



PATIENT

Capone Sengle

PRESENTING CLINICAL SIGNS

History: vomited a piece of rubber anorexia lethargic

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Pitbull

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.

SEX

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 6.81 cm. The left kidney measured 6.4 cm.

AGE

8

Adrenal Glands

WEIGHT

71.5

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 2.32 cm x 1.62 cm at the cranial pole and 0.77 cm at the caudal pole. The left adrenal gland measured 1.9 cm x 0.59 cm at the caudal pole and 0.57 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 were noted.

IMAGING PERFORMED BY

Jenn

Liver

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

Gastrointestinal

INVOICE

22172

The **stomach** in this patient revealed a soft shadowing 2.8 cm structure with a minor amount of fluid stasis. The small intestine and colon were unremarkable. The colon was empty.

Pancreas

DATE

4/24/23

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.



PATIENT *Free Abdomen*

Capone Sengle Undefined free fluid was noted in the caudal abdomen. The cause of the free fluid is unclear. Some reactive mesentery was noted in the caudal abdomen.

SPECIES **ULTRASONOGRAPHIC FINDINGS**

- Canine
 - Shadowing gastric structure- suspect foreign matter
 - Free fluid and reactive mesentery in the caudal abdomen
- BREED
 - Unremarkable abdomen otherwise

Pitbull **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

SEX I recommend supportive care over the next 24 hours, then recheck sonogram. I cannot rule out an intestinal tear or regional peritonitis, however, the changes were minor in the caudal abdomen. If the patient is clinically declining, then direct exploratory surgery is indicated.

Male

AGE

8

WEIGHT

71.5

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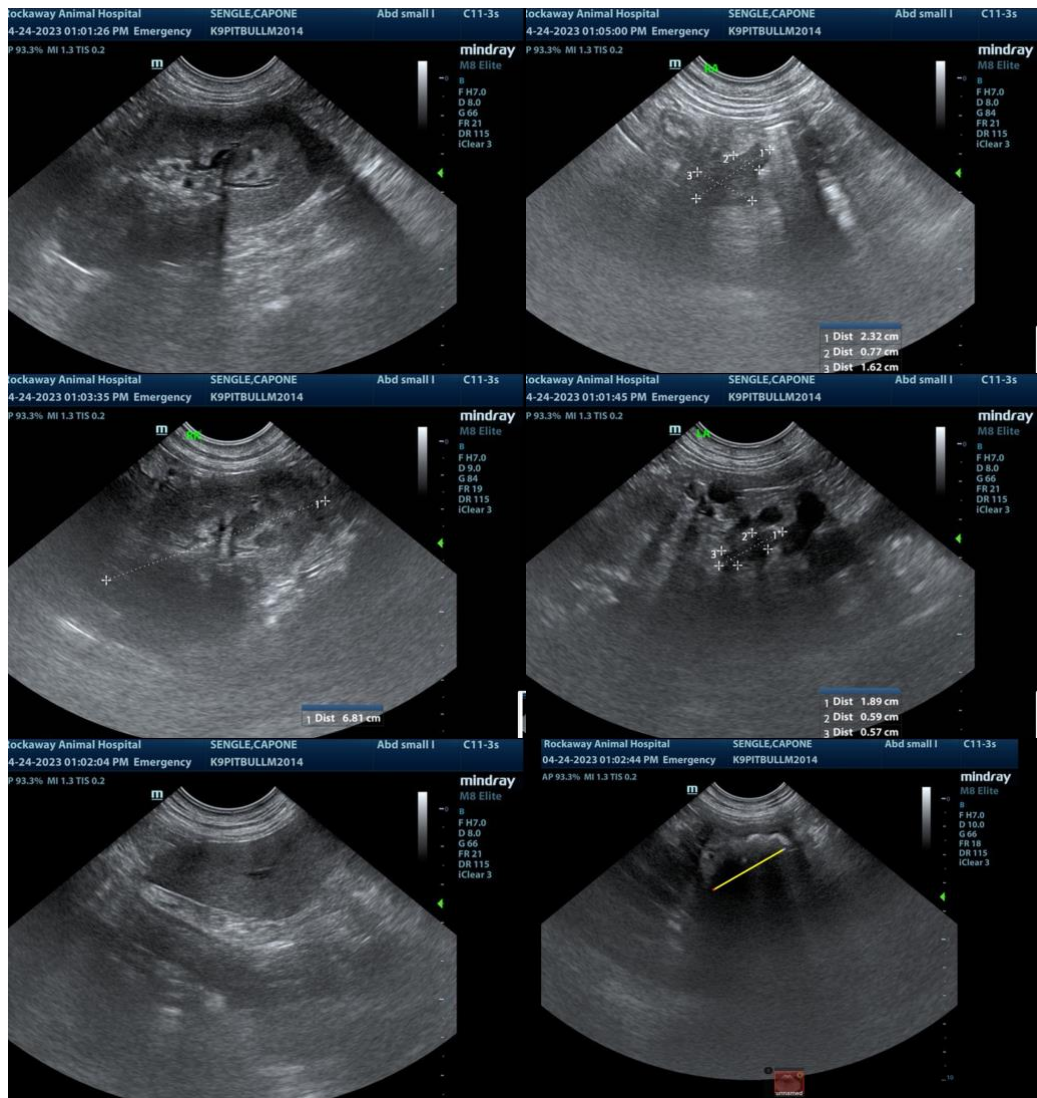
Dr. Maniar

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SPECIES

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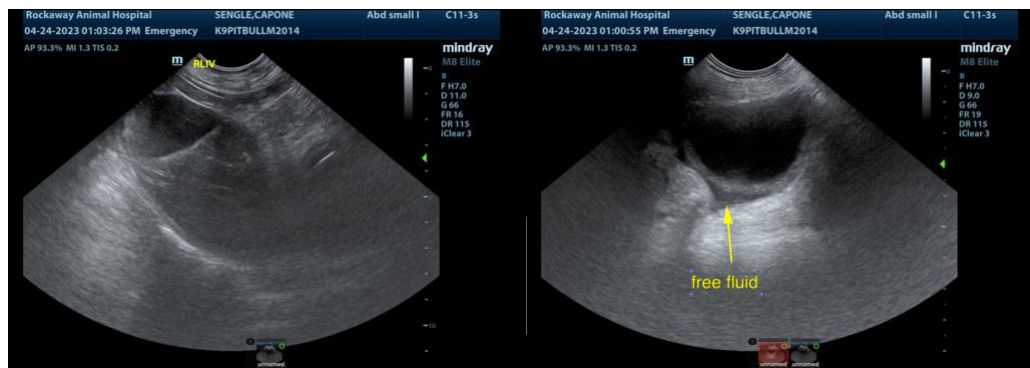
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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