



**PATIENT**

Sophie Mollman

**SPECIES**

Canine

**BREED**

Mix

**SEX**

Spayed Female

**AGE**

1 Year

**WEIGHT**

22 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Gillian Striano-Kaplan

**HOSPITAL NAME**

Ramsey Vet Hospital

**REFERRING VET**

Dr. Gillian Striano-Kaplan

**INVOICE**

25009

**DATE**

8/27/21

**PRESENTING CLINICAL SIGNS**

V started 8/23, Dehydrated on PE, suspected gastric FB on rads - supportive care given, fasted rads following morning - still suspicious for gastric FB - endoscopy negative - pt inappetent, diarrhea - started further supportive care - helpful, ate last night, back to lethargy and inappetance today; painful cranial abdominal palpation, mild dehydration

Abnormal PE/Chem/CBC/UA Results: WBC 18.81, Neut 16.8, RBC 9.08, HGB 22.2, HCT 65.3, Gluc 141, Chol 313, K+ 3.7, PLI normal, resting cortisol normal

**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 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 kidneys measured 4.0 cm each.

**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 0.4 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 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**

The **stomach** was dilated with fluid. The pylorus was patent. The gastric wall was mildly edematous. Soft stool/echogenic fluid filled colon noted. Reactive mesenteric lymph nodes noted.



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**Pancreas**

Sophie Mollman

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**

- Gastroenteritis

**BREED**

Mix

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

IV fluid support, 24-hour NPO, plasma expanders, treatment for enterotoxins or parasites all indicated. I recommend a fresh fecal smear and fecal floatation analysis. Recheck sonogram if the patient is not responding over the next 24-48 hours. No evidence of foreign body obstruction.

**SEX**

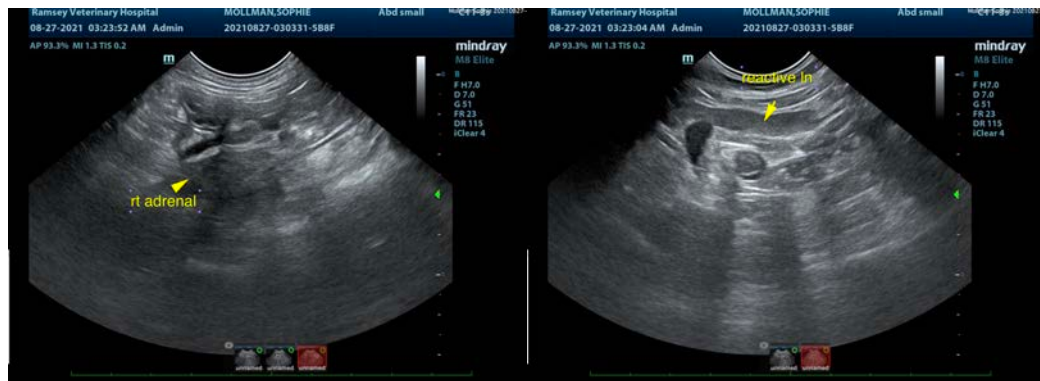
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**AGE**

1 Year

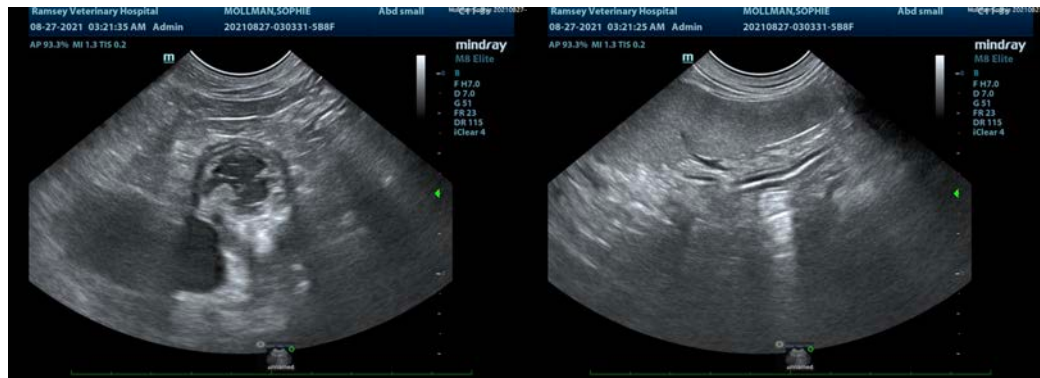
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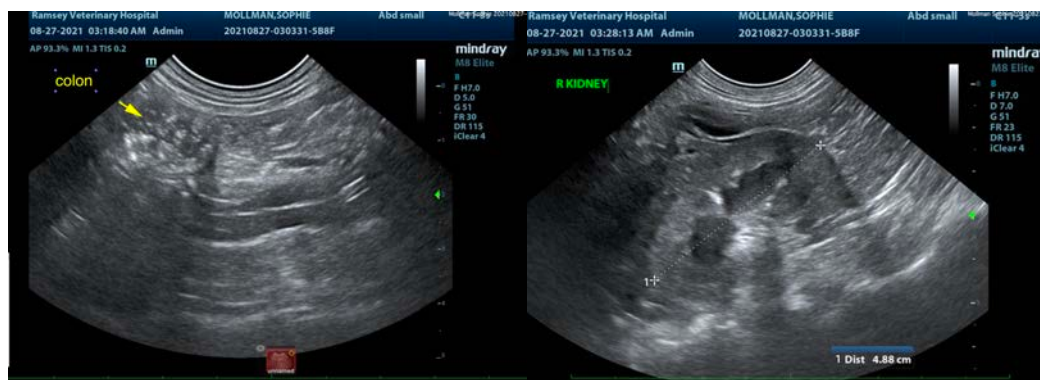


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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
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