



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Sophie Conty

Acute vomiting, suspect MCT degranulation.

**SPECIES**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

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.

Yorkie

**SEX**

Spayed female

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 left kidney measured 3.29 cm. The right kidney measured 3.05 cm.

**AGE**

10 years

**INTERPRETED BY**

**Adrenal Glands**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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 1.58 x 0.4 cm at the cranial pole and 0.48 cm at the caudal pole. The right adrenal gland measured 1.27 x 0.64 cm at the cranial pole and 0.47 cm at the caudal pole.

**IMAGING PERFORMED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**HOSPITAL NAME**

Franklin Lakes AH

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.

**REFERRING VET**

Dr. Hudson

**Liver**

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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.

**DATE**

1/17/23



**PATIENT**

**Gastrointestinal**

Sophie Conty

The **stomach** revealed over distension with fluid and chyme. The pylorus was patent. Mild hyperperistalsis was noted in the small intestine. This is consistent with enteritis. The colonic wall was unremarkable. However, soft stool was present.

**SPECIES**

Canine

**Pancreas**

**BREED**

Yorkie

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.

**SEX**

Spayed female

**Free Abdomen**

The iliac trifurcation was unremarkable.

**AGE**

10 years

**ULTRASONOGRAPHIC FINDINGS**

Gastroenteritis, colitis pattern with delayed gastric outflow.

**INTERPRETED BY**

Age related abdominal changes.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY**

There was no evidence of metastatic disease. If mast cell disease is confirmed with a large tumor in the perineal region then secondary effector organ irritation may be responsible in part or in whole for the gastrointestinal presentation. Gastroprotectants, diet change to b.i.d. canned feedings and promotility medications may all be appropriate.

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**HOSPITAL NAME**

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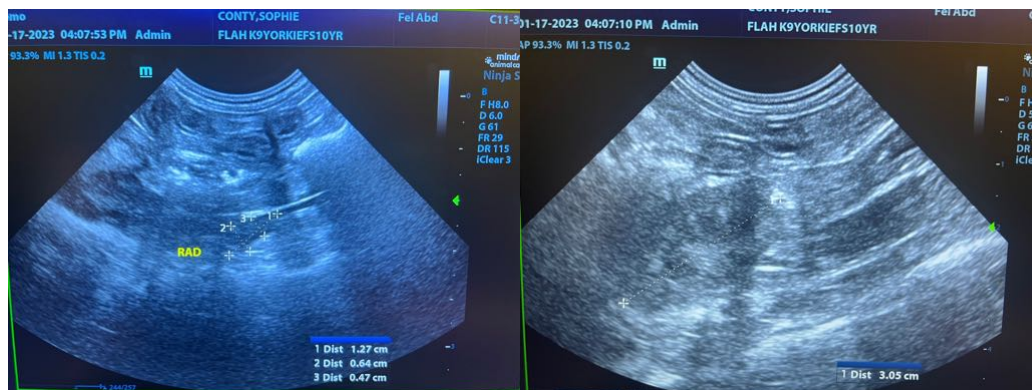
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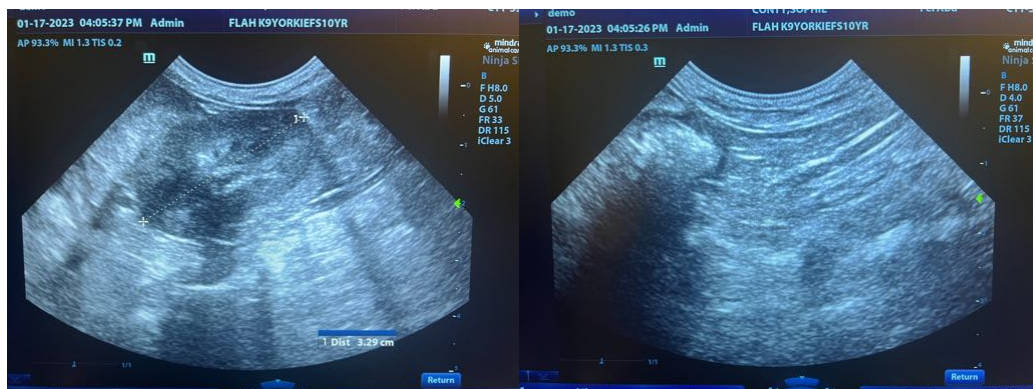
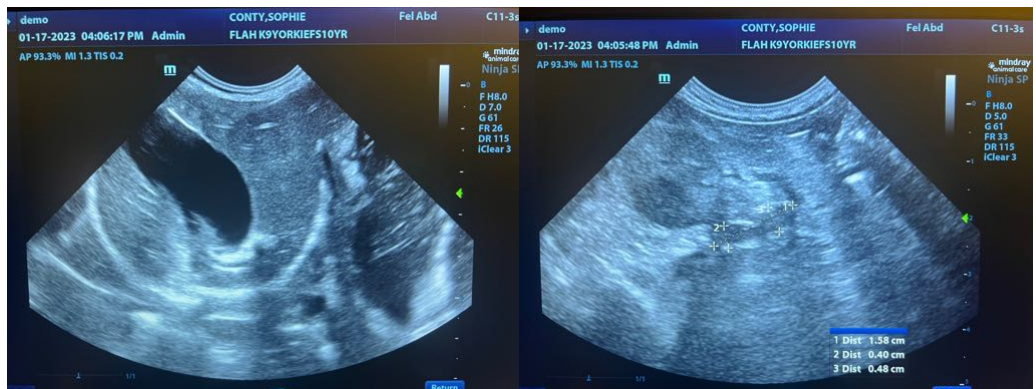
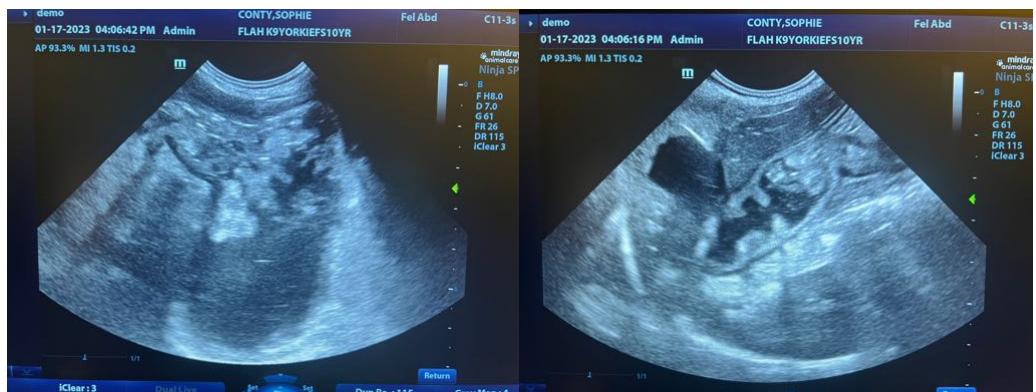
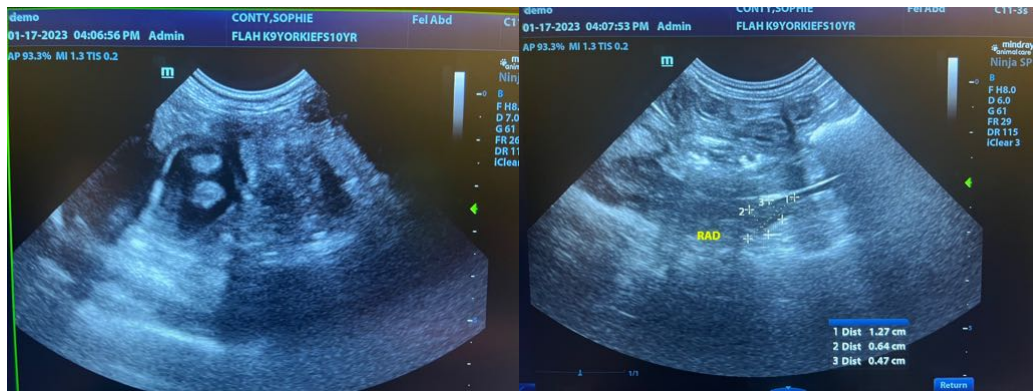
Dr. Hudson

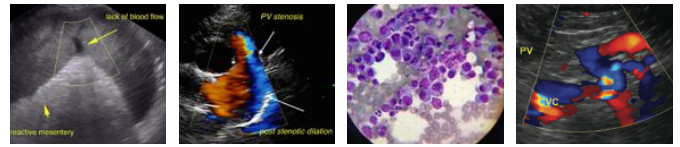
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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DABVP, Cert. IVUSS

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