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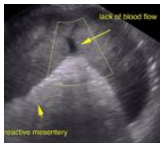
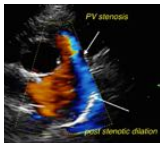
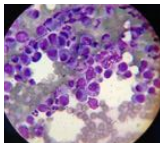
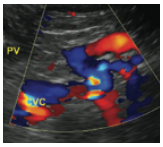

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1-800-838-4268 info@sonopath.com

PATIENT
Bombadil Chessler

SPECIES
Canine

BREED
Miniature Poodle

SEX
Neutered male

AGE
2 years

WEIGHT
11.8 lbs

INTERPRETED BY
Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Jack Reese

HOSPITAL NAME
Willow Run VC

REFERRING VET
Dr. Arnold

INVOICE
32706

DATE
9/1/22

PRESENTING CLINICAL SIGNS

History: Recurrent, frequent gastrointestinal symptoms at home - vomiting and diarrhea. Responsive to supportive care, but recurs frequently. Currently eating Royal Canin GI Low Fat
Abnormal PE/Chem/CBC/UA Results: Fecal negative Unremarkable bloodwork in April 2022 and August 2022 ACTH Stimulation WNL (August 2022) Texas A&M maldigestion panel WNL (August 2022)

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 right kidney measured 4.0 cm and the left kidney measured 4.2 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 0.42 cm at the caudal pole and 0.34 cm at the cranial pole. The right adrenal gland measured 0.96 cm at the cranial pole and 0.3 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.

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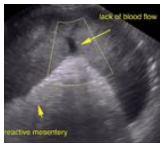
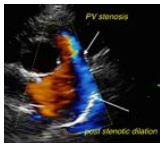
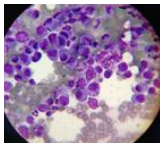
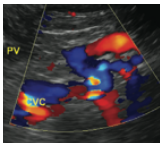

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Gastrointestinal

The **stomach** was filled with ingesta and was hyperperistaltic. The stomach was over distended with a delayed outflow pattern depending on when the patient ate prior to the sonogram. Chyme transit into the small intestine appeared to be occurring without significant difficulty. Mesenteric lymph node is enlarged and measured 1.0 cm.

Pancreas

The **pancreas** was hypoechoic and mildly irregular. Mild pericapsular fat was noted. This is suggestive for possible low-grade inflammation.

ULTRASONOGRAPHIC FINDINGS

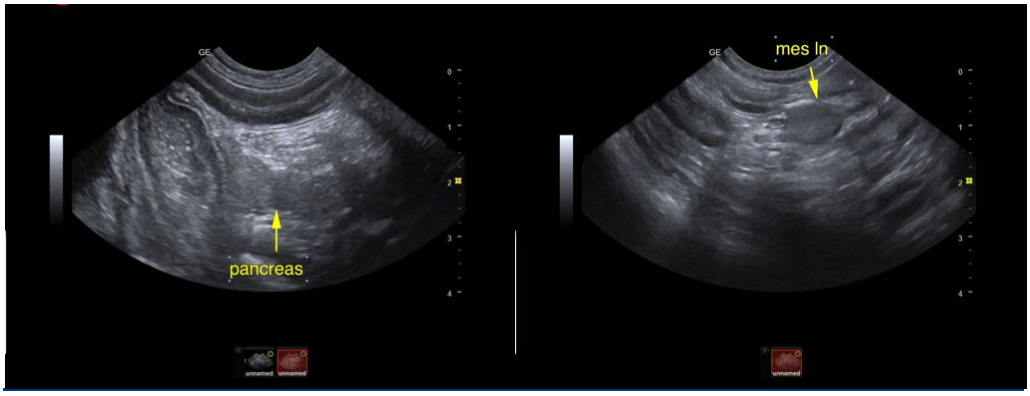
Full stomach, post prandial presentation or delayed outflow depending on when the patient ate prior to the sonogram. Delayed gastric outflow pattern.

Prominent pancreas, possible low-grade pancreatitis.

Otherwise, structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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



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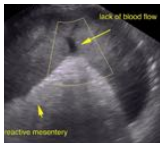

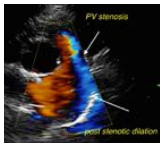

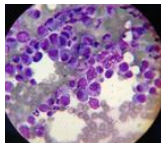
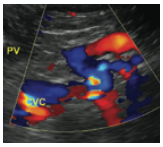

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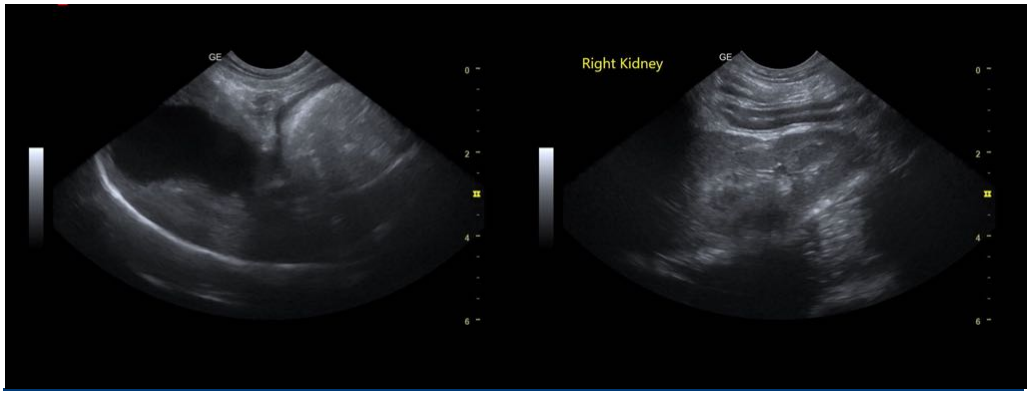

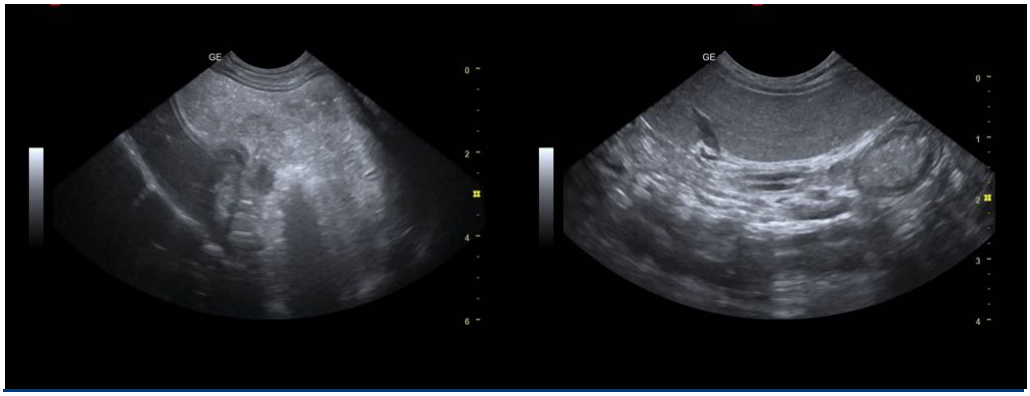

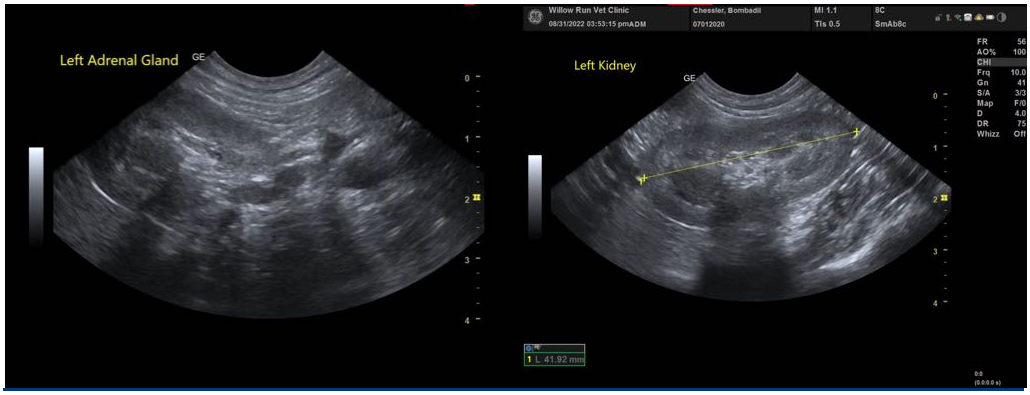

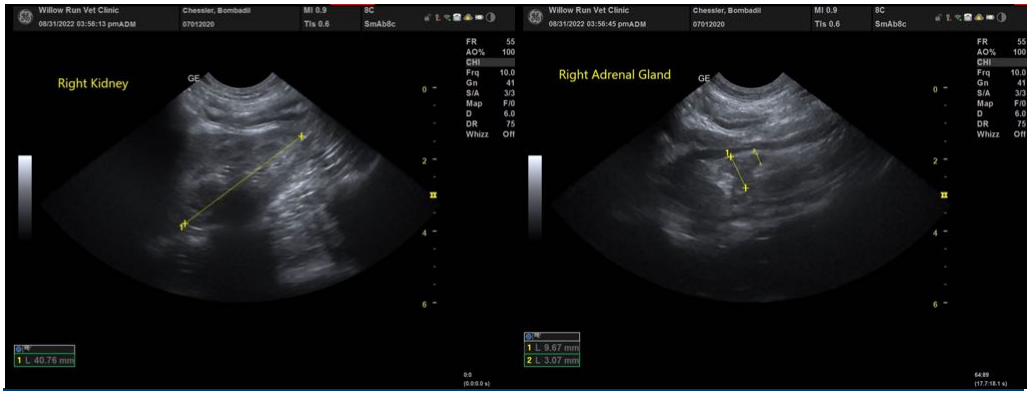

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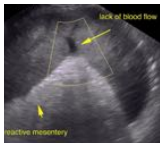
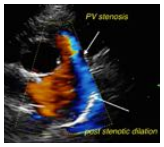
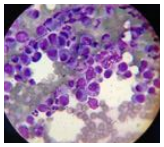
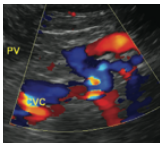

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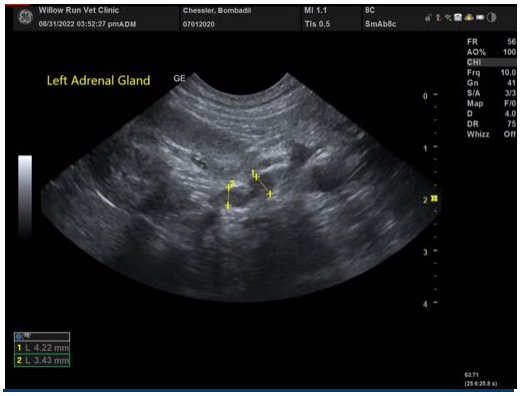

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
info@SonoPath.com