



PATIENT

Cooper Moore

PRESENTING CLINICAL SIGNS

History: Patient presents for chronic pancreatitis. No current meds.
Abnormal PE/Chem/CBC/UA Results: Elevated PSL (534).

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Hound Mix

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. A large amount of sand was noted, a grouping of which measured 1.98 cm with echogenic suspended clot. The clot material noted in the bladder surveyed by power Doppler and only twinkle artifact without any real flow.

SEX

Neutered male

The prostate measured 1.08 cm.

AGE

7 years

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 5.8 cm. The right kidney measured 5.8 cm.

WEIGHT

47.6 lbs

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 2.32 x 0.46 cm at the caudal pole and 0.31 cm at the cranial pole. The right adrenal gland measured 2.27 x 0.93 cm at the cranial pole and 0.57 cm at the caudal pole.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

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 was noted.

HOSPITAL NAME

Brenda King VS

REFERRING VET

Dr. King

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.

INVOICE

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DATE

5/23/22



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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.

SPECIES

Canine

BREED

Hound Mix

Pancreas

The **pancreas** revealed slight heterogenous changes, yet no evidence of any significantly active inflammation.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

Bladder sand and debris.

AGE

7 years

Otherwise, unremarkable abdomen.

WEIGHT

47.6 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either cystotomy and bladder lavage with normal and retrograde flush can be considered with sand analysis and culture or attempt at medical management with a recheck sonogram in a month.

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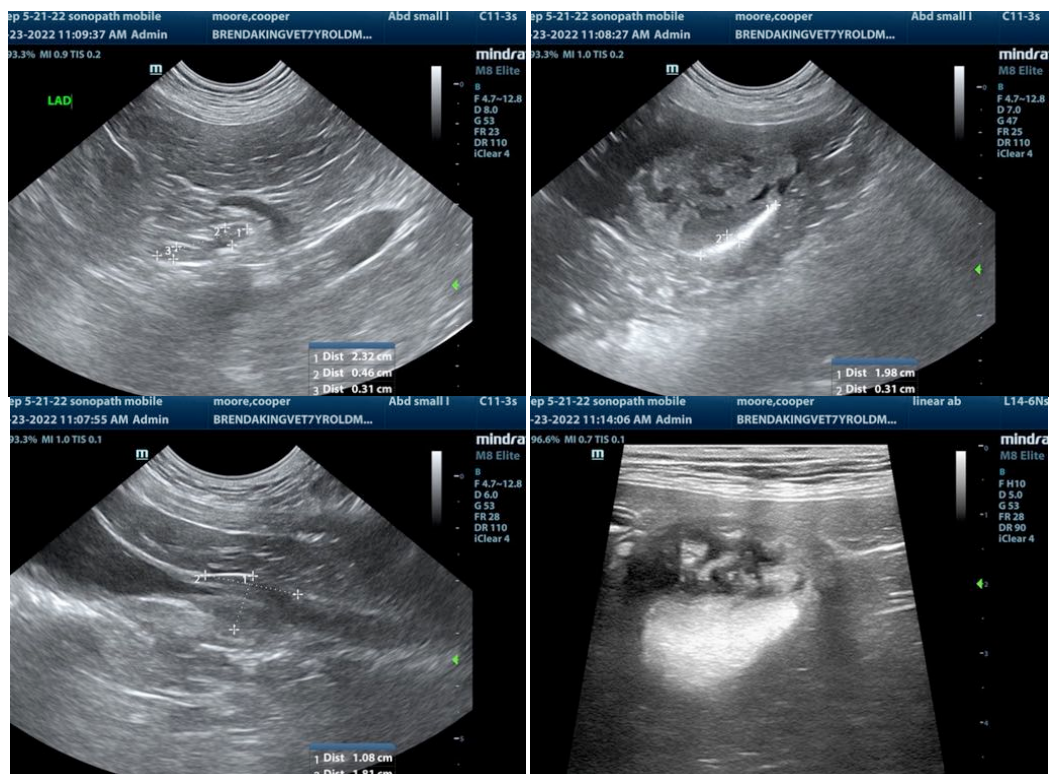
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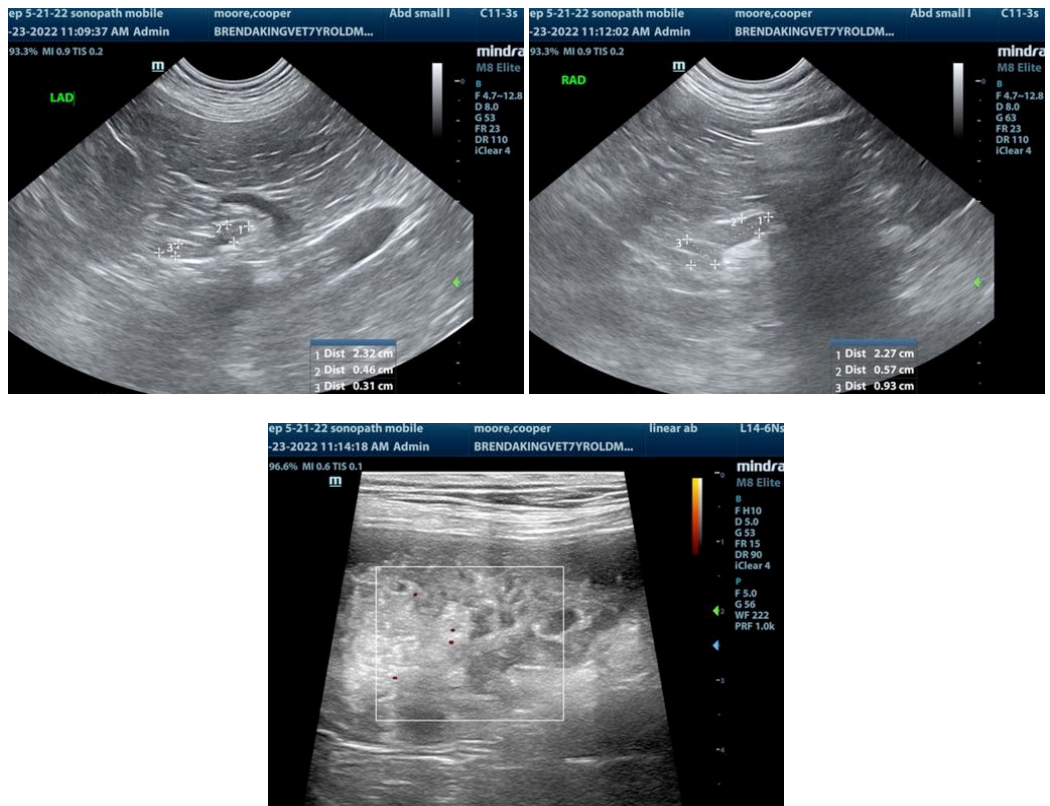
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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