



PATIENT

Peter Aldrich

SPECIES

Canine

BREED

Hound Mix

SEX

Neutered male

AGE

7 ½ years

WEIGHT

86.2 lbs

PRESENTING CLINICAL SIGNS

History: P presented 2 days ago for 1 week of vomiting, diarrhea, lethargy, and decreased appetite. In January p was evaluated for lethargy and vomiting, BW, x-rays, and cPLI WNL. P improved with supportive care. O states p has been on Purina EN since that time and doing well up until 1 week ago. No known toxin or FB ingestion. P has had ~4-5 bouts of vomiting/gastritis over the past 2 years. P hospitalized for supportive care and diagnostics and is improving. Fasted overnight for ultrasound. Abnormal PE/Chem/CBC/UA Results: PE - dehydrated, tachycardic, periodontal disease, lip dermatitis, tense abdomen, lethargic/dull, liquid stool in rectum CBC - WNL Chem - ALP 309 U/L (WNL in January 2023) Fecal - NOS Abdominal x-rays WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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.

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 left kidney measured 8.1 cm. The right kidney measured 7.3 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

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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 0.6 cm. The right adrenal gland measured 1.3 cm at the cranial pole and 0.85 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself cranially and uniform with mild enlargement.

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. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor transit of chyme was noted in the small intestine.

Pancreas

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.

ULTRASONOGRAPHIC FINDINGS

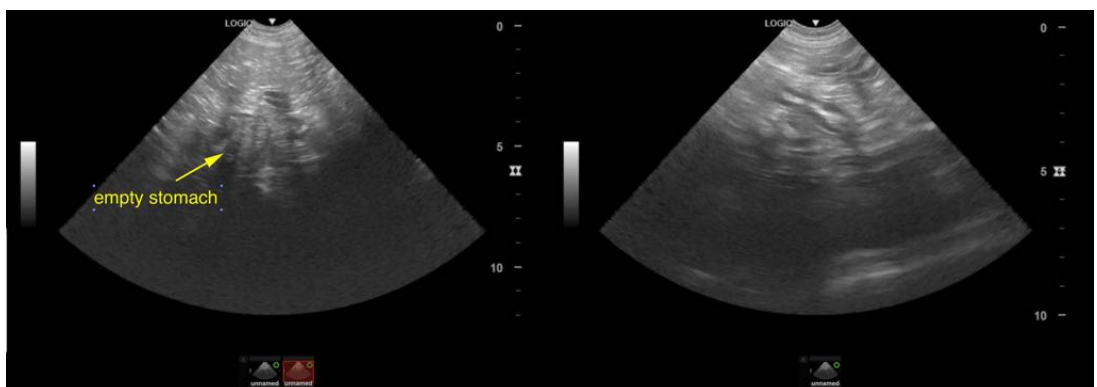
Structurally unremarkable abdomen.

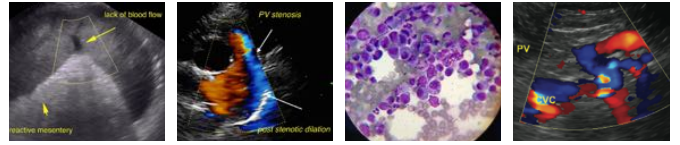
Minor splenic enlargement, likely reactive or potentially owing to sedation.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral pathology.

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.





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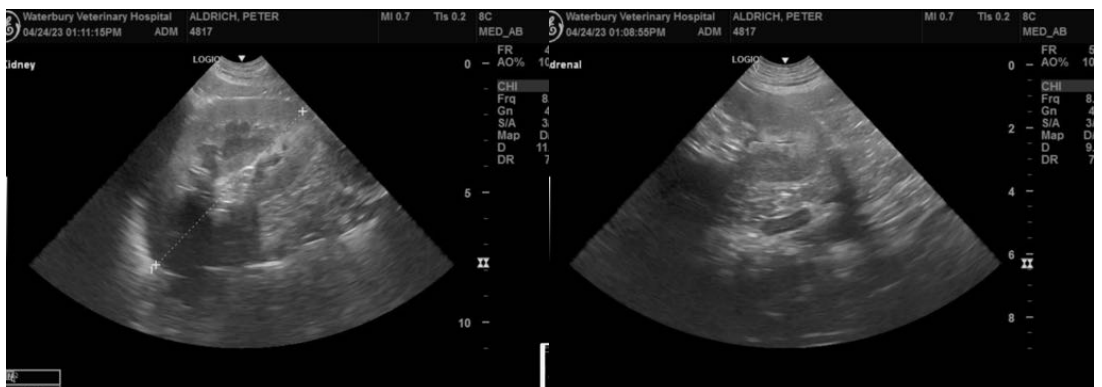
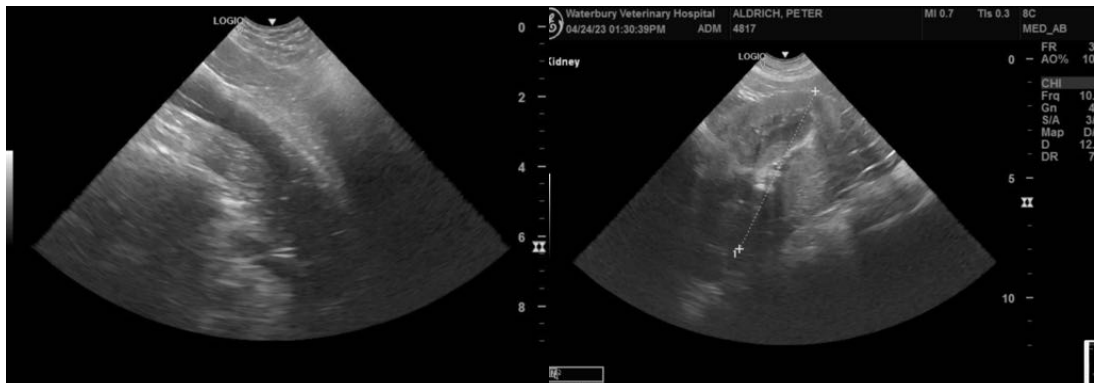
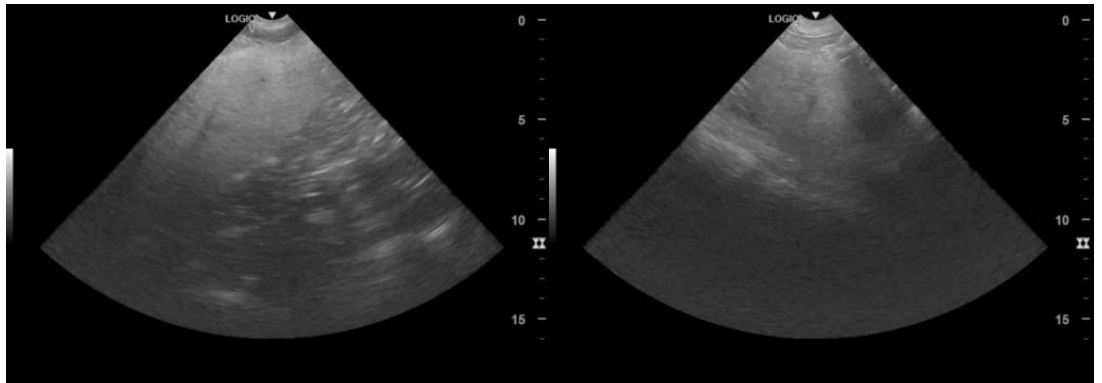
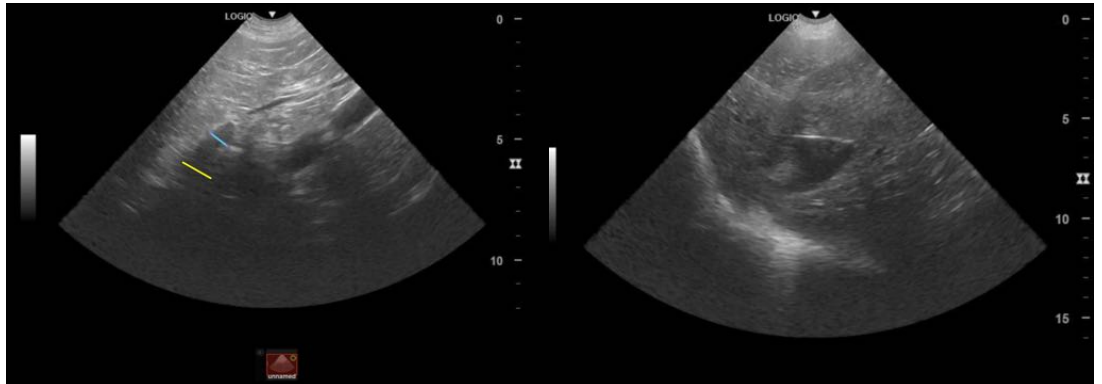
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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