

PATIENT

Storm Fetkowitz

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

2 ½ years

WEIGHT

66 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS,
CEO of SonoPath.com

**IMAGING
PERFORMED BY**

Kelly Vazquez, CVT

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

Dr. Rizzo

INVOICE

42349

DATE

1/26/23

PRESENTING CLINICAL SIGNS

History: Patient presents due to vaginal discharge - U/A with C & S (neg.), vaginal cytology suggestive of vaginitis vs. stump pyo. Current meds: Clavamox 13.75 mgs/kg.
U/A: 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 was noted. Ureteral papillae were normal.

The uterine stump was unremarkable and measured 0.37 cm. There was no evidence of luminal dilation or inflammation. The ovarian fossae were unremarkable. There was no obvious ovarian remnant.

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 5.36 cm. The left kidney measured 5.0 cm.

Adrenal Glands

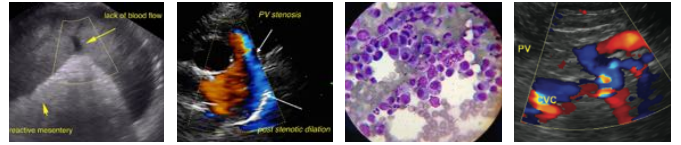
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.29 x 0.51 cm at the caudal pole and 0.49 cm at the cranial pole. The right adrenal gland measured 2.37 x 0.4 cm at the caudal pole and 0.88 cm at the cranial pole.

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 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.



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Gastrointestinal

A 3.0 cm non-obstructive, pyloric shadowing structure. This is consistent with foreign matter. The gastroesophageal inlet was free of evident pathology. The small intestine and colon were unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

3.0 cm shadowing gastric material.

AGE

2 ½ years

Normal uterine stump. No evidence of ovarian remnants.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If any upper GI signs are present then gastroscopy is indicated. Given the material in the stomach is non-obstructive this may be retention of ingesta. Vaginoscopy is indicated. If the clinical signs persist cytology and culture recommended. Recheck sonogram is recommended in 1-2 weeks at complete n.p.o. status to assess if the material is persistently present.

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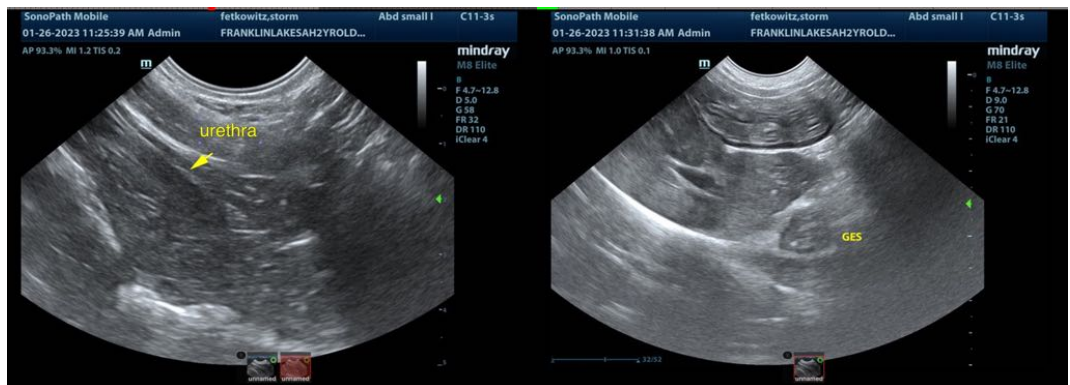
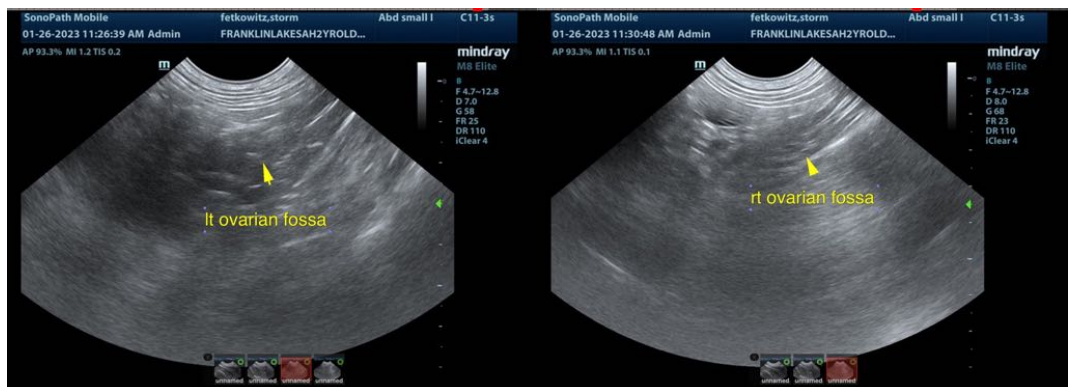
Dr. Rizzo

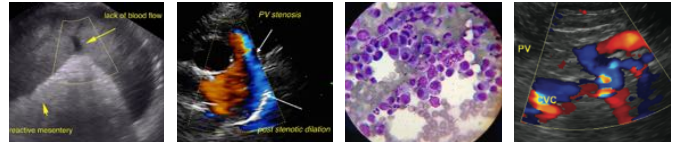
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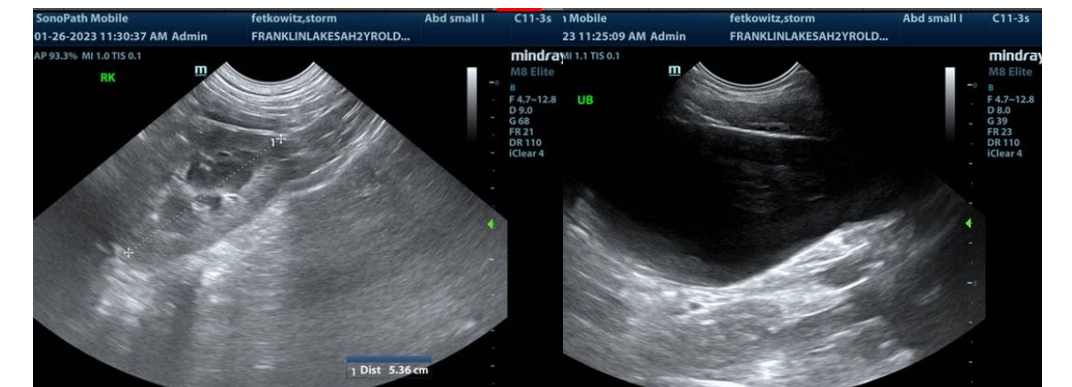
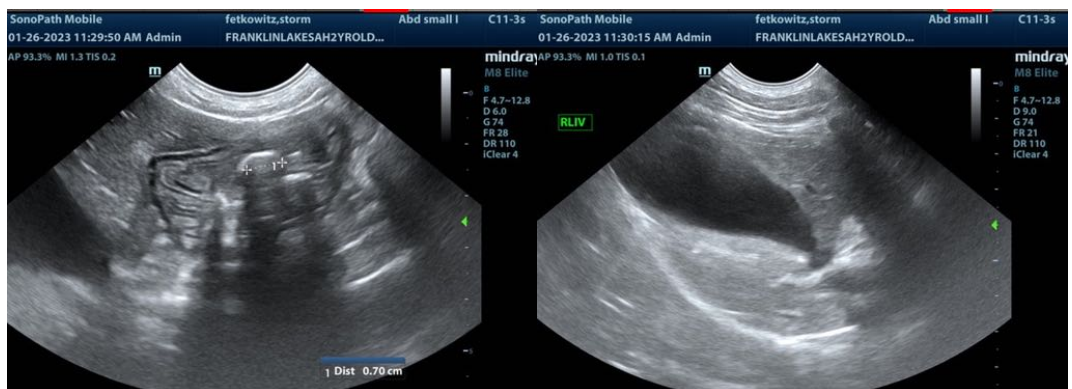
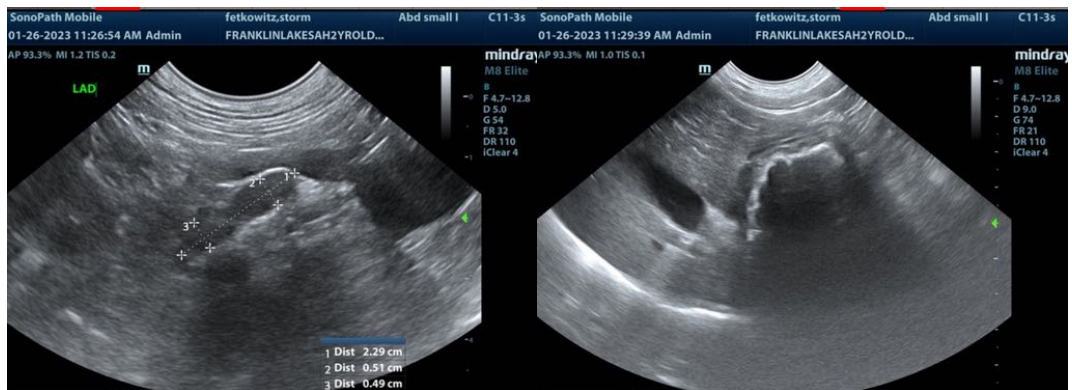
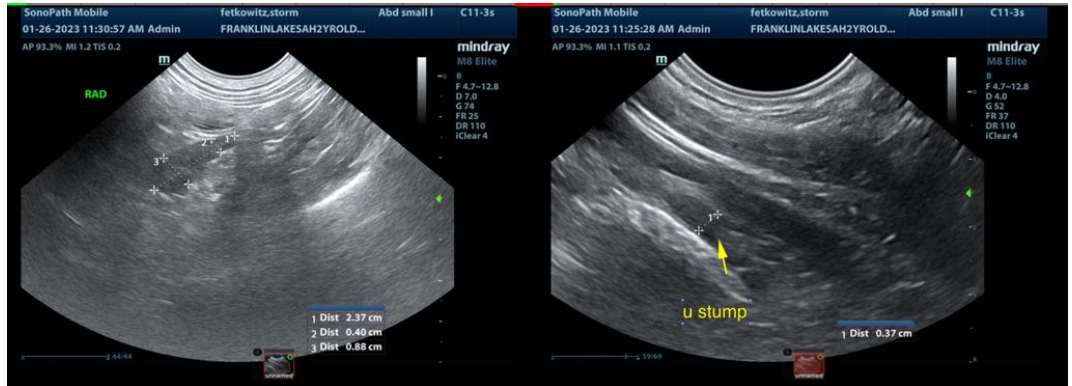
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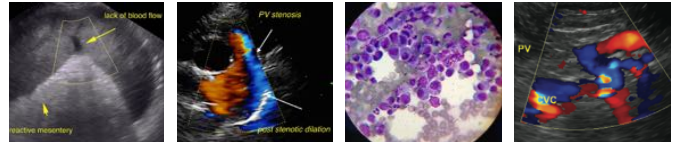
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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