



**PATIENT**

Mira Fly Away Home

**PRESENTING CLINICAL SIGNS**

History: recheck fasted suspect PLE/obstruction based on bw

**SPECIES**

Canine

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Pit Mix

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 7.07 cm. The left kidney measured 7.0 cm.

**AGE**

4 years

**WEIGHT**

29.5 lbs

**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 0.8 cm at the cranial pole and 0.4 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Jenn

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.

**HOSPITAL NAME**

Rockaway AH

**Liver**

**REFERRING VET**

Dr. Harrs

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**

47982

**DATE**

6/27/23



**PATIENT**

**Gastrointestinal**

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The stomach was over distended with chyme. Areas of mucosal fogging was noted in the small intestine. The small intestine was empty. The colon was very full.

**SPECIES**

Canine

**Pancreas**

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.

**BREED**

Pit Mix

**SEX**

Spayed female

**Free Abdomen**

A trace amount of free fluid was noted in the abdomen.

**AGE**

4 years

**Thorax**

A slight amount of free fluid was noted in the thorax.

**WEIGHT**

29.5 lbs

**ULTRASONOGRAPHIC FINDINGS**

Very full stomach and colon.

Empty small intestine.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Persistent delayed outflow pattern was noted in this patient. If the patient was n.p.o. at the time of the sonogram then exploratory surgery is recommended. The free fluid noted on the prior sonogram appears to be less than prominent, yet minimally present. If the albumin level is < 1.5 then free fluid would be justified. However, I cannot justify the delayed outflow gastric pattern. Some level of obstruction or pyloric dysfunction is expected.

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**REFERRING VET**

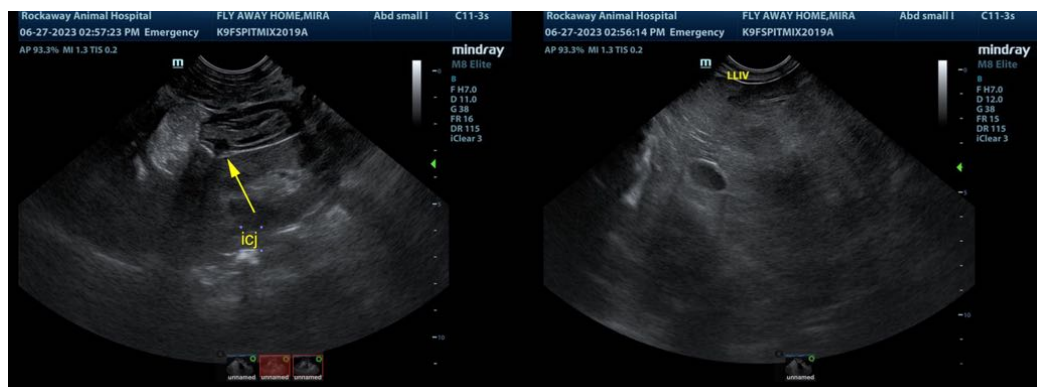
Dr. Harrs

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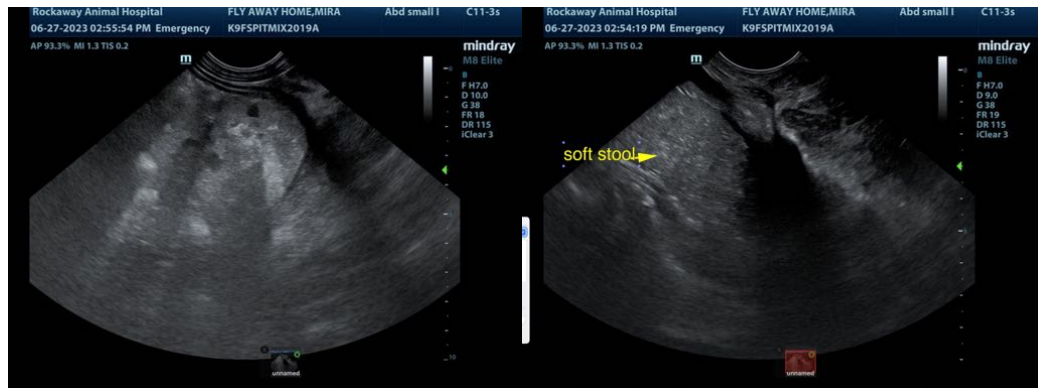
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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