



PATIENT **PRESENTING CLINICAL SIGNS**

Raven Alvarez

History: Patient presented with an acute history of inappetence for about 5-7 days. She vomits everything she eats, diarrhea and straining to urinate. She urinates small amounts, dribbling. Urinary bladder was enlarged upon cystocentesis sample collection and urine had normal appearance. .
UA: blood, leukocytosis, proteinuria, SpG: 1.019 **CBC:** neutrophilia **Chem:** increased BUN, hypercalcemia and increased lipase

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

17 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Alvarado

HOSPITAL NAME

Ramey VH

REFERRING VET

Dr. Alvarado

INVOICE

75951

DATE

7/6/23

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The visible **urinary bladder** was largely unremarkable. However, there was a thickening of the cystourethral junction. Further imaging is necessary (depth was excessive).

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. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.4 cm. The left kidney measured 5.4 cm with minor pyelectasia.

Adrenal Glands

The **adrenal glands** were not visualized.

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 was 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. Transdiaphragmatic view revealed comet tail lung pattern.

Gastrointestinal

The **stomach** was mildly thickened in this patient with hypertrophied muscularis and an empty lumen. The small intestines and colon were unremarkable. The mesentery was mildly enhanced.



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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.

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ULTRASONOGRAPHIC FINDINGS

BREED

Labrador Retriever

Mild gastric thickening.

Potential thickening at the cystourethral junction, yet not well visualized.

SEX

Spayed female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chest radiographs are warranted to assess for thoracic disease. Further imaging of the pelvic urethra and cystourethral junction is recommended as resolution was poor.

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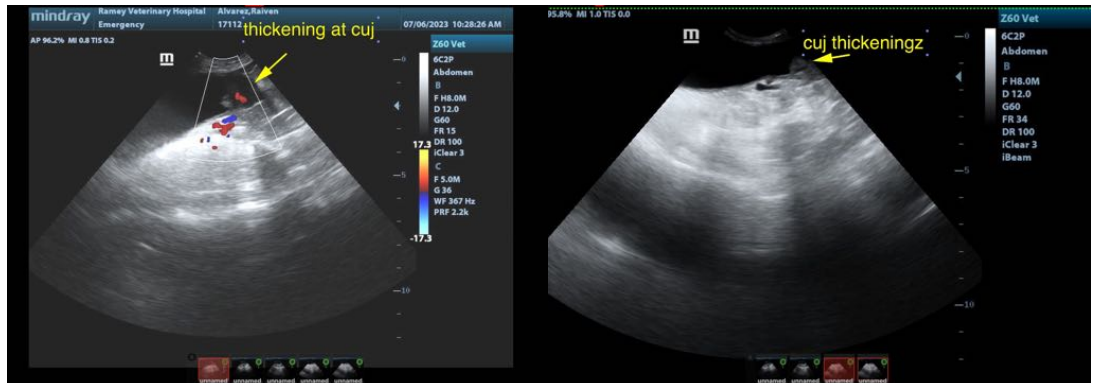
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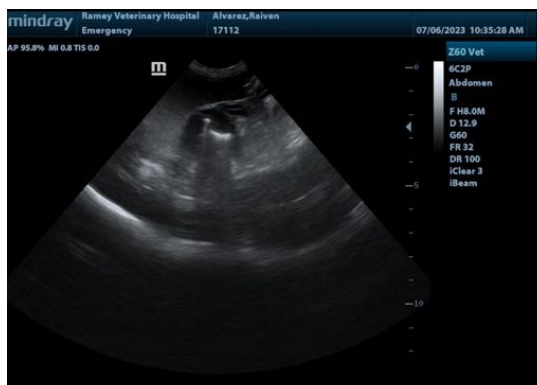
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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