



PATIENT PRESENTING CLINICAL SIGNS

Mia Estep Vomiting. Diarrhea. Anorexia. Rule out pancreatitis / gastroenteritis. Patient was tender over the stomach and upper abdomen on scanning.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

American Staffordshire Terrier

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 were 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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 6.87 cm. The left kidney measured 6.82 cm with pyelectasia. Pelvic calculi were noted up to 5.0 mm.

AGE

7 Months

Adrenal Glands

WEIGHT

17.5 kg

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 0.68 cm. The left adrenal gland measured 0.47 cm.

Spleen

INTERPRETED BY

Eric Lindquist, DMV

The **spleen** was folded upon itself caudally. Parenchyma was uniform.

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Dave Stasiuk, RDMS, RDCS

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.

HOSPITAL NAME

Resolution Vet
Ultraound Ltd

Gastrointestinal

REFERRING VET

Dr. Zhao

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. A mesenteric lymph node was mildly enlarged at 1.5 cm, reactive, likely juvenile lymphadenopathy.

INVOICE

37995

Pancreas

DATE

5/26/22

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.



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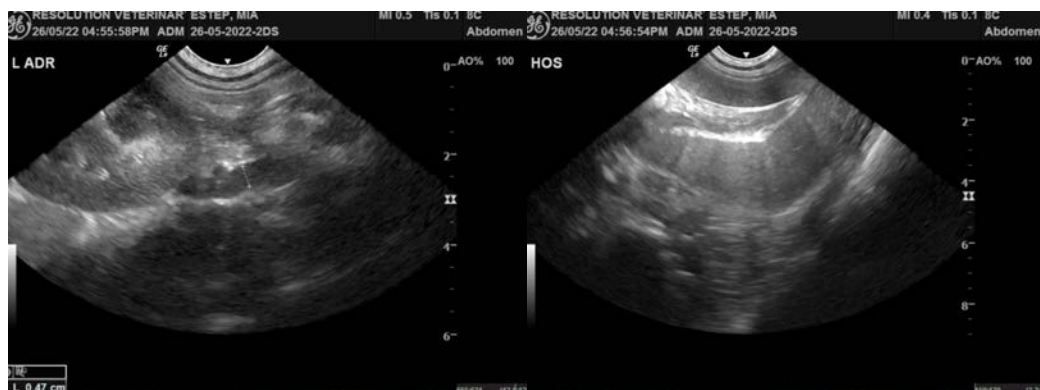
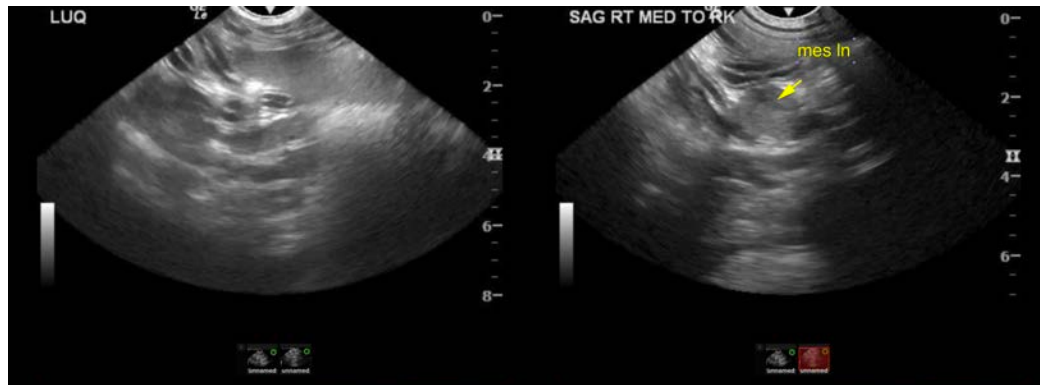
5/26/22

ULTRASONOGRAPHIC FINDINGS

- Full stomach, post-prandial presentation
- Minor left renal pyelectasia and pelvic calculi
- Juvenile lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for UTI indicated. If the patient was NPO at the time of the sonogram, then delayed outflow may be an issue. No overt obstruction noted. However, minor dilated small intestine was present with empty small intestine. Fecal test warranted to assess for worm burden that may be playing a role in this present.





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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

info@SonoPath.com