



PATIENT

Quint Bell

PRESENTING CLINICAL SIGNS

Consumed a metallic spring (did defecate out some of this); possible ingested a battery

SPECIES

Canine

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The prostate is uniform with no evident pathology, measuring 1.8 cm in width.

BREED

Rottweiler

SEX

Intact Male

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 7.93 cm. The left kidney measured 8.33 cm.

AGE

9 Months

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 3.08 cm x 0.44 cm at the caudal pole and 0.37 cm at the cranial pole. The right adrenal gland measured 2.56 cm x 1.2 cm at the cranial pole and 0.49 cm at the caudal pole.

WEIGHT

101 Pounds

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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.

IMAGING PERFORMED BY

Diane McFadden

Liver

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

Gastrointestinal

INVOICE

25296

The **pylorus** was patent and free of evident pathology. Reactive lymph nodes were noted around the stomach up to 2.0 cm. The gastric lumen was empty. Minor excessive GI gas noted. Some tortuosity to portions of the small intestine noted, yet no linear foreign body present. The colon was filled with hard stool.

DATE

9/10/21



PATIENT

Pancreas

Quint Bell

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

- Tortuous small intestine without obstructive pattern – likely spastic

BREED

Rottweiler

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend medical therapy in this patient. No obvious foreign matter. Recheck sonogram in 24-48 hours depending upon the patient's clinical condition.

SEX

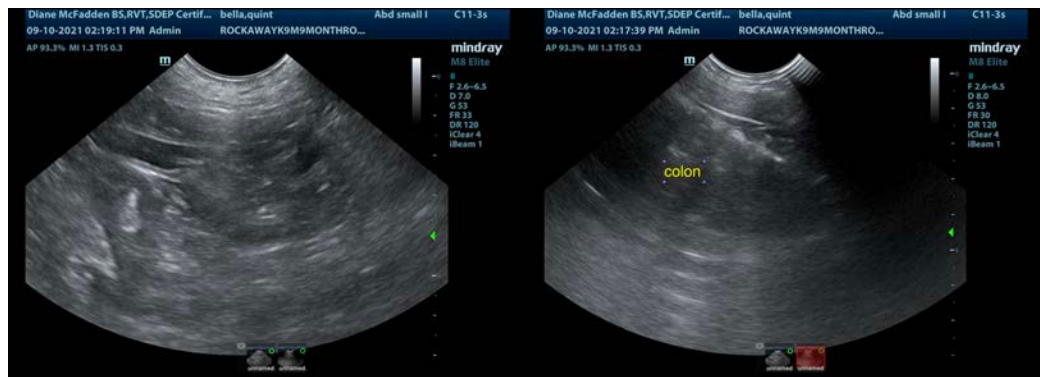
Intact Male

AGE

9 Months

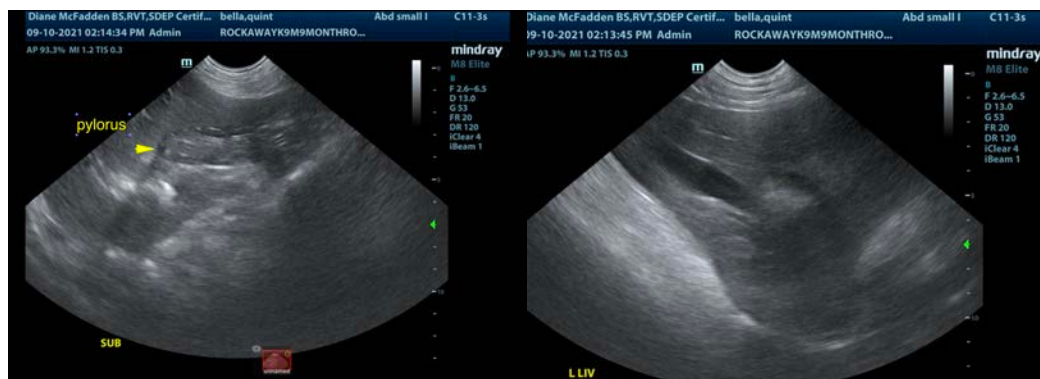
WEIGHT

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Intact Male

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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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