



**PATIENT**

Roscoe Rojas

**PRESENTING CLINICAL SIGNS**

History: Recheck FNA came back as infection clinically doing well at home

**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 left kidney measured 7.22 cm. The right kidney measured 7.5 cm.

**AGE**

9 months

**Adrenal Glands**

**WEIGHT**

49.5 lbs

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 2.39 x 0.41 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured 2.7 x 0.75 cm at the caudal pole and 1.42 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

The **spleen** was swollen in contour.

**IMAGING PERFORMED BY**

Jenn

**Liver**

**HOSPITAL NAME**

Rockaway AH

The **liver** revealed increased portal markings. The nodular hepatic changes were persistent in the right cranial abdomen. The gallbladder and common bile duct were unremarkable. Transdiaphragmatic view revealed comet tail lung pattern.

**REFERRING VET**

Dr. Maniar

**Gastrointestinal**

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**DATE**

4/5/22



**PATIENT**

**Pancreas**

Roscoe Rojas

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

**Free Abdomen**

**BREED**

Black Mouth Cur

A moderate amount of echogenic free fluid was noted in the caudal abdomen in this patient. This is a new development. Reactive mesentery was noted throughout the midabdomen.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

New development of free fluid.

**AGE**

9 months

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Repeat FNA of the spleen and liver as well as abdominocentesis with cytospin is recommended. Chest radiographs are recommended. Reevaluation of the cytology results would be recommended. The prognosis is guarded especially given the new development of the free fluid. Coagulopathy should be ruled out if frank blood is found in the caudal abdomen on abdominocentesis.

**WEIGHT**

49.5 lbs

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Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

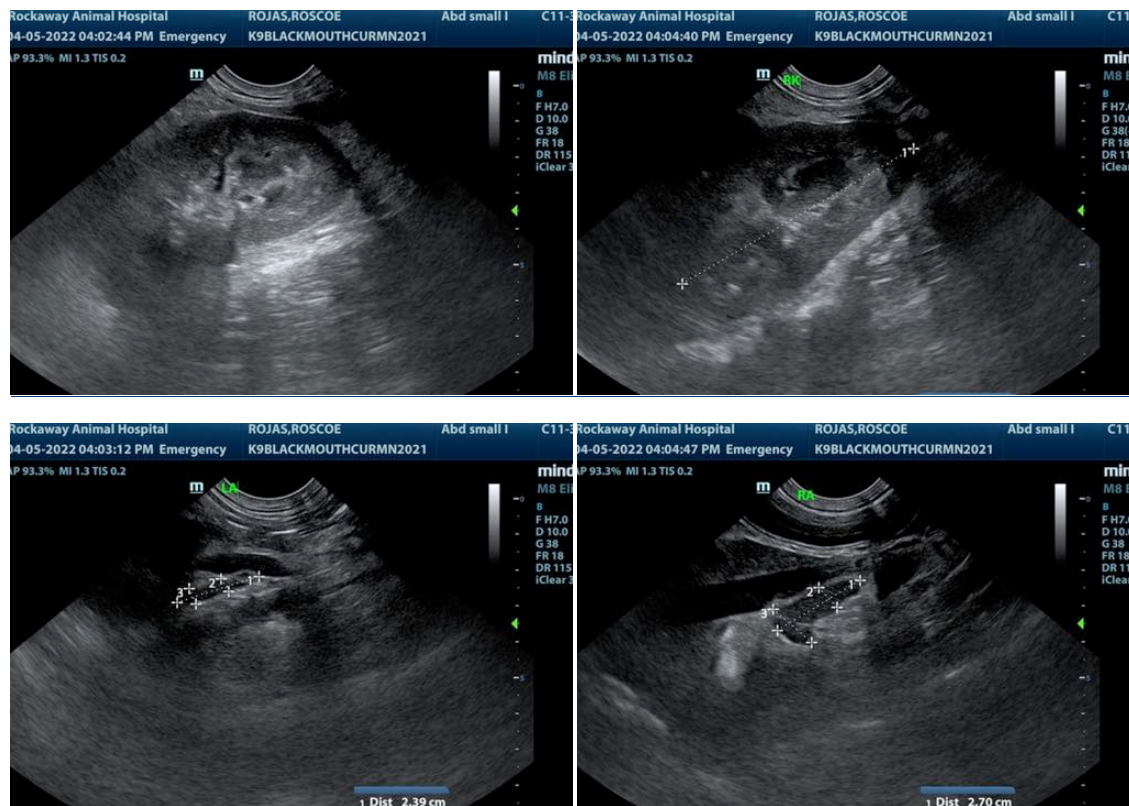
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**PATIENT**

Roscoe Rojas

**SPECIES**

Canine

**BREED**

Black Mouth Cur

**SEX**

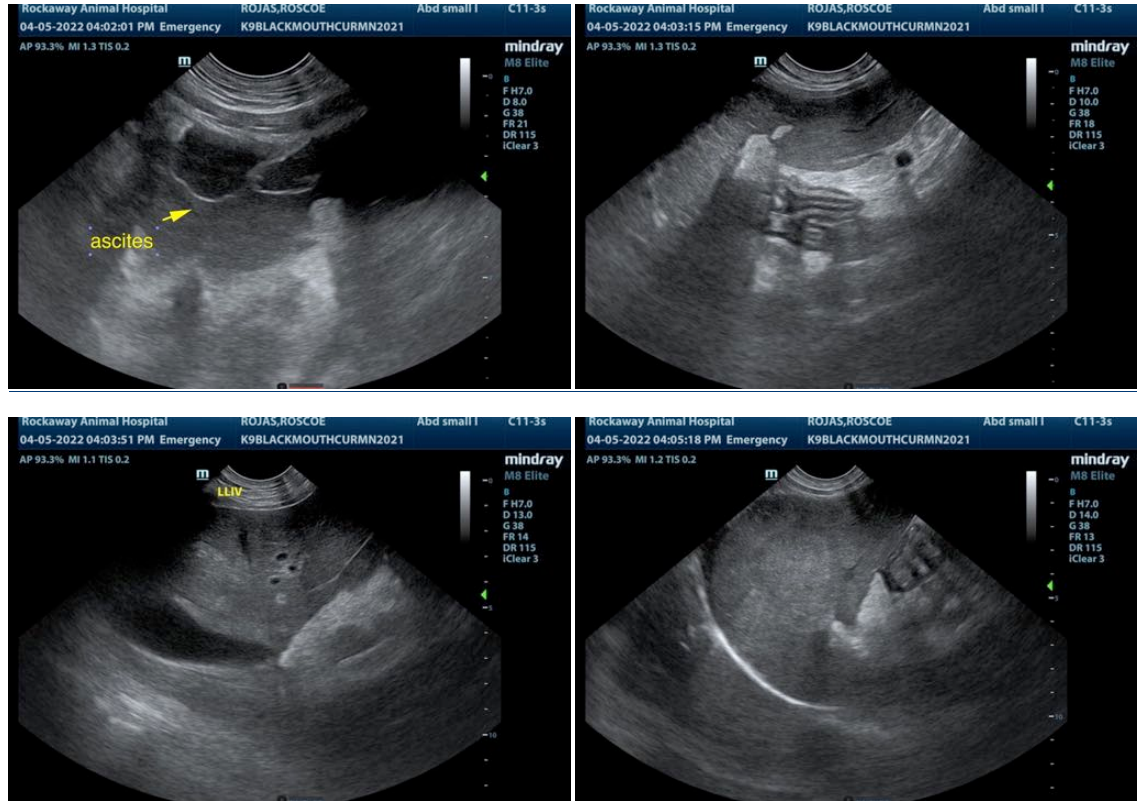
Neutered male

**AGE**

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**WEIGHT**

49.5 lbs



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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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