



PATIENT PRESENTING CLINICAL SIGNS

Ruckus Frost Weight loss and intermittent vomiting since early April. Cerenia does help. Coughs/gags before vomiting. Rough weekend, but better last few days. Butorphanol IV.
SPECIES Abnormal PE/Chem/CBC/UA Results: BW (4/14/22): Chol slt elevated, rest WNL. Spec PLI: abnormal RADS (attached): NSF except 2 small pieces of wire that look intra-abdominal but not intra-intestinal.
Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Boxer mix *Urinary System*

SEX 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.
Neutered male

AGE 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 and left kidney measured 7.64 cm.
12 years

WEIGHT

74 lbs

Adrenal Glands

INTERPRETED BY The left **adrenal gland** was 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 region of the right adrenal gland was unremarkable.
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

Spleen

The **spleen** is folded upon itself cranially and caudally. This is not pathological.

HOSPITAL NAME

Scanvet

Liver

REFERRING VET

Dr. Perkins

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

30346

DATE

5/12/22



PATIENT

Gastrointestinal

Ruckus Frost

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.

SPECIES

Canine

BREED

Boxer mix

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.

SEX

Neutered male

Thyroid

The left thyroid lobe was uniform. The trachea and salivary glands were all normal. The visible esophagus was unremarkable with normal curvilinear patterns without evident pathology.

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

74 lbs

Normal abdomen. The linear structures noted on radiographs were not evident sonographically.

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Eric Lindquist, DMV
DABVP, Cert. IVUSS

No specific therapy is recommended.

IMAGING PERFORMED BY

Dr. Ebersole

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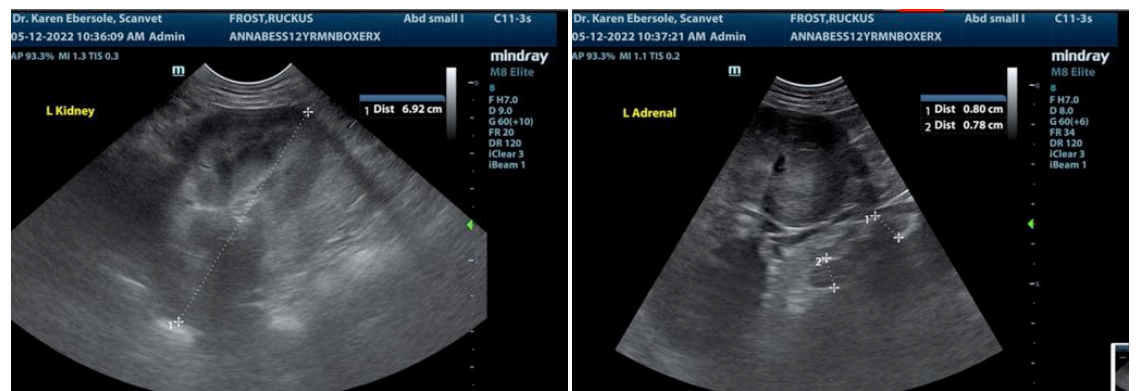
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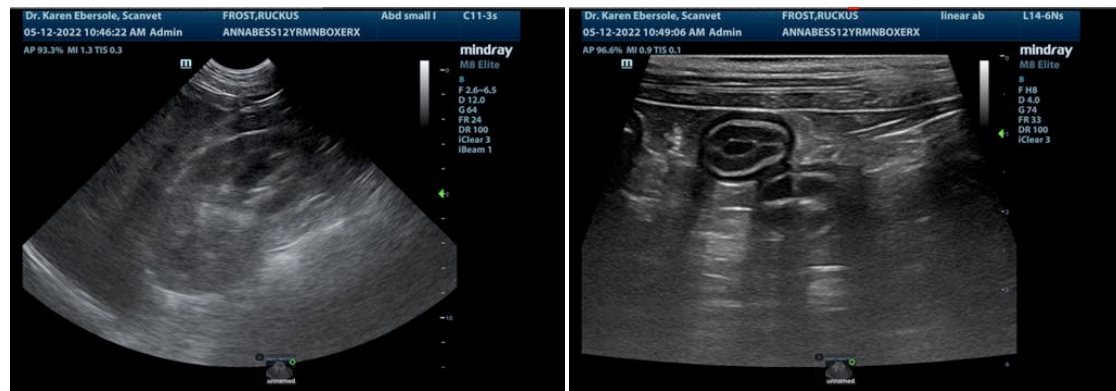
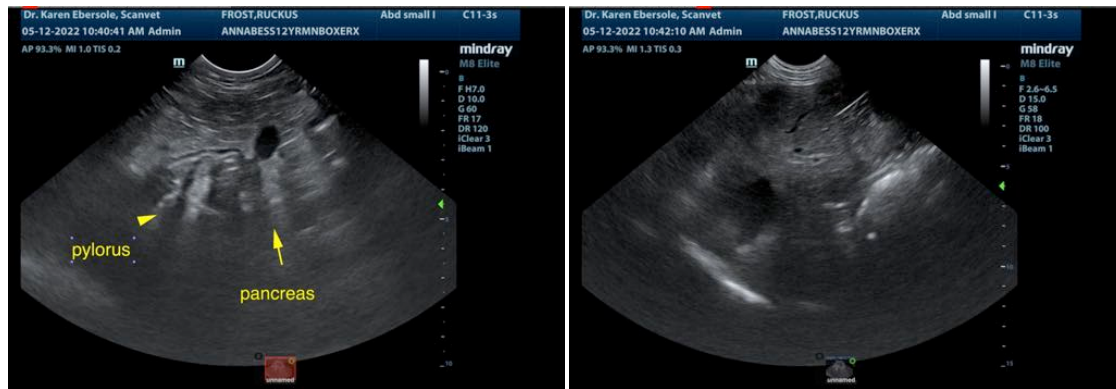
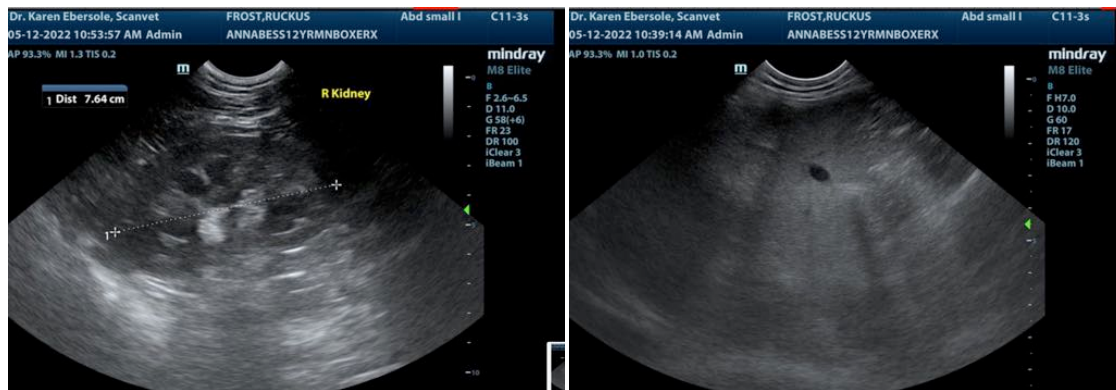
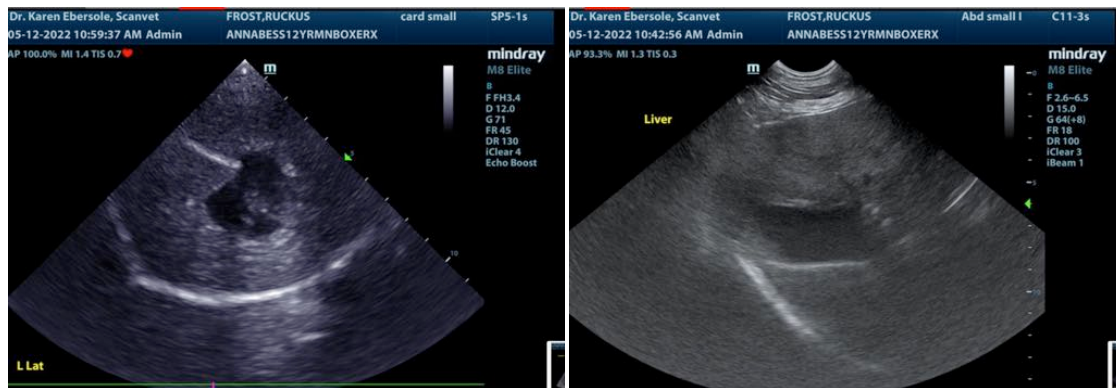
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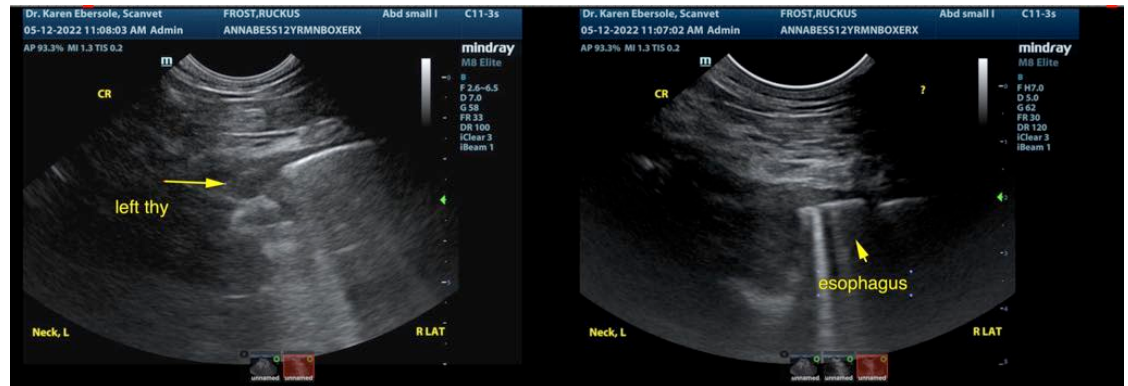
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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