



PATIENT

Toby Acevedo

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

3 Years

WEIGHT

33.8 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Evanna

HOSPITAL NAME

ACC Flanders

REFERRING VET

Dr. Cassuli

INVOICE

13188

DATE

9/20/21

PRESENTING CLINICAL SIGNS

History: vomiting, possible foreign body, seen on abdominal rads

Abnormal PE/Chem/CBC/UA Results: 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 residual prostate measured 5.0 mm.

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 5.51 cm. The left kidney measured 5.0 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 0.5 cm. The right adrenal gland measured 0.5 cm.

Spleen

The **spleen** was mildly enlarged with swollen contour and subtle micronodular changes. If any weight loss is present FNA would be indicated.

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** itself was unremarkable. Areas of fluid filled distal small intestine noted yet no overt of obstruction, likely distal enteritis/colitis. Transverse colon was fluid filled.

Pancreas

The **pancreas** was mildly hyperechoic and coarse in architecture. A minor amount of remodeling noted. A history of pancreatitis likely in this patient.

ULTRASONOGRAPHIC FINDINGS

- Non-specific gastrointestinal upset- no evidence of foreign body
- Fluid filled colon
- Splenic enlargement- reactive spleen, splenitis, emerging round cell neoplasia all possible



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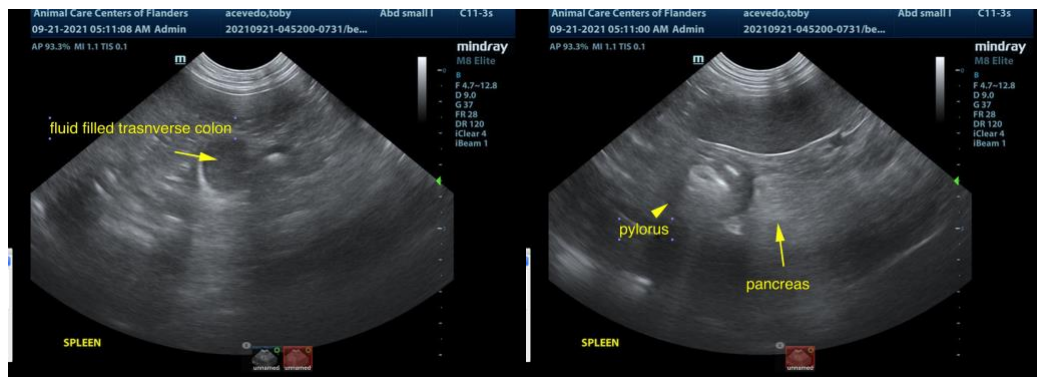
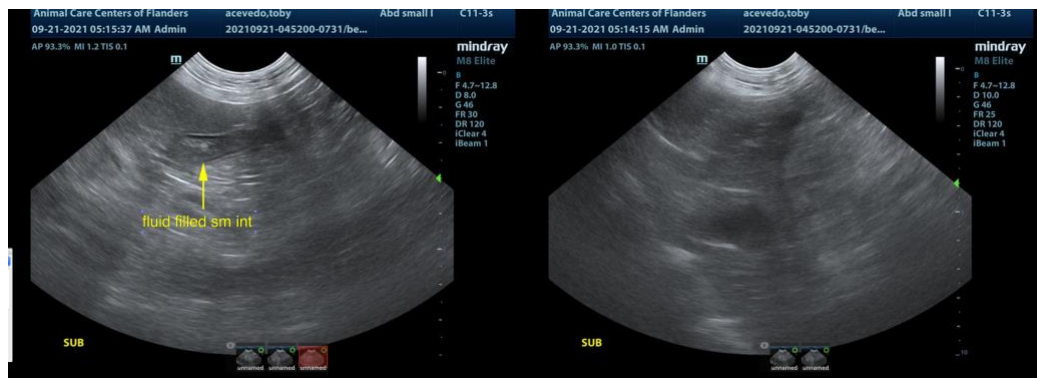
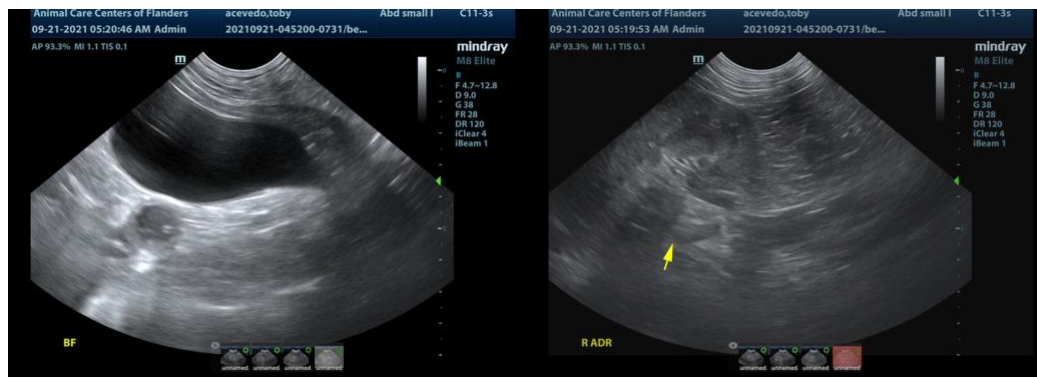
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend FNA of the spleen if any weight loss is an issue. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. I recommend IV support and plasma expanders if clinical signs persist. Recheck sonogram recommended to assess for distal small intestinal obstruction, however, this is most consistent with enteritis/colitis. No foreign bodies noted.





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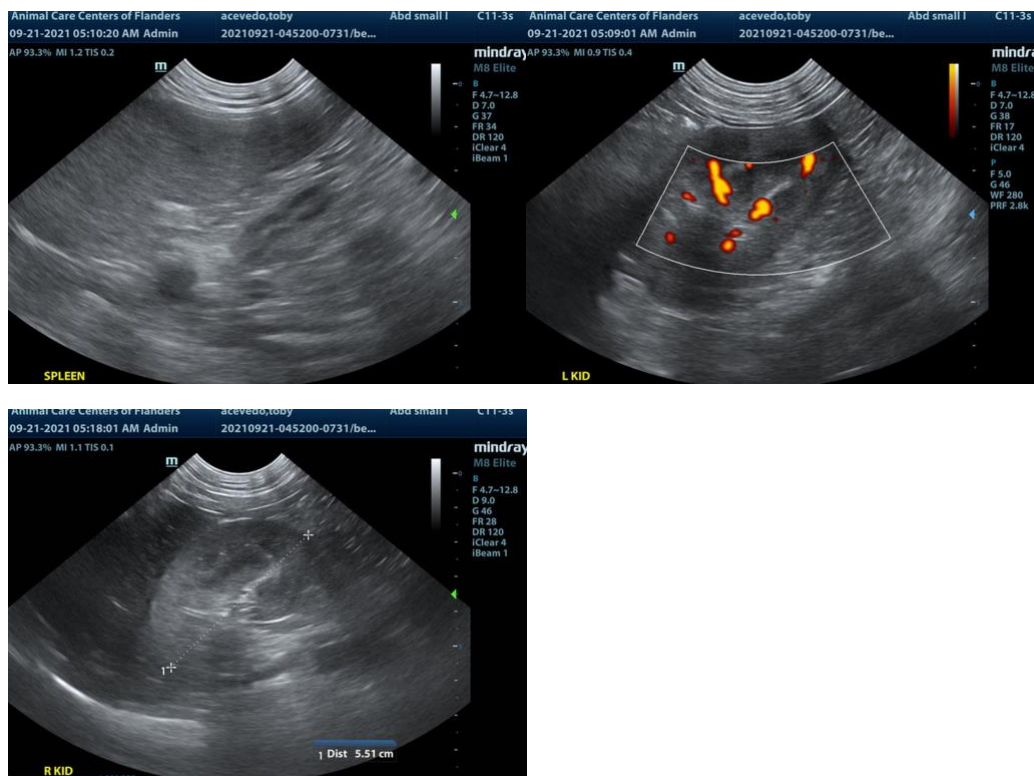
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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