

PATIENT

Taco Fleshman

PRESENTING CLINICAL SIGNS

History: History regurgitation and vomiting x ~ 3 weeks. Previous hospitalization with supportive care with no improvement. Unable to keep food down since yesterday.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Mixed

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 prostate was uniform, measuring 1.14 cm.

SEX

Neutered Male

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. Slight pinpoint mineralizations noted. The left kidney measured 5.72 cm. The right kidney measured 5.72 cm.

AGE

5 Years

Adrenal Glands

WEIGHT

17.7 kg

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 0.48 cm at the caudal pole and 0.44 cm at the cranial pole.

INTERPRETED BY

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

Spleen

The **spleen** revealed a focal hypoechoic nodule, measuring 0.26 cm. Other subtle micronodular changes were noted in the spleen.

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Angell AMC

Gastrointestinal

The **stomach** was dilated with fluid and overdistended with gas. Gas accumulation was noted in the pylorus at the time of the sonogram. Hyperparastalsis was noted in the stomach and the upper gastrointestinal tract. Soft stool was noted in the colon.

REFERRING VET

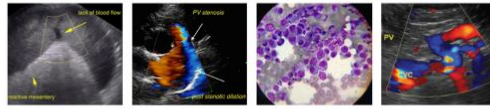
Hyungjeung Park,
DVM

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.

INVOICE

16486



PATIENT

Free Abdomen

Taco Fleshman

The mesenteric **lymph nodes** (up to 0.46 cm) presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Micronodular splenic changes
- Gastritis pattern- no evidence of foreign body obstruction

BREED

Mixed

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

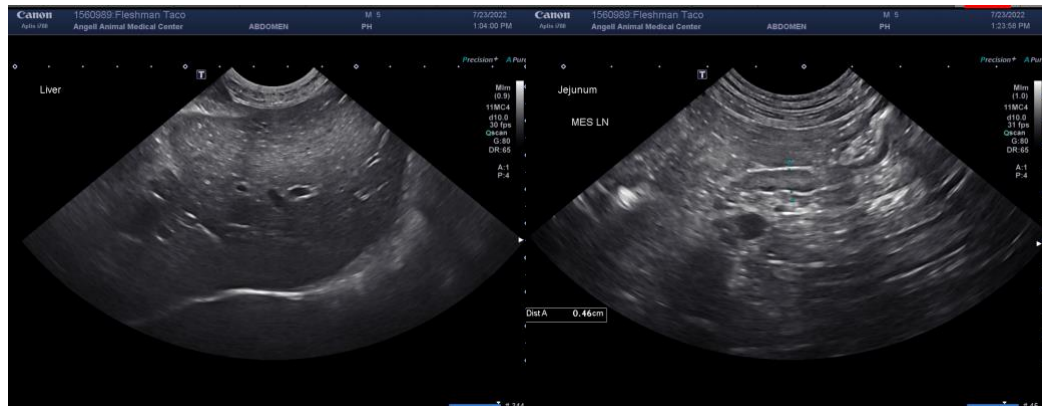
SEX

Neutered Male

Splenitis, reactive spleen, round cell neoplasia are all possible. FNA, cytology and culture are indicated. 24-hour NPO and treatment for gastritis is indicated. Non-specific gastrointestinal upset. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

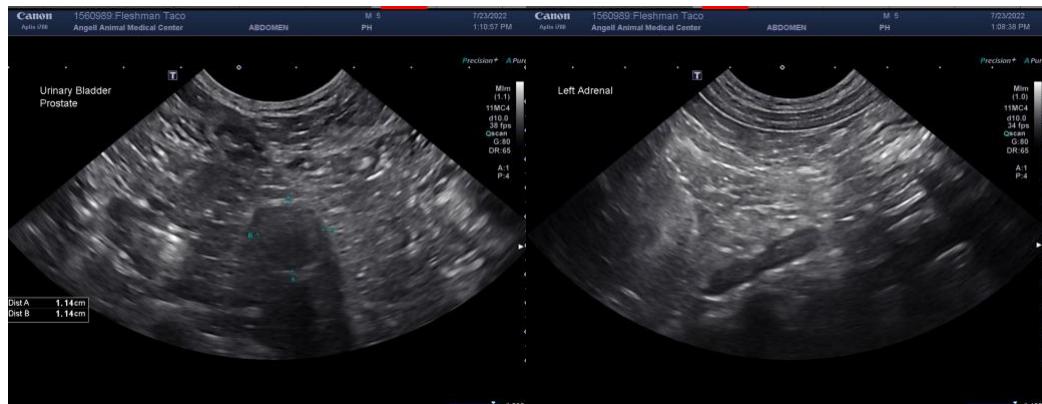
AGE

5 Years



WEIGHT

17.7 kg



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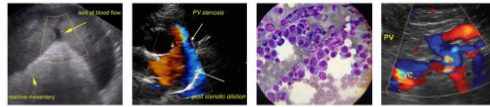
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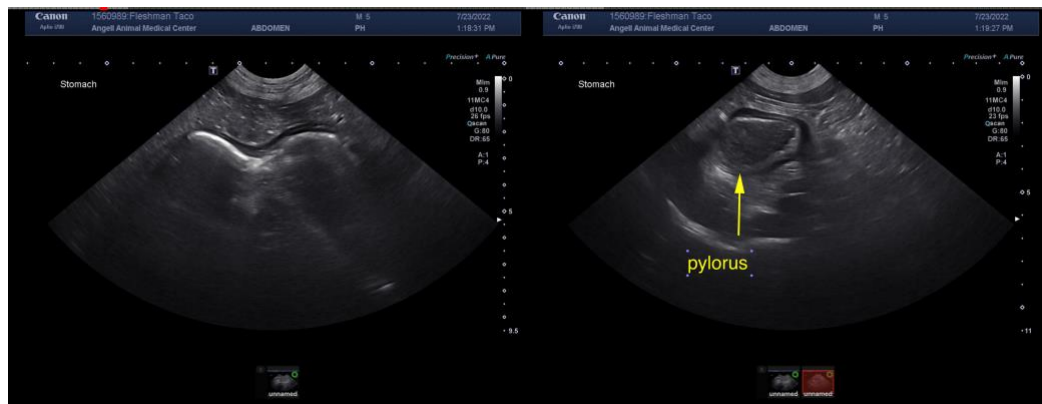
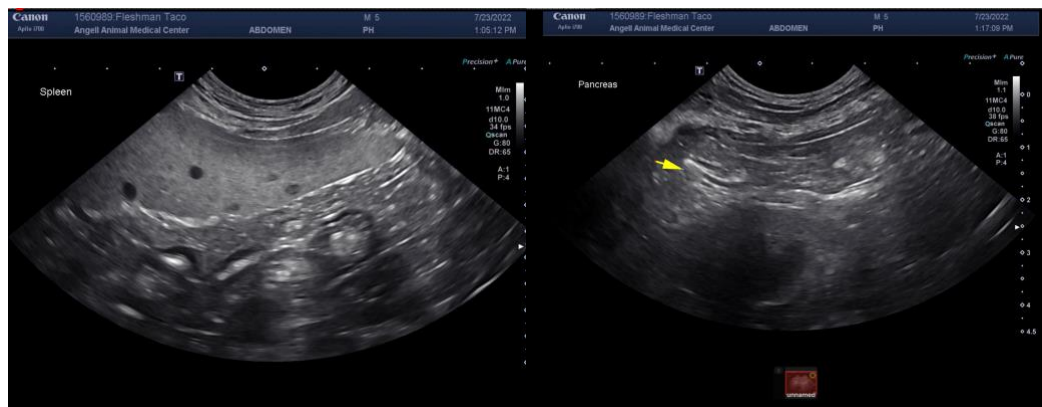
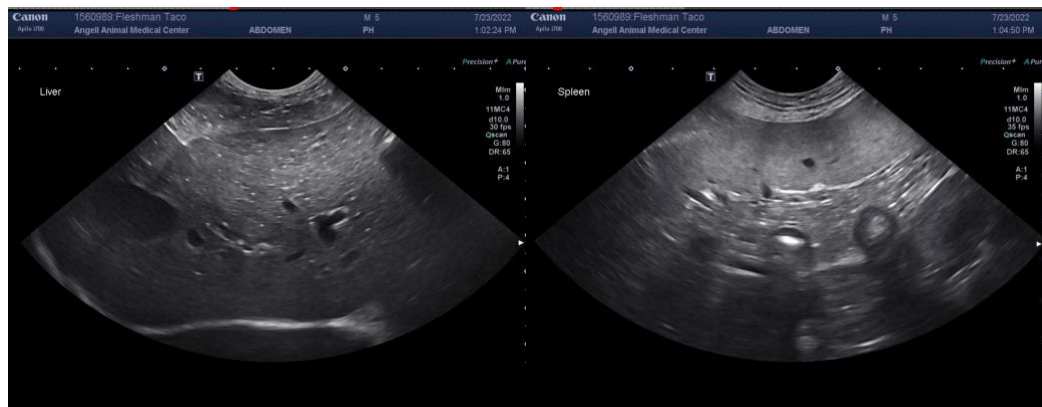
Angell AMC

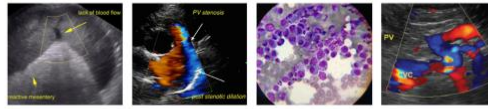
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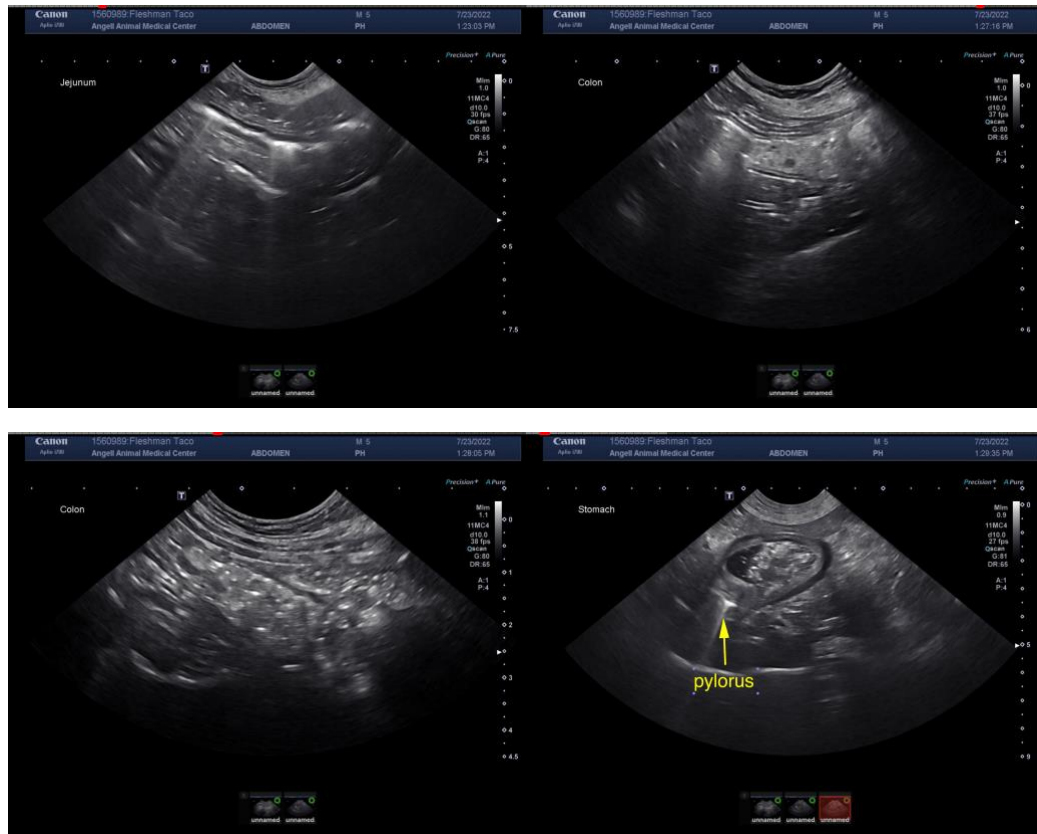
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AGE

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WEIGHT

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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.

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