



**PATIENT PRESENTING CLINICAL SIGNS**

Rex Nilsen History: HGE febrile parvo neg

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

Poodle Mix

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**

Male

The **kidneys** revealed a hyperechoic medullary rim sign. This is an idiopathic change. The right kidney measured 3.92 cm. The left kidney measured 3.8 cm.

**AGE**

17 weeks

**Adrenal Glands**

**WEIGHT**

8 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 right adrenal gland measured 1.74 x 0.64 cm at the caudal pole and 0.86 cm at the cranial pole. The left adrenal gland measured 1.42 x 0.37 cm at the caudal pole and 0.37 cm at the cranial pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Jenn

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.

**HOSPITAL NAME**

Rockaway AH

**Liver**

**REFERRING VET**

Dr. Maniar

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.

**INVOICE**

44105

**Gastrointestinal**

**DATE**

5/2/23

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. Pyloric hypertrophy was noted with prominent mucosa. There was no evidence of obstructive pattern. Curvilinear patterns were retained



**PATIENT**

throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon revealed soft stool.

Rex Nilsen

**SPECIES**

***Pancreas***

Canine

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.

**BREED**

Poodle Mix

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Non-specific, gastroenteritis pattern.

Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

There was no evidence of foreign bodies. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

17 weeks

**WEIGHT**

8 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

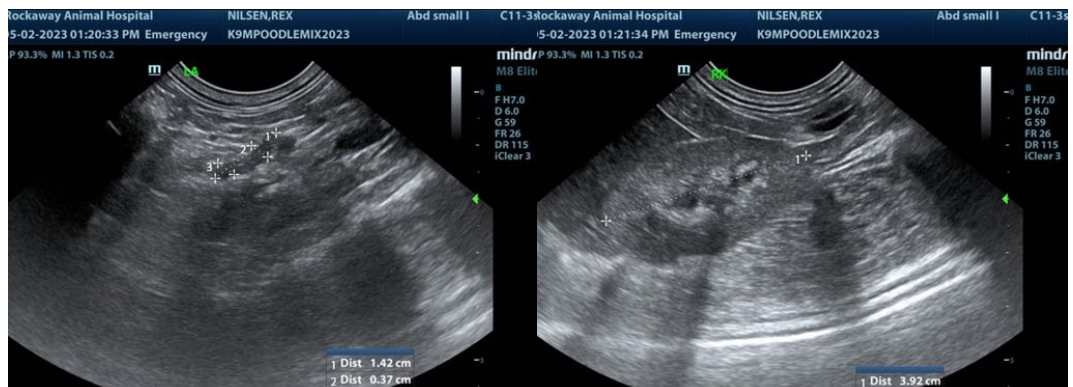
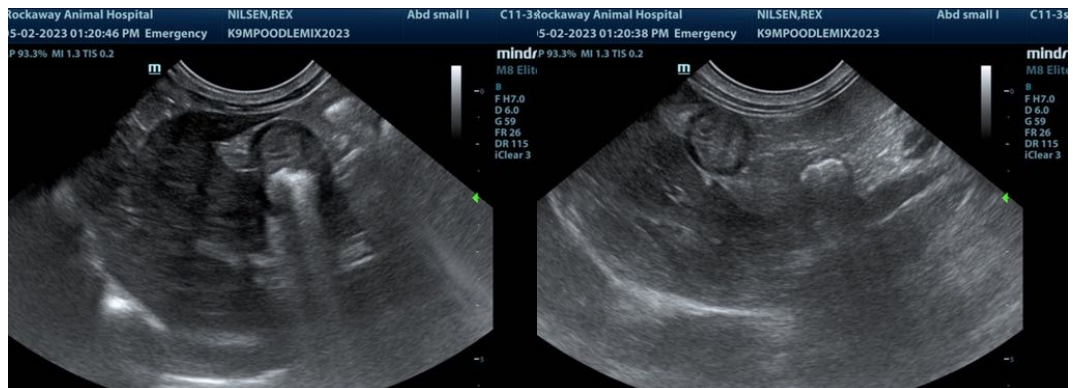
Dr. Maniar

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**PATIENT**

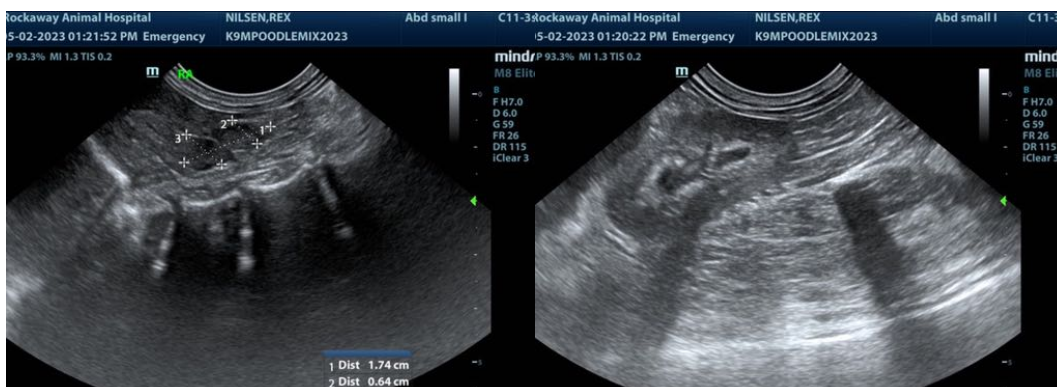
Rex Nilsen

**SPECIES**

Canine

**BREED**

Poodle Mix



**SEX**

Male

**AGE**

17 weeks

**WEIGHT**

8 lbs

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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