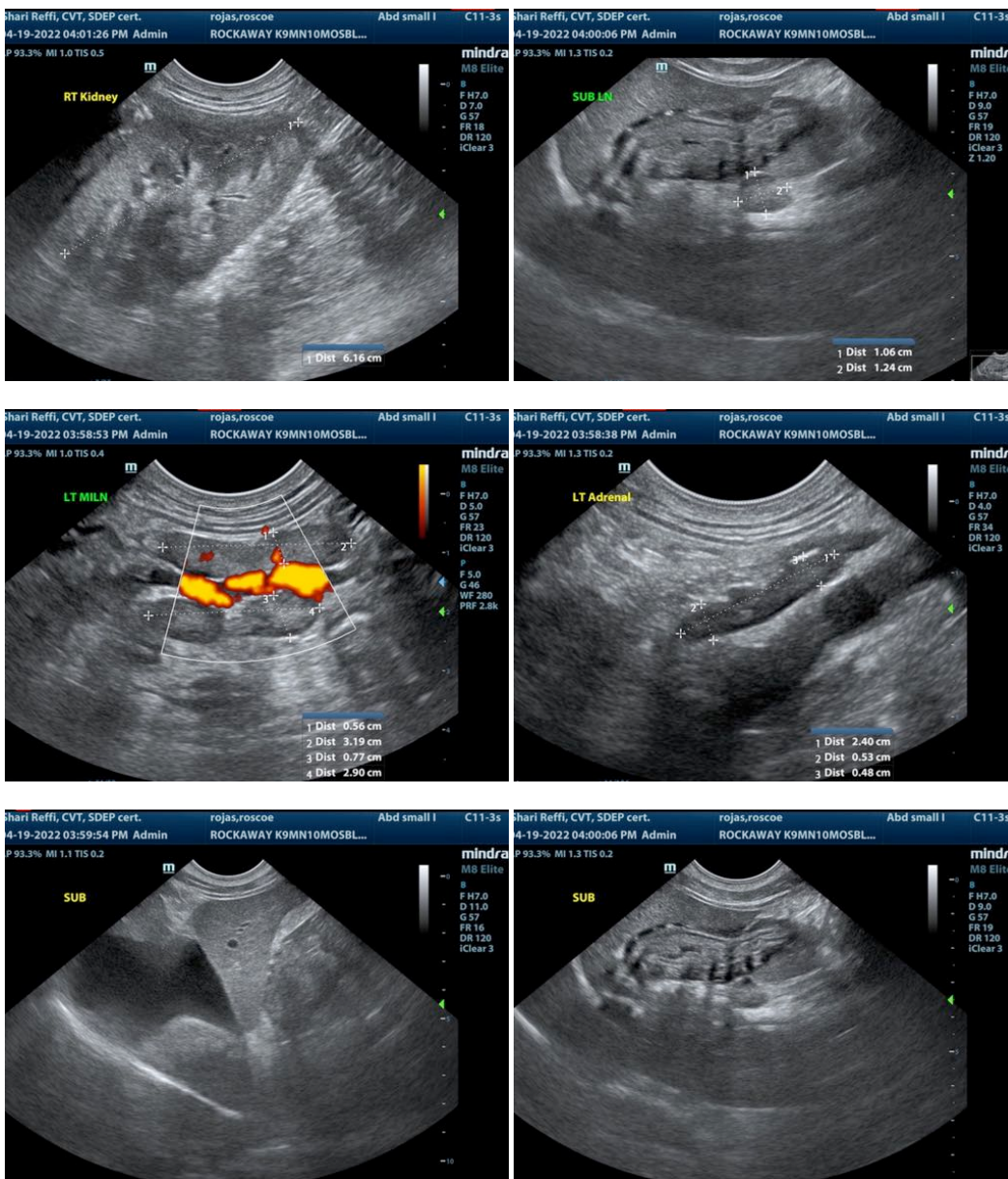
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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