



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Mochi Simons	HR 150 4D1 sniff PK <2 BAR Ruling out stones/confirm; urine culture/sensitivity
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Canine	<b>Urinary System</b>
<b>BREED</b>	The <b>urinary bladder</b> , trigone, and pelvic urethra presented normal thicknesses and normal tone. The cystourethral junction and urethra were imaged with no evidence of pathology. The urethra was visualized 4.0 cm caudal from the cystourethral junction. 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 imaged without difficulty.
Boxer Mix	
<b>SEX</b>	The iliac trifurcation was unremarkable.
Spayed Female	The uterine stump was clearly visualized at 0.4 cm in width.
<b>AGE</b>	The <b>kidneys</b> 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 6.06 cm. The left kidney measured 5.92 cm. Blood flow to the kidneys appeared to be adequate.
11 months	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
57.2 lbs	Both <b>adrenal glands</b> 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 2.15 x 0.3 cm at the cranial pole and 0.5 cm at the caudal pole. The right adrenal gland measured 2.47 x 1.13 cm at the cranial and 0.7 cm at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
Eric Lindquist, DMV, DABVP, Cert. IVUSS	The <b>spleen</b> in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Jenna Walsh, CVT	The <b>liver</b> 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.
<b>HOSPITAL NAME</b>	
The Ark VC	
<b>REFERRING VET</b>	
Dr. Bohannon	
<b>DATE</b>	
1/12/22	
<b>Invoice</b>	
95195	



**PATIENT**

**Gastrointestinal**

Mochi Simons

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

Canine

**BREED**

Boxer Mix

**SEX**

Spayed Female

**AGE**

11 months

**WEIGHT**

57.2 lbs

**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**

Both left and right ureteral papillae were visualized. The uterine stump was unremarkable.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

All of the areas typical for ectopic ureter were fully evaluated including the urethra to 4.0 cm past the cystourethral junction. The ureters were not visualized, which is normal. I cannot completely ruled out an extremely small ectopic ureter; however, all of the typical imaging planes for ectopic ureter were imaged at normal and high resolution. Cystoscopy would be appropriate. There was no evidence of calculi or other causes of obstruction. Behavioral issues should be considered as well.

**INTERPRETED BY**

Eric Lindquist, DMV,  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

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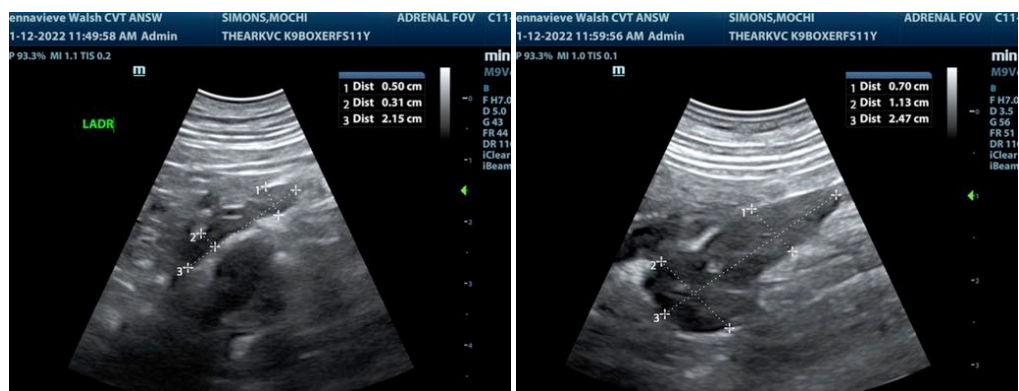
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Mochi Simons

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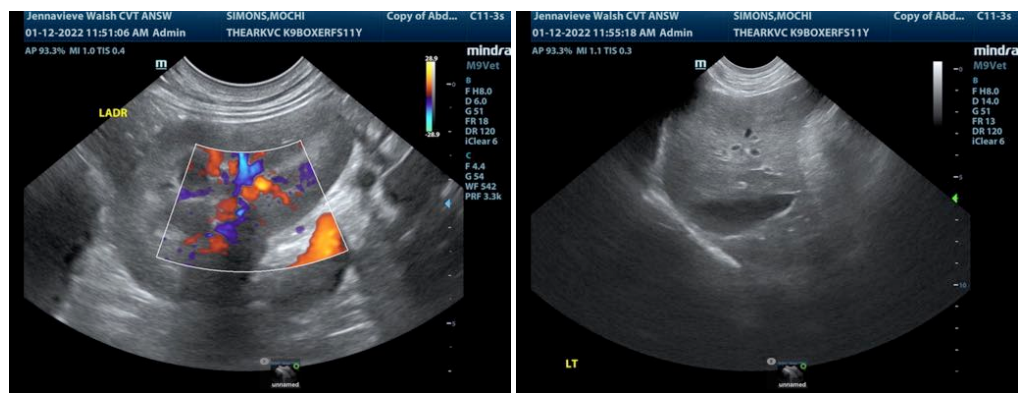
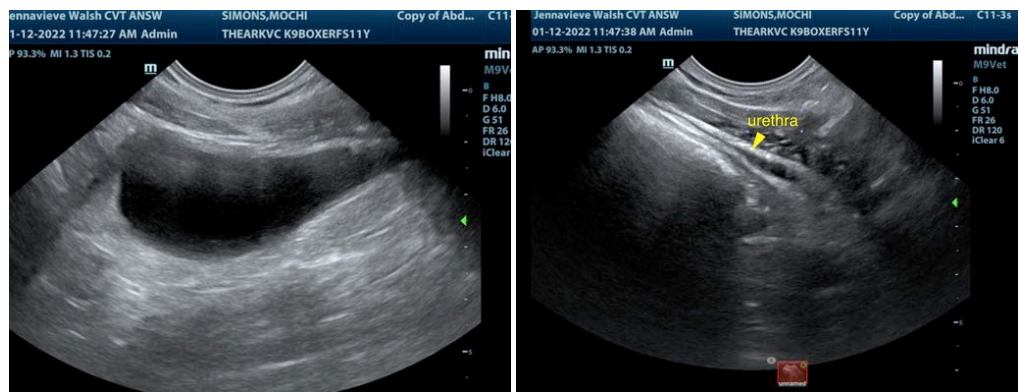
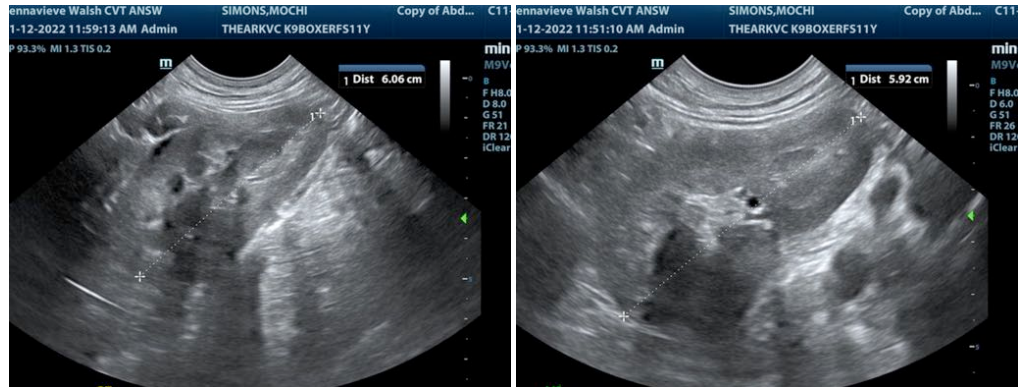
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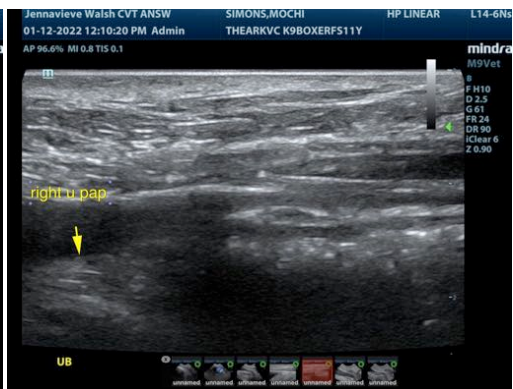
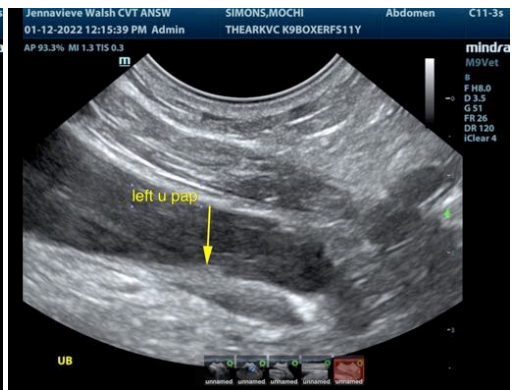
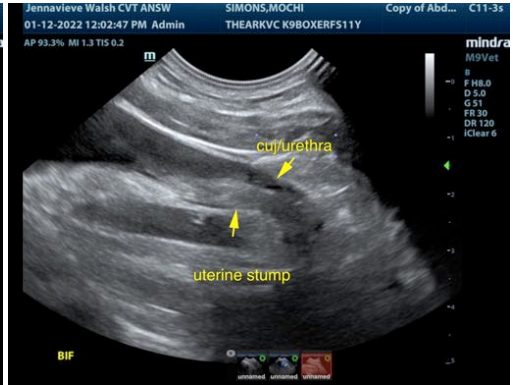
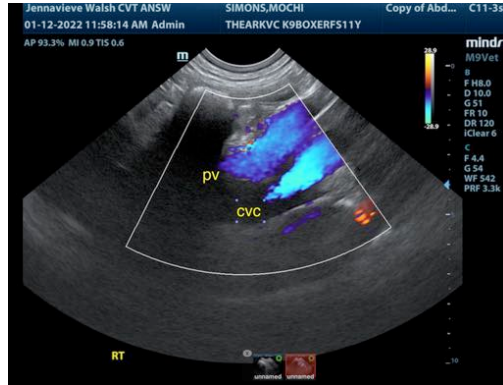
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



**PATIENT**

Eric.Lindquist@SonoPath.com

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**BREED**

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**SEX**

Spayed Female

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