



PATIENT

Tysen Floccari

SPECIES

Canine

BREED

Jug

SEX

Neutered male

AGE

8 years

WEIGHT

30.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VC

REFERRING VET

Dr. Milot

INVOICE

30146

DATE

5/4/22

PRESENTING CLINICAL SIGNS

History: vomiting since last Thursday, no interest in food/water, unable to keep anything down, did not vomit when given Cerenia, possible FB vs Gastritis
Abnormal PE/Chem/CBC/UA Results: BW pending, xrays attached

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction. 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.

The **kidneys** were normal in size and contour, yet hyperechoic medullary rim sign. If the patient is a diabetic then this would be consistent with diabetic nephropathy. The right kidney measured 5.68 cm. The left kidney measured 5.72 cm.

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 1.59 x 0.62 cm at the cranial pole and 0.41 cm at the caudal 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 was 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 revealed a minor amount of debris.

Gastrointestinal

Severe gastric stasis is noted. The pylorus in this patient revealed a 4.0 cm ovoid pyloric structure. The small intestine and colon were unremarkable and empty. The small intestine and colon were unremarkable.



PATIENT

Pancreas

Tysen Floccari

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

Pyloric obstruction.

Jug

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Power Doppler assessment of the structure is recommended. If negative then this would be most consistent with foreign body. If power Doppler is positive for flow then polypoid mass is possible.

Neutered male

AGE

8 years

WEIGHT

30.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VC

REFERRING VET

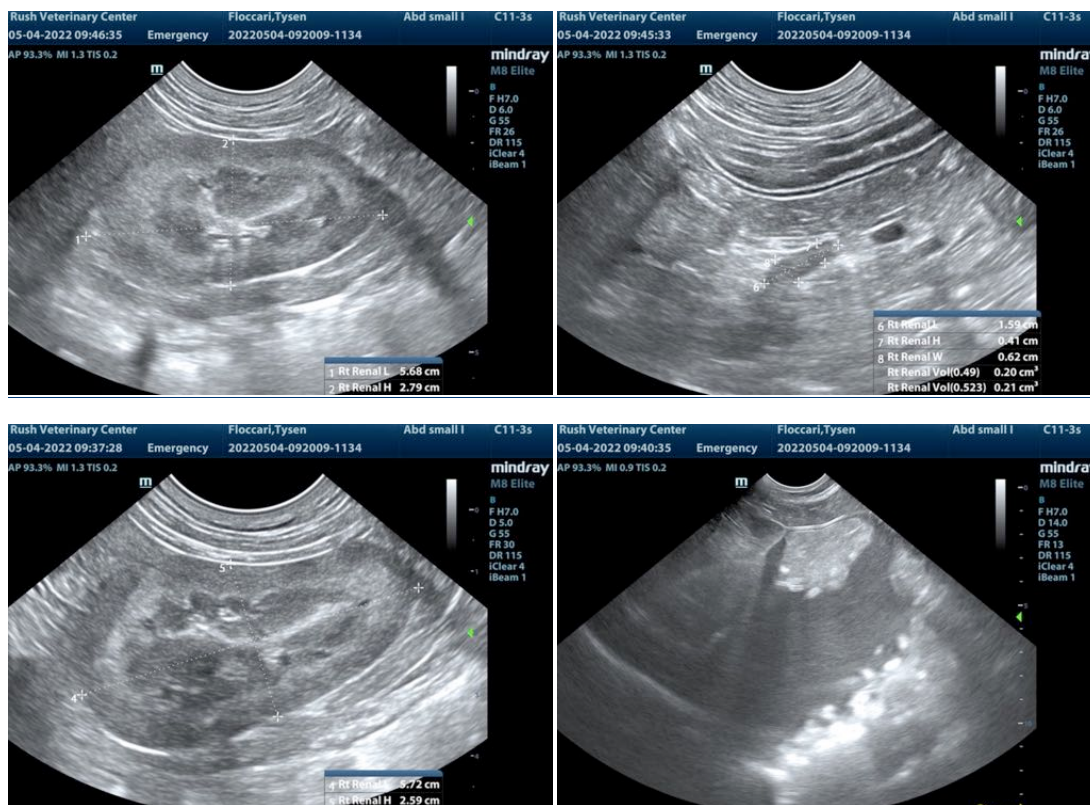
Dr. Milot

INVOICE

30146

DATE

5/4/22





PATIENT

Tysen Floccari

SPECIES

Canine

BREED

Jug

SEX

Neutered male

AGE

8 years

WEIGHT

30.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VC

REFERRING VET

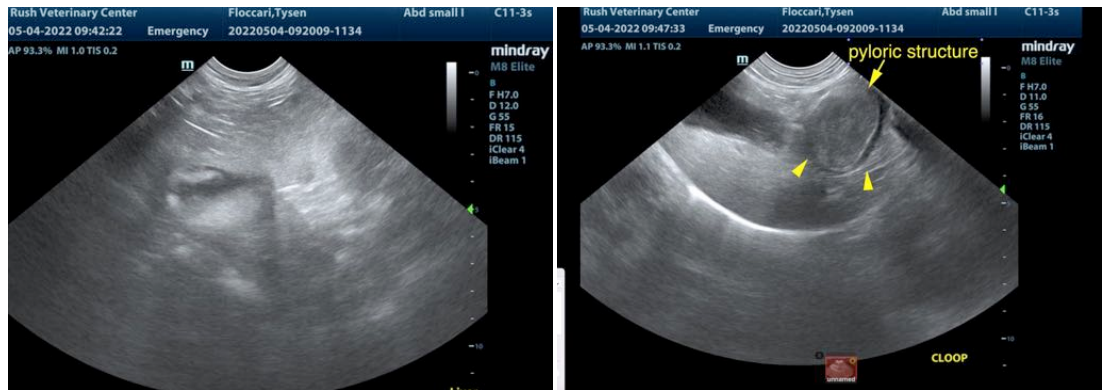
Dr. Milot

INVOICE

30146

DATE

5/4/22



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