



PATIENT PRESENTING CLINICAL SIGNS

Roxie Lisi

Presented for increased respiratory effort and lethargy. Di thorax/abd rads: thorax - either age-related or chronic bronchitis (allergic vs infectious). Abd - normal rads. Started clavamox for UTI (sensitive per culture). Owner called back yesterday and stated pt very lethargic, not eating, and swelling on limbs. Repeated bw revealed worsening lowered albumin. No swelling noted on limbs during exam today.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Rottweiler

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 1.0 cm beyond the cystourethral junction.

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 left kidney measured 7.7 cm. The right kidney measured 7.0 cm.

AGE

7 Years

WEIGHT

93 Pounds

Adrenal Glands

The **adrenal glands** were not visualized.

INTERPRETED BY

Eric Lindquist, DMV

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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Giuliani

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.

HOSPITAL NAME

The Pet Hospital of Stratford

REFERRING VET

Dr. Giuliani

Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

DATE

6/28/23

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.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Roxie Lisi • Structurally unremarkable abdomen

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine

Given the clinical profile, assessment for proteinuria warranted. Screening for Addison's warranted. If no significant proteinuria is present and the patient is not Addisonian, then protein loss through the GI tract via lymphangiectasia is likely. There is no direct relationship between the clinical signs and any visceral disease unless the patient is Addisonian. Echocardiogram and chest radiographs warranted if not already performed as well as thyroid assessment.

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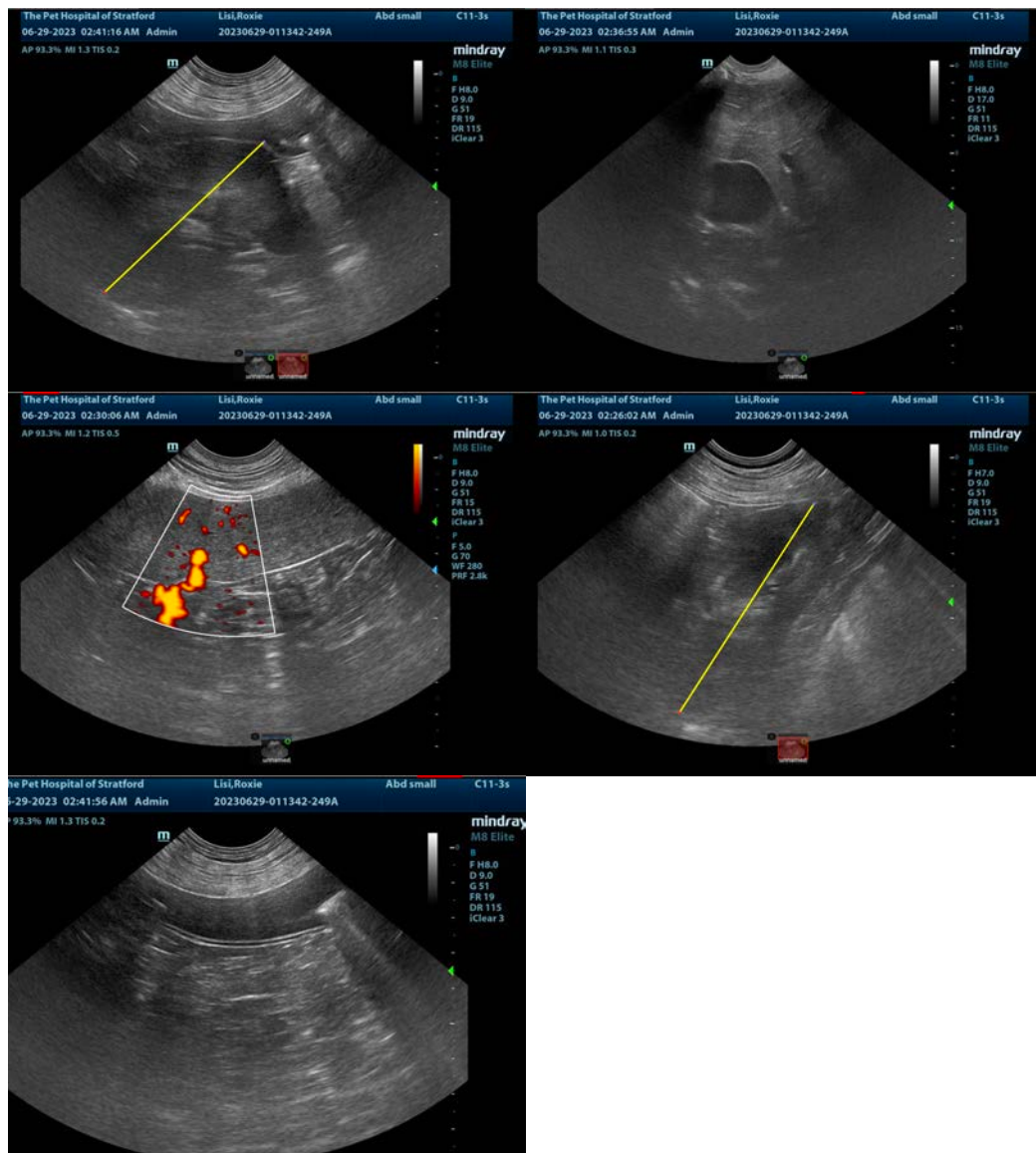
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PATIENT

Roxie Lisi

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.

SPECIES

Canine

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.

BREED

Rottweiler

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

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