



PATIENT

Mabel Deworken

PRESENTING CLINICAL SIGNS

History: suspect obstruction per owner continuous vomiting

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Yorkie

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

Spayed Female

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 kidney measured 2.82 cm. The left kidney measured 3.15 cm.

AGE

1 year

Adrenal Glands

WEIGHT

5.6 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 1.12 x 0.33 cm at the caudal pole and 0.46 cm at the cranial pole. The right adrenal gland measured 1.42 x 0.43 cm at the caudal pole and 0.57 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Jenn

The **spleen** in this patient was uniform, yet volume contracted. Hydration status should be assessed.

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

30683

Gastrointestinal

DATE

5/24/22

The **stomach** was over distended with anechoic fluid. The visible small intestine was empty. There was no transit of chyme present. No obvious foreign body was noted, yet cannot be completely ruled out. The pylorus appeared patent, yet fluid dilation of the proximal duodenum was noted.



PATIENT

Pancreas

Mabel Deworken

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

ULTRASONOGRAPHIC FINDINGS

BREED

Yorkie

Over distended stomach, cannot completely rule out obstruction. Gastritis with stasis versus non-visible obstruction.

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

I recommend 12 hour n.p.o. and recheck sonogram after fluid support and GI protectants. Medical management is recommended with IV fluid support, GI protectants and broad spectrum antibiotics owing to possible translocation of bacteria. Recheck sonogram is recommended in 12-18 hours at n.p.o. status.

AGE

1 year

WEIGHT

5.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

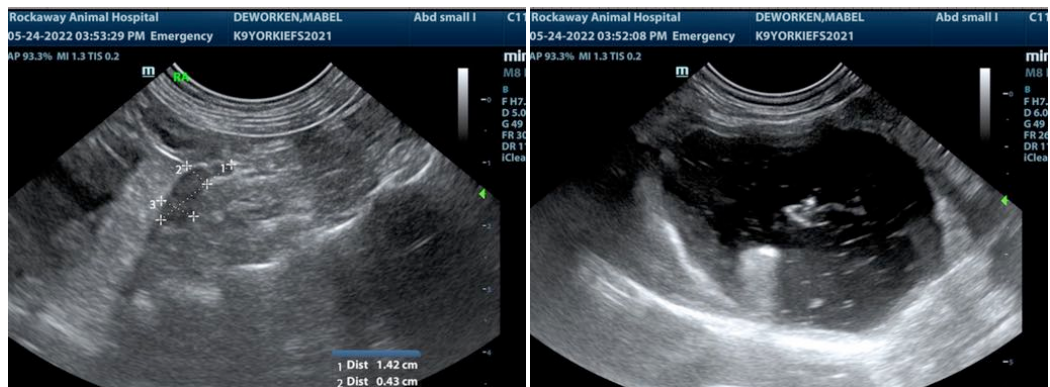
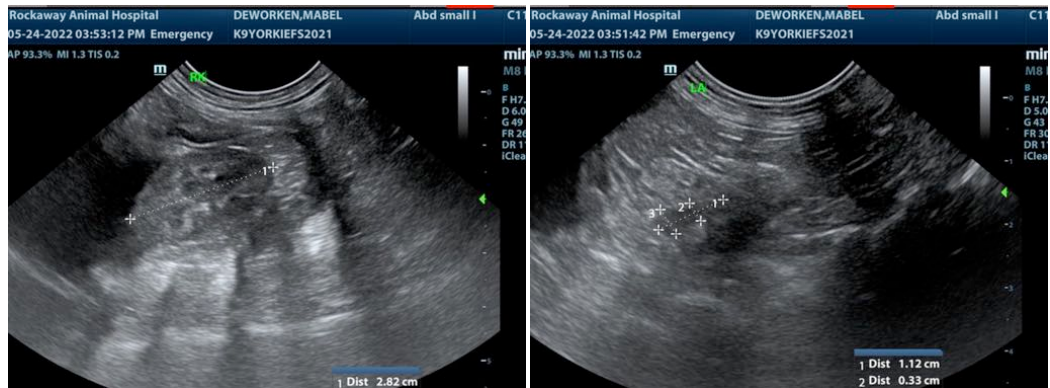
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Mabel Deworken

SPECIES

Canine

BREED

Yorkie

SEX

Spayed Female

AGE

1 year

WEIGHT

5.6 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.

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