



PATIENT

Ollie Pantino

SPECIES

Canine

BREED

Yorkshire Terrier

SEX

Neutered Male

AGE

3 Years

WEIGHT

16.6 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush Vet Urgent Care

REFERRING VET

Dr. Lori Milot

INVOICE

37301

DATE

4/29/22

PRESENTING CLINICAL SIGNS

48 hours of not eating/drinking, vomited once but after owner gave Lactose free milk, lethargic, other vet reports abdomen feels painful and full on palpation & performed barium study reporting most of the study had dense barium spot at pylorus saying poss cloth FB, do not have copies of study, Dr. Milot reports slightly distended abdomen when arrived here but does not seem painful, no vomiting since admitted last night and not given Cerenia
Abnormal PE/Chem/CBC/UA Results: BW is wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 **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 4.26 cm. The left kidney measured 4.0 cm.

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 0.40 cm. The right adrenal gland measured 0.38 cm.

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.

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.

Gastrointestinal

The mid cranial abdomen and mid caudal abdomen revealed echogenic mesenteric remodeling, appeared to be associated with the small intestine. The **gastrointestinal tract** was empty and unremarkable. However, this may be related to enteritis.



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Pancreas

Ollie Pantino

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Possible enteritis/steatitis pattern, unremarkable abdomen otherwise

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Yorkshire Terrier

Supportive care should prove effective. No evidence of foreign bodies.

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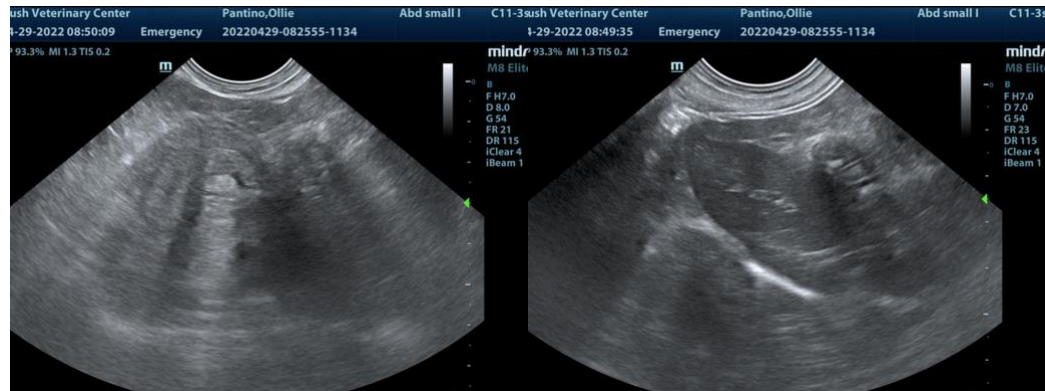
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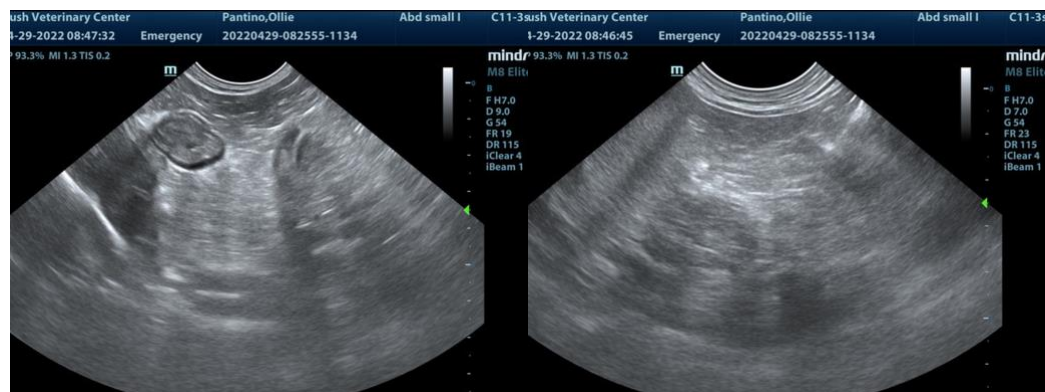


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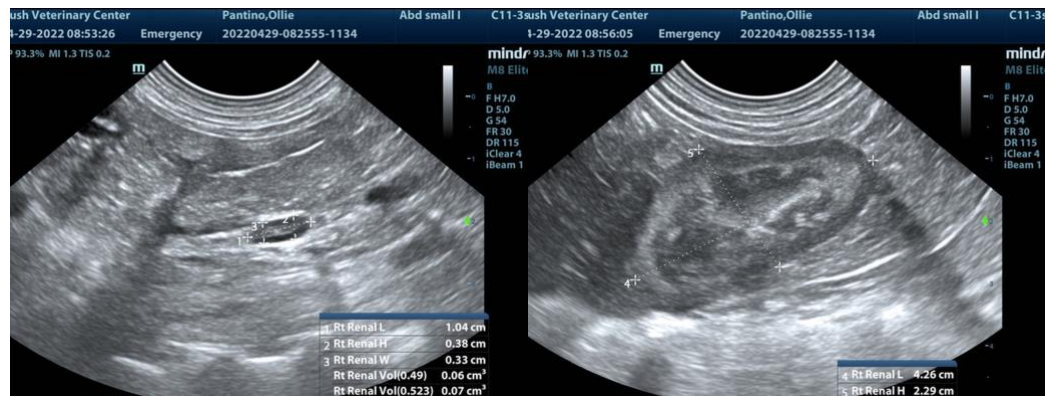
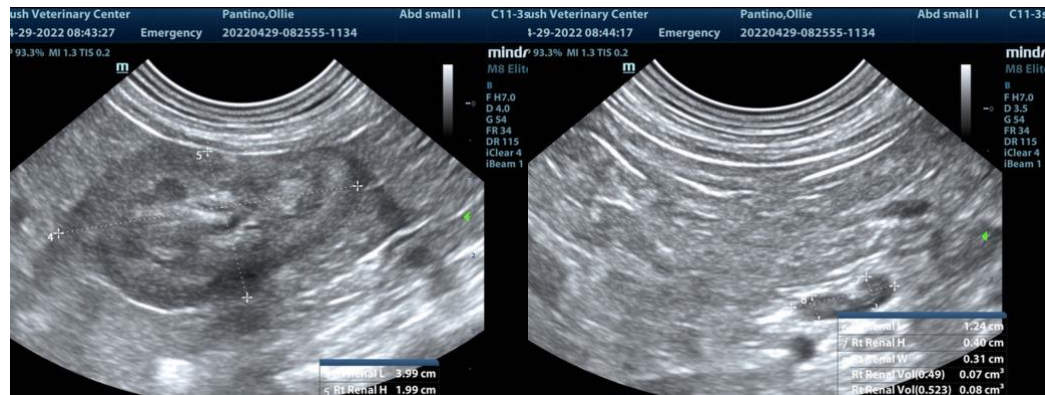
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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