



PATIENT PRESENTING CLINICAL SIGNS

May Aseraf
May is a 1y11mo old sf lhasa apso mix here due to vomiting blood and inappetence. Sometimes p skips meals, stopped eating yesterday morning. Fed by hand and p ate a small amount yesterday. Vomiting with blood this morning, not eating today. History of recurrent Vomit/diarrhea. Prior hx of Giardia, fecal NPS earlier this year

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)
Hydration: N Mentation: QAR EENT: N Oral Cavity: mm pink tacky crt 1-2 sec Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: Not painful, no palpable masses or FB Uro/Perineum: N Musculoskeletal: N Neurological: N Fecal: sending out to lab CBC/CHem CPL in house - WNL

BREED

Lhasa Apso Mix

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Spayed Female

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 was noted. Ureteral papillae were normal.

AGE

1 year

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 and right kidney measured 4.0 cm.

WEIGHT

11.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

Both **adrenal glands** appear subjectively subnormal in size. The left adrenal gland measured 0.4 cm. The right adrenal gland measured 0.3 cm.

IMAGING PERFORMED BY

Dr. Rivera

Spleen

HOSPITAL NAME

DPC VH

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 was noted.

REFERRING VET

Dr. Feldt

Liver

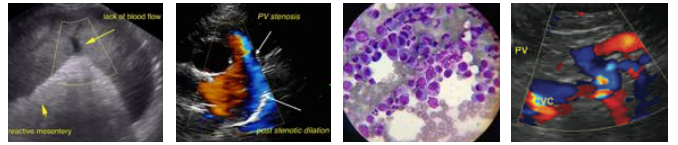
INVOICE

30079

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.

DATE

5/2/22



PATIENT

May Aseraf

Gastrointestinal

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.

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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

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

1 year

Slightly subnormal adrenal glands.

Structurally unremarkable abdomen.

WEIGHT

11.2 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of pathology. Supportive care for GI upset should prove effective such as the following protocol. Helicobacter protocol and screening for Addison's is warranted with ACTH stimulation. If vomiting persists endoscopy is warranted.

INTERPRETED BY

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DABVP, Cert. IVUSS

IMAGING PERFORMED BY

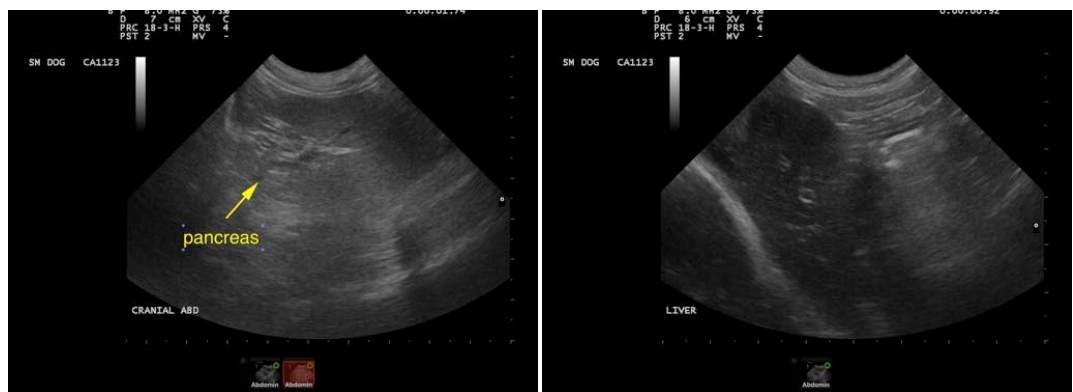
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Spayed Female

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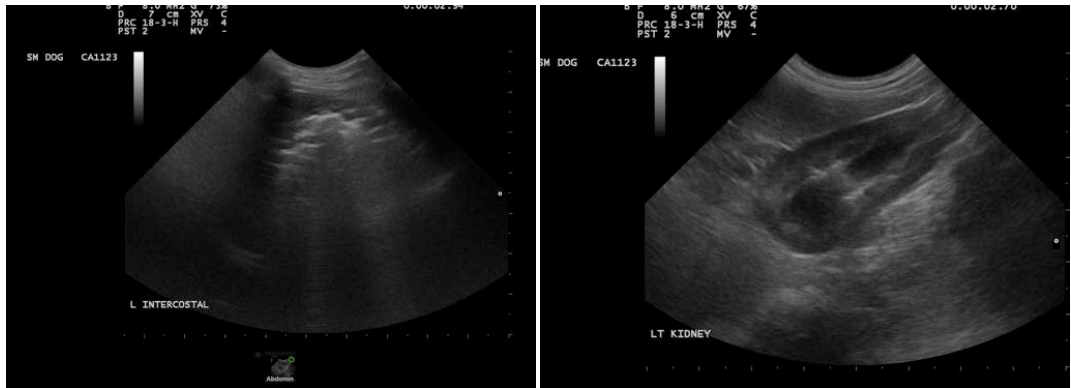
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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