



PATIENT

Hautee Damant

SPECIES

Canine

BREED

Whippet

SEX

Female

AGE

13 Years

WEIGHT

34.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

North Warren AH

REFERRING VET

Dr. Bociulis

INVOICE

23188

DATE

7/7/23

PRESENTING CLINICAL SIGNS

History: V+ on cerenia, unable to hold down anything. Suspicious focal dilation of intestinal loop. Hx of colitis. Mass removal R submandibular area on Monday. Current meds: IVF, Ampicillin, Famotidine, Cerenia

Abnormal PE/Chem/CBC/UA Results: mild elevated CPL otherwise wnl.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some mild age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.76 cm. The right kidney measured 6.27 cm.

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 left adrenal gland measured 1.74 cm x 0.55 cm at the cranial pole and 0.52 cm at the caudal pole. The right adrenal gland measured 2.04 cm x 0.87 cm at the cranial pole and 0.69 cm at the caudal pole.

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.

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.

Gastrointestinal

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 intestine demonstrated



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normal luminal chyme. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted. Soft stool was noted in the colon.

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Pancreas

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Minor heterogenous **pancreatic** changes were note din the right limb. No overt evidence of inflammation.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Soft stool in the colon. Resolving gastroenteritis. No evidence of foreign body.
- Minor heterogenous right pancreatic limb.
- Age-related renal changes

Whippet

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Female

No evidence of neoplasia. Supportive care should prove effective. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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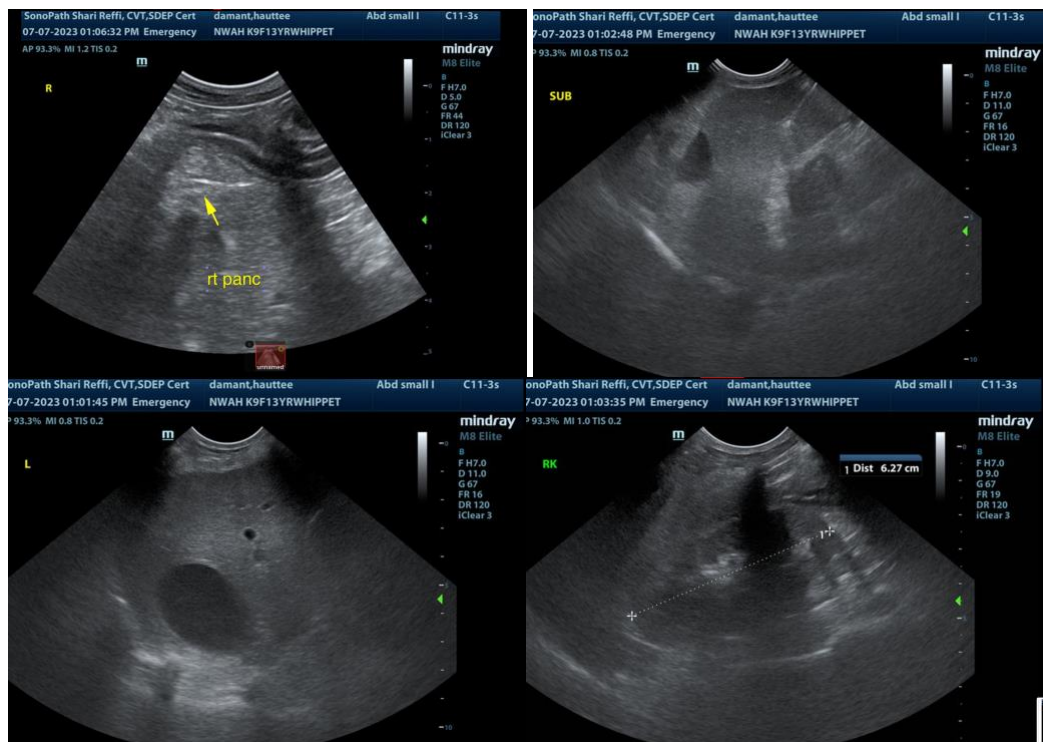
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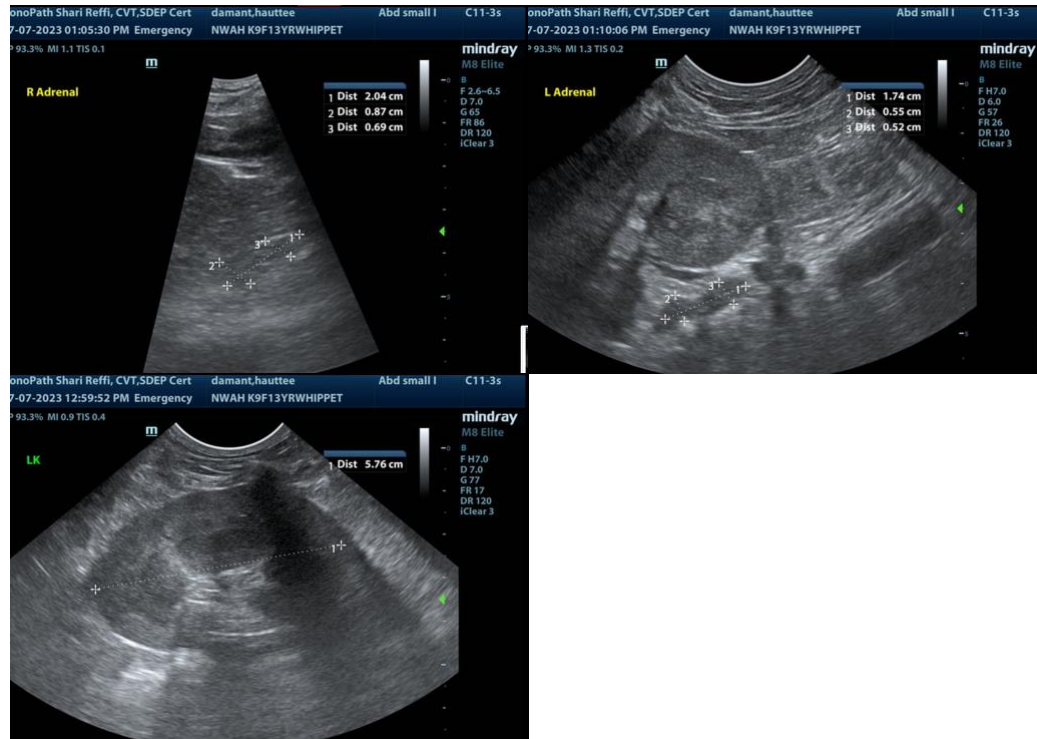
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com