



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Lody Soliman Patient was presented today for acting lethargic not eating bloody diarrhea and vomiting since yesterday

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: cbc wnl chem : mild alt (184), ggt (12)elevation xray was unremarkable

BREED

Shih Tzu

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Intact Male

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.

AGE

1 Year

The prostate was uniform at 2.0 cm, no evident pathology.

WEIGHT

7

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 3.0 cm.

INTERPRETED BY

Eric Lindquist, DMV

Adrenal Glands

The **adrenal glands** were not visualized.

DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Dr. Samuel Gabriel

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.

HOSPITAL NAME

Central Jersey AH

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.

REFERRING VET

Dr. Samuel Gabriel

INVOICE

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Gastrointestinal

DATE

7/29/23

Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was unremarkable. Reactive mesentery noted associated with the small intestine. Reactive mesenteric lymph nodes noted.



PATIENT

Pancreas

Lody Soliman

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

Shih Tzu

- Structurally unremarkable abdomen with non-specific gastroenteritis and likely reactive hepatopathy

SEX

Intact Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

AGE

1 Year

WEIGHT

7

INTERPRETED BY

Eric Lindquist, DMV

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IMAGING PERFORMED BY

Dr. Samuel Gabriel

HOSPITAL NAME

Central Jersey AH

REFERRING VET

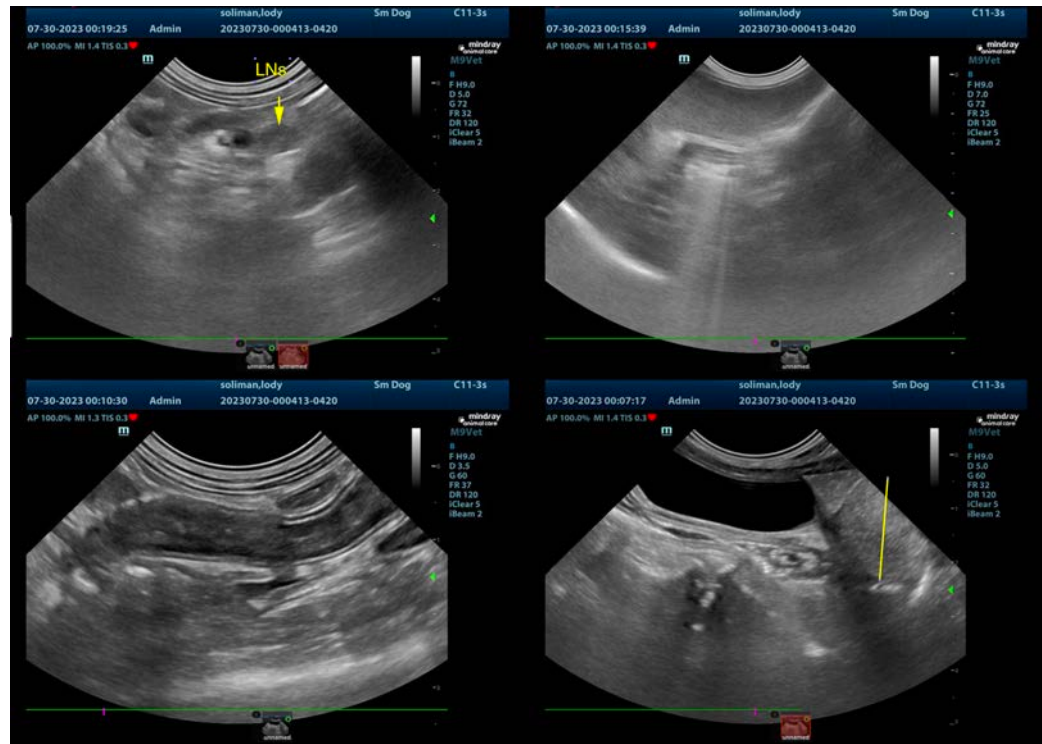
Dr. Samuel Gabriel

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DATE

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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.

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