

PATIENT

Delilah Naidu

SPECIES

Canine

BREED

Mixed Breed

SEX

Spayed Female

AGE

5 Years

WEIGHT

18.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Judy Schroeder

HOSPITAL NAME

Animal Health Associates

REFERRING VET

Dr. Judy Schroeder

INVOICE

38919

DATE

6/20/22

PRESENTING CLINICAL SIGNS

Patient had US in May after several episodes of vomiting blood. Patient was treated with Azithromycin, Omeprazole, Sucralfate, and prn Cerenia for 3 weeks, and diet was changed from chicken base to turkey and pork based. This is a follow up US to assess. Clinically patient is doing well.
Abnormal PE/Chem/CBC/UA Results: Mild increase in Spec cPL at 244 ug/l. Chem and CBC 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 3.0 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 right kidney measured 4.34 cm. The left kidney measured 4.57 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 left adrenal gland measured 0.44 cm at the caudal pole and 0.45 cm at the cranial pole. The right adrenal gland measured 0.44 cm at the caudal pole and 0.36 cm at the cranial pole.

Spleen

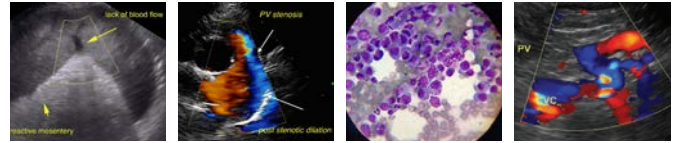
The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or 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

The **stomach** has normalized in this patient. A minor amount of fluid is noted, yet gastric and mucosal wall appears to be quiescent. 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.



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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.

SPECIES

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ULTRASONOGRAPHIC FINDINGS

- Normalized gastric presentation

BREED

Mixed Breed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of progression. Regression of the prior changes evident. Once protocol has been finished over a 3 week period, then recommend continuing the current dietary protocol. GI protectants and antibiotics can be stopped at that time.

SEX

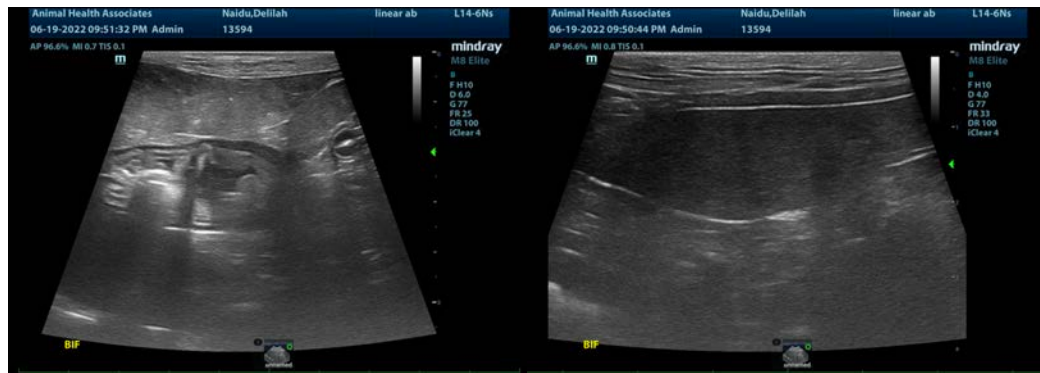
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AGE

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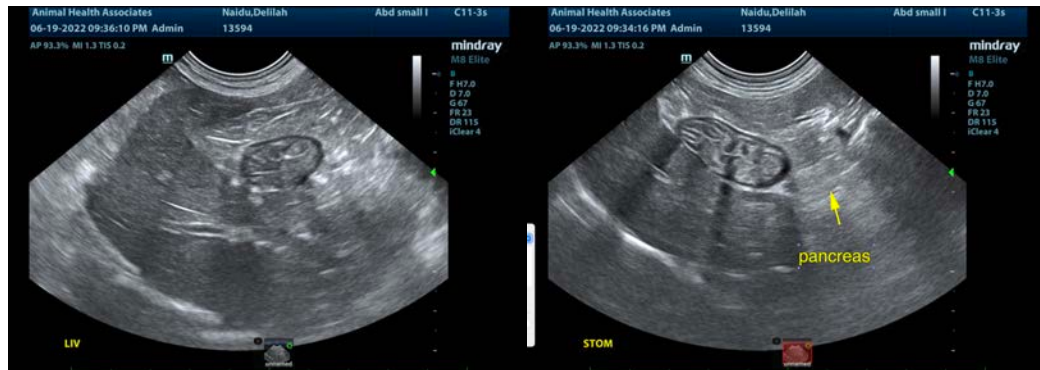
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Eric Lindquist, DMV



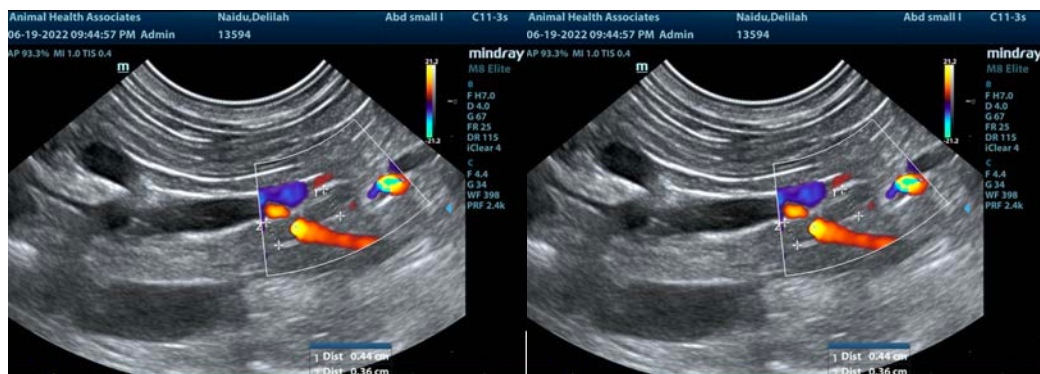
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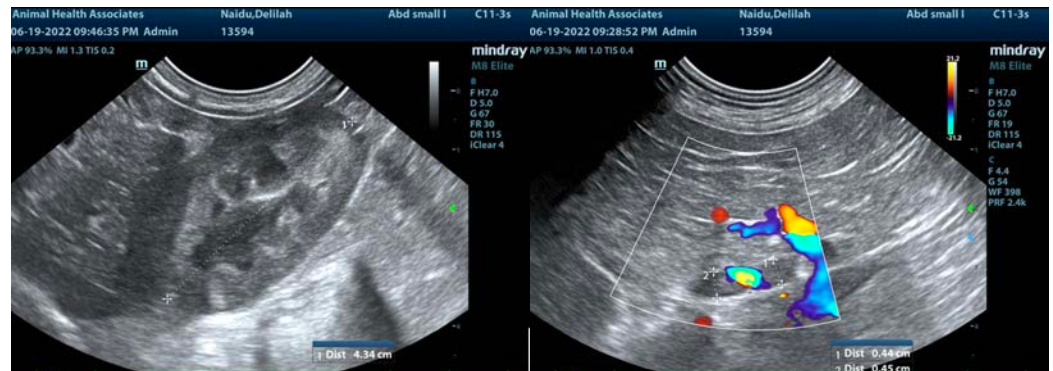
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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