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Clinical Sonography & Telecytology
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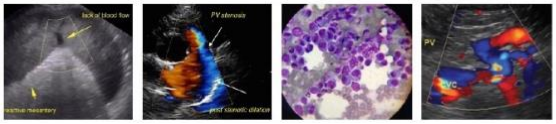


THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Charlotte Pells

SPECIES

Canine

BREED

Norfolk Terrier

SEX

Spayed Female

AGE

5 Years

WEIGHT

5.8 kg

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

15821

DATE

5/30/22

PRESENTING CLINICAL SIGNS

History: Heart murmur grade 3/6 systolic. Looking to screen for anesthetic. Abdomen - pre-surgical screen for suspected abdominal hernia which seems to be growing. Nexgard spectra monthly. Abnormal PE/Chem/CBC/UA Results: Hematocrit 0.58(0.38-0.57) Lymph 1.0(1.1-5.0)Platelets 108(143-448) Platelet morphology normal. Chemistry WNL.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 3.52 cm. The right kidney measured 3.69 cm. Slight mineralizations were noted in both kidneys.

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 right adrenal gland measured 1.51 cm x 0.53 cm at the caudal pole and 0.67 cm at the cranial pole. The left adrenal gland measured 2.27 cm x 0.48 cm at the caudal pole and 0.52 cm at the cranial pole.

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 were noted.

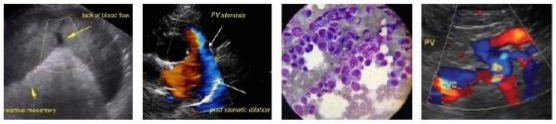
Liver

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.

Gastrointestinal

A minor amount if ingesta was noted in the **stomach**. A portion of intestine appeared to be herniated into the subcutaneous space. This would explain the growing aspect of the hernia as it would grow based on intestinal content. The gastrointestinal tract was unremarkable otherwise.

Pancreas



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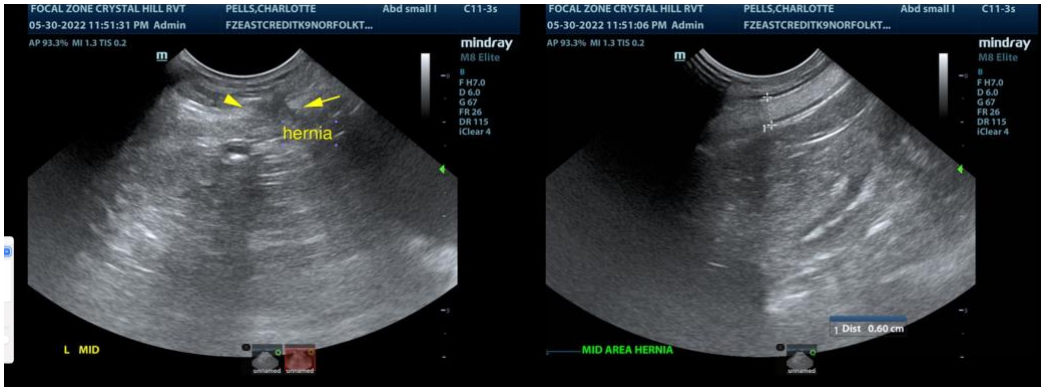
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

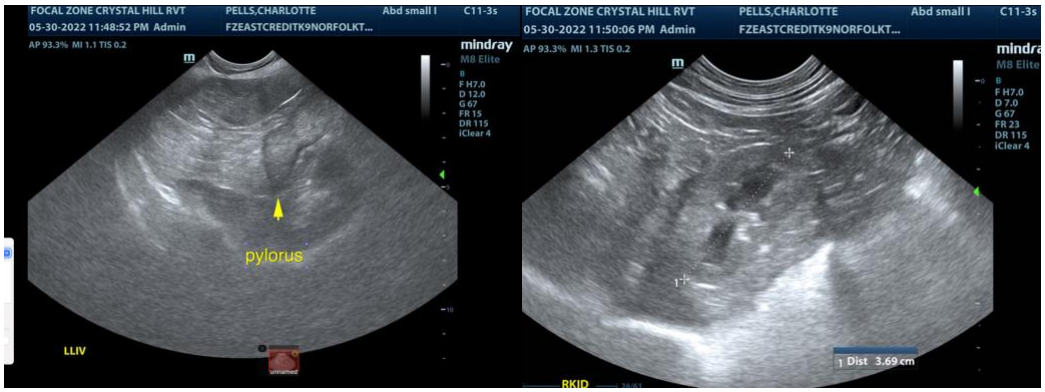
ULTRASONOGRAPHIC FINDINGS

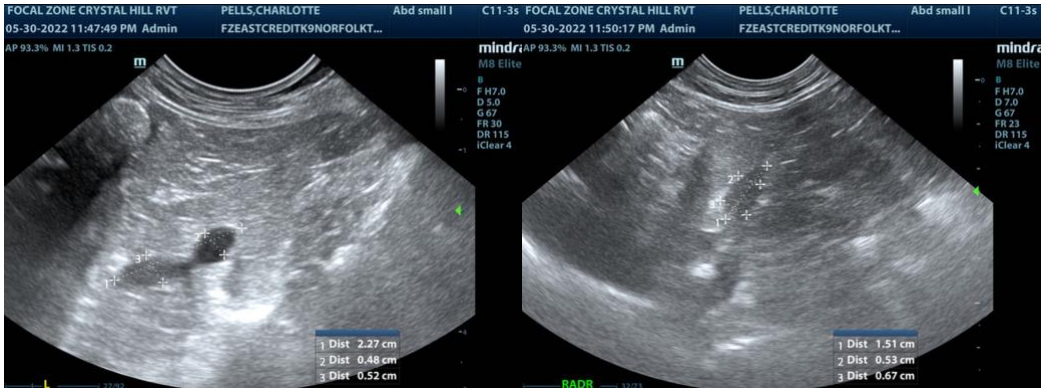
- Slight renal mineralizations
- Stomach ingesta
- Herniated intestine

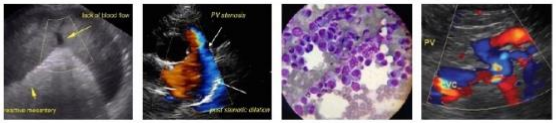
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intestinal herniation was only visible in one view, however, the hernia itself measured approximately 1.0 cm in length and the intestine may be periodically herniated and not persistent.









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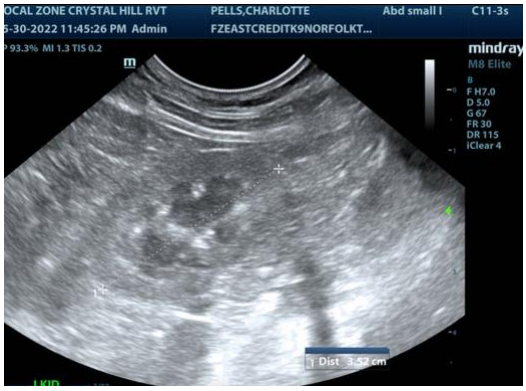

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Eric.Lindquist@SonoPath.com