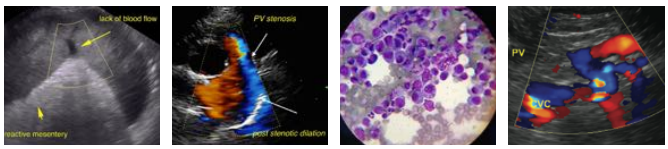

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1-800-838-4268 info@sonopath.com

PATIENT

Layd Llavore

SPECIES

Canine

BREED

Pommeranian

SEX

Male

AGE

WEIGHT

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Fresta

HOSPITAL NAME

The Veterinary Surgery

REFERRING VET

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INVOICE

39613

DATE

9/26/22

PRESENTING CLINICAL SIGNS

History: Klayd is 6 years old, mixed pomeranian, male neutered. He was presented for lethargy and disorexia. No history about the feeding can be collected. At the clinical presentation the dog is overweight, 6,9 kg. MMC are a bit congested. The mouth reveals severe inflammation of the gums as the tartar covers all the length of the teeth. Heart and lung sound clear HR 130 RR 32.Abdomen reveals a mild discomfort in the cranial area of the abdomen. Temp 38.4.The patient is alert and responsive. The blood work results are not readible as the serum is lipemic, however the BG is 120, so normal. That CBC reveals parameter in the normal average. The xrays reveals intestines impacted with faeces and the liver margins seem to exceed the normal ribs boundaries.

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. A minor amount of debris was noted, yet structurally unremarkable. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

The residual prostate was uniform and measured 0.49 cm.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 3.34 cm. The right kidney measured 3.34 cm.

Adrenal Glands

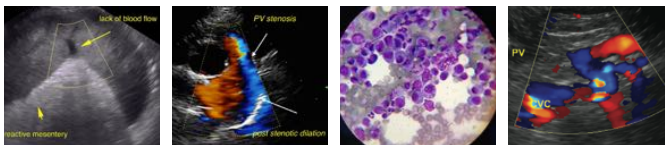
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.22 x 0.5 cm.

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



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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 **gastric** wall was slightly thickened with no loss of detail. There was a minor amount of luminal fluid present. The small intestines and colon were urneamrkable.

Pancreas

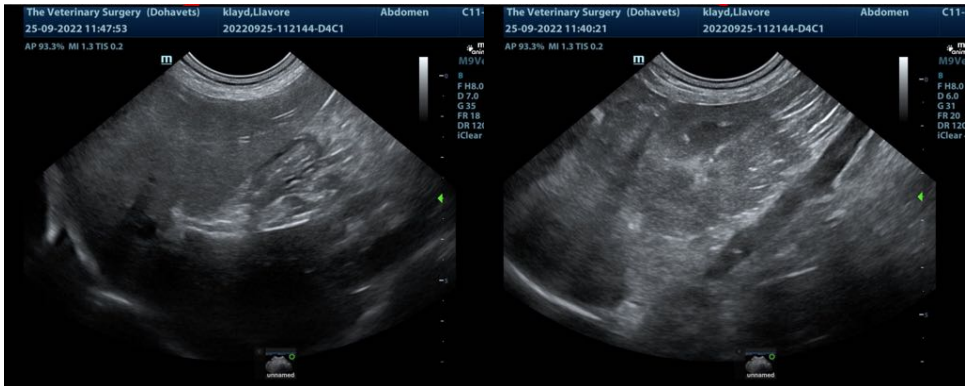
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Mild gastritis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no other evidence of pathology. Other causes of anorexia and lethargy such as orthopedic pain, CNS or thoracic disease should be considered.



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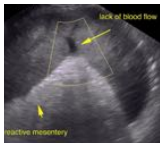
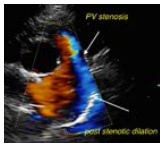
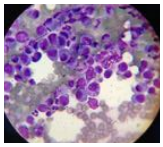
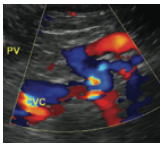

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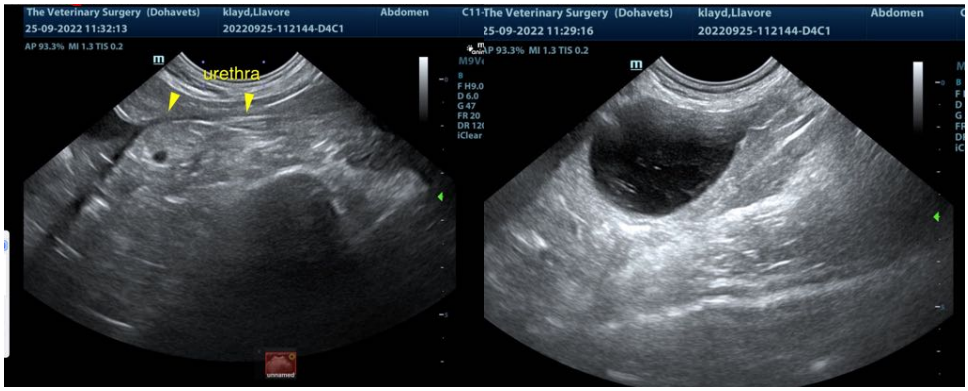

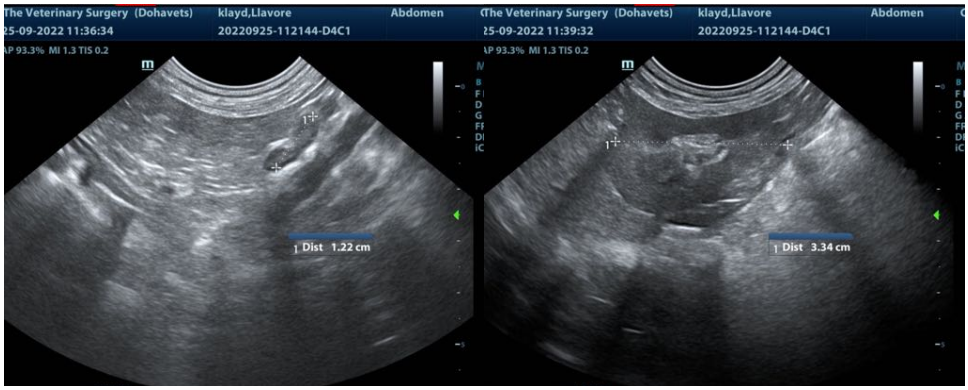

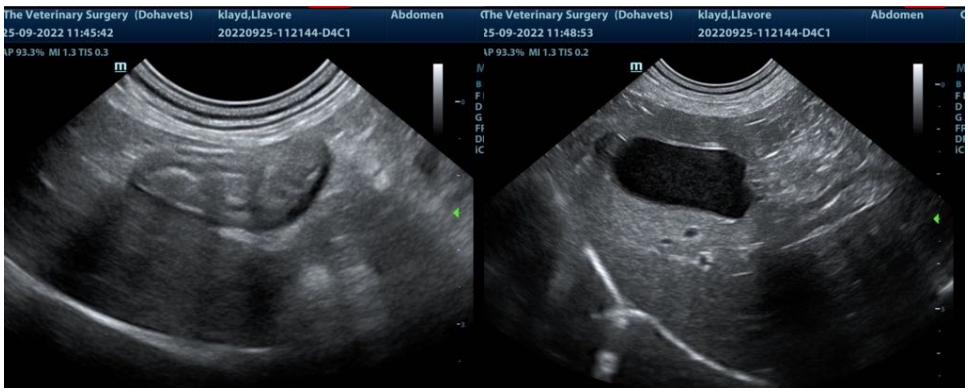

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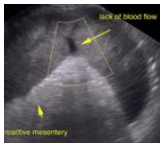

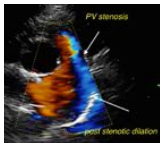

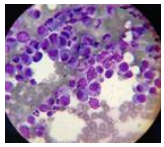
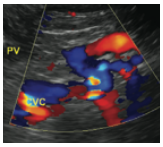

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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