



PATIENT	PRESENTING CLINICAL SIGNS
Mabel Eichen	Acting off, anorexia diarrhea hx of pancreatitis.
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. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.
Terrier X	
SEX	The kidneys revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Slight mineralization noted in both kidneys. The left kidney measured 6.0 cm. The right kidney measured 6.7 cm.
Spayed Female	
AGE	
13	
WEIGHT	Adrenal Glands
84	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 1.83 cm x 0.62 cm at the caudal pole and 0.64 cm at the cranial pole.
INTERPRETED BY	Spleen
Eric Lindquist, DMV	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.
DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	Liver
Jenn	The liver was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.
HOSPITAL NAME	Gastrointestinal
Rockaway AH	The stomach revealed gastric luminal material measuring approximately 3.0 cm. The material was shadowing, non-obstructive. The small intestine and colon were unremarkable.
REFERRING VET	Pancreas
Dr. Maniar	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.
INVOICE	
46844	
DATE	
4/21/23	



PATIENT

Mabel Eichen

SPECIES

Canine

BREED

Terrier X

SEX

Spayed Female

AGE

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WEIGHT

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INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

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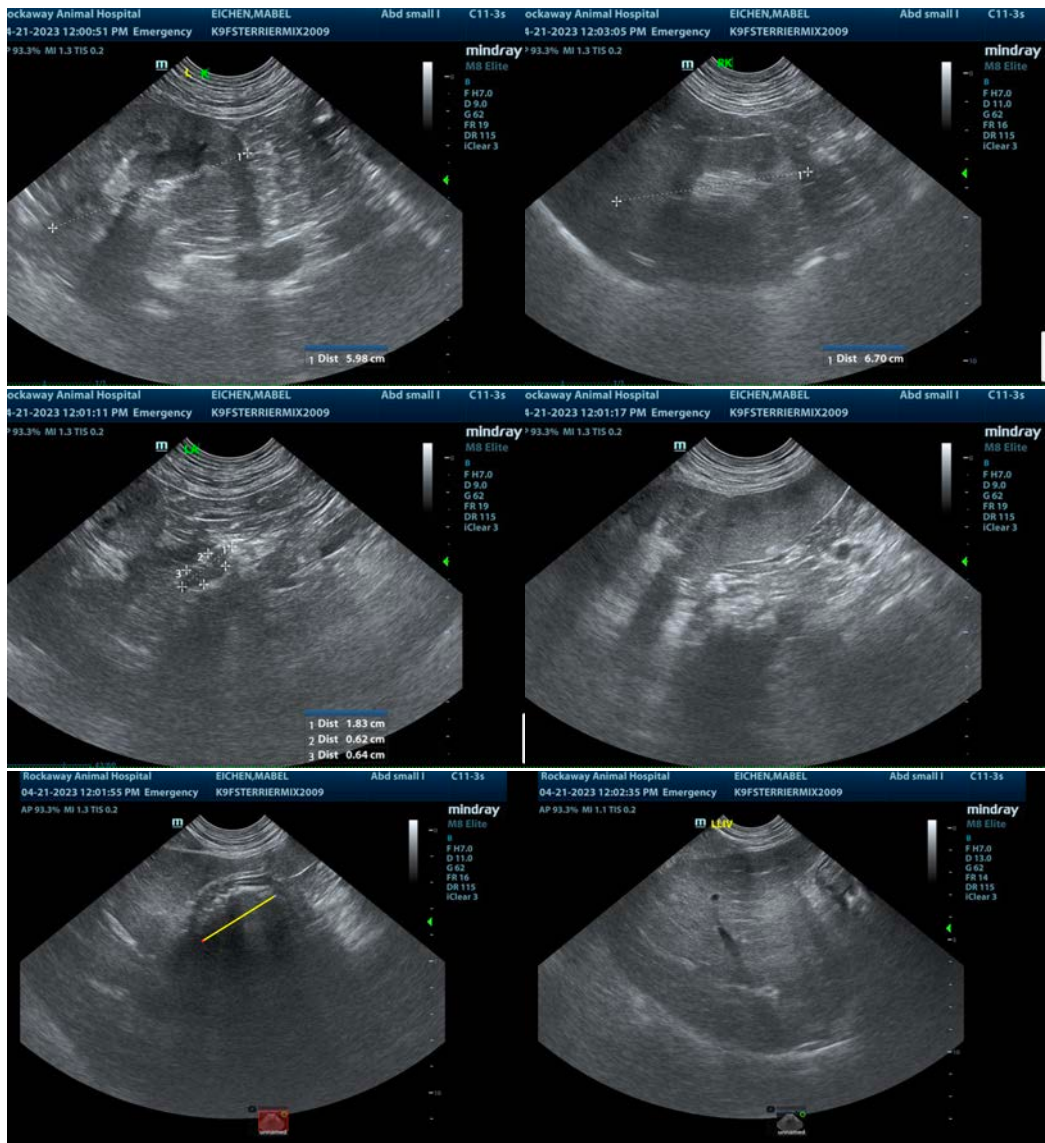
4/21/23

ULTRASONOGRAPHIC FINDINGS

- Gastric luminal material – possibly post-prandial or soft foreign matter depending on if the patient ate prior to the sonogram.
- Geriatric abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy warranted if clinical signs persist. However, sonogram should be performed of the pyloric outflow (SDEP #13) just prior to any surgical intervention or endoscopy to ensure the material has not moved.





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HOSPITAL NAME

Rockaway AH

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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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