

PATIENT PRESENTING CLINICAL SIGNS

PATIENT Red Provost
SPECIES Canine
BREED Rhodesian Ridgeback
SEX Intact male
AGE 4 months
WEIGHT 35 lbs

History: presented for vomiting, decreased appetite. Started BIPS series yesterday- did not move yesterday but is in the colon today. Also suspect aspiration pneumonia. On cefazolin, ampicillin, metronidazole, carprofen. R/O FB vs other

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 was noted. Ureteral papillae were normal.

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 6.91 cm. The right kidney measured 7.47 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 1.97 x 0.47 cm at the caudal pole and 0.43 cm at the cranial pole. The right adrenal gland measured 2.7 x 0.51 cm at the caudal pole and 1.35 cm at the cranial 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 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.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden, RVT

HOSPITAL NAME

Ramapo Valley AH

INVOICE

91541

DATE

8/27/21



PATIENT *Gastrointestinal*

Red Provost The **stomach** revealed minor retention of ingesta in the pyloric outflow. The small intestine and colon were unremarkable with hyperperistalsis.

SPECIES

Canine

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.

BREED

Rhodesian Ridgeback

SEX

Intact male

ULTRASONOGRAPHIC FINDINGS

Hyperperistaltic small intestine. This is consistent with enteritis.

AGE

4 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of foreign body. Supportive care should prove effective.

WEIGHT

35 lbs

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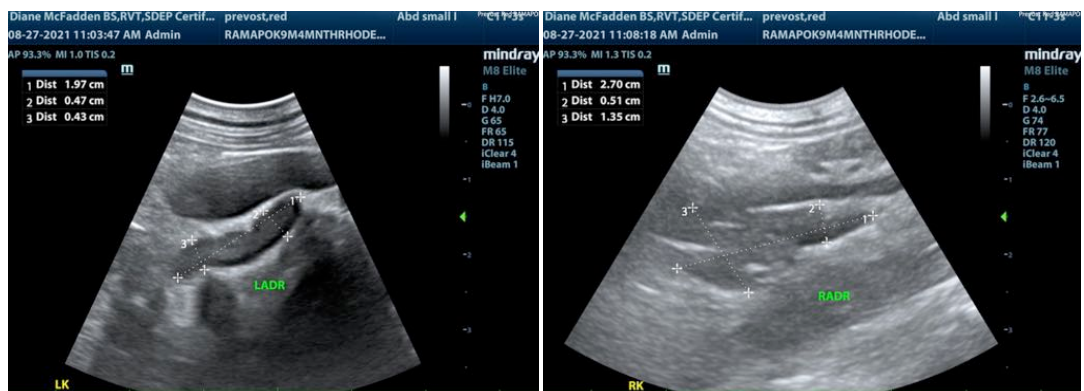
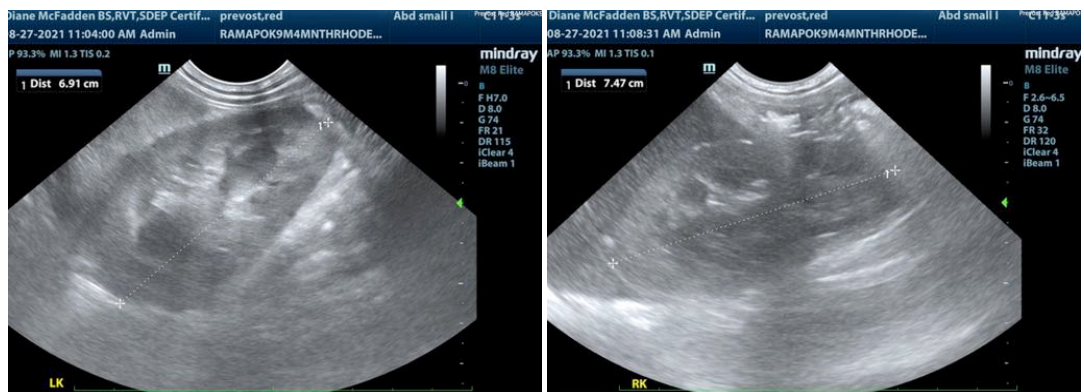
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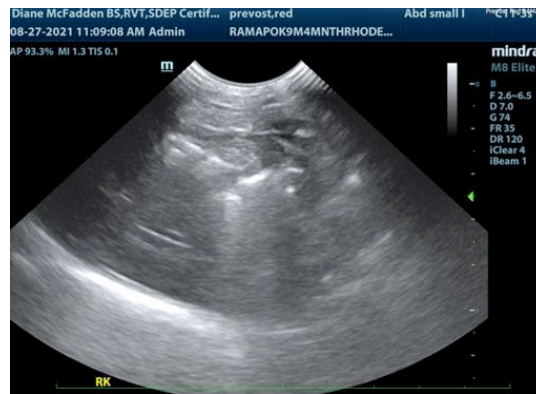
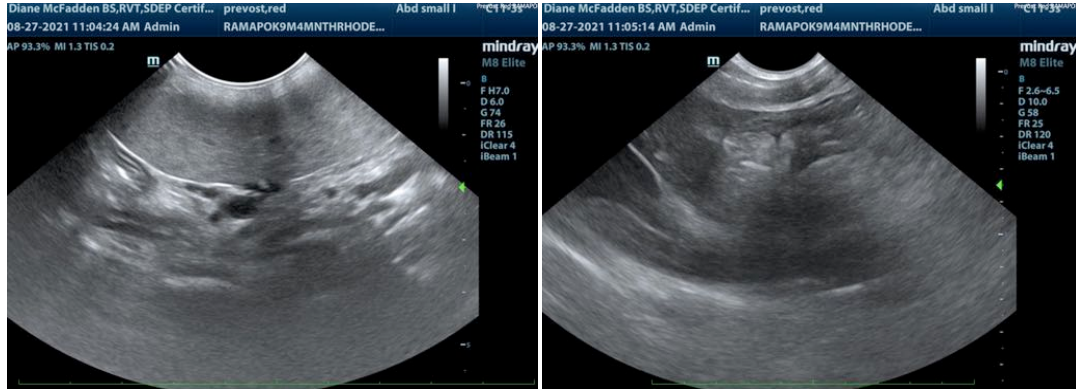
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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