



PATIENT PRESENTING CLINICAL SIGNS

Cubby Ingrassia

History: Patient with history of proteinuria presents due to right hind lameness x 2.5 months. Medial buttress RH. History of colitis, now hematochezia. (bilateral stifles ultrasound performed as well).
Current meds: Galliprant 60 mgs SID, Apoquel 16 mgs BID, Enalapril 20 mgs BID.
Abnormal PE/Chem/CBC/UA Results: CBC/Chem: pending. U/A: pending.

SPECIES

Canine

BREED

Labrador Retriever

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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.

AGE

7 years

The residual prostate measured 0.65 cm.

WEIGHT

75 lbs

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 5.7 cm. The left kidney measured 5.6 cm.

INTERPRETED BY

Adrenal Glands

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

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 2.3 x 0.64 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.43 cm at the cranial pole and 0.91 cm at the caudal pole.

IMAGING PERFORMED BY

Kelly Vazquez, CVT

Spleen

HOSPITAL NAME

Our House Call Vet

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. Mazzola

Liver

INVOICE

42153

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

10/26/22



PATIENT

Gastrointestinal

Cubby Ingrassia

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Retention of chyme was noted in the stomach. Transit of chyme into the small intestine appeared to be normal. 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

Pancreas

Labrador Retriever

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

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

7 years

Minor gastric stasis.

Structurally unremarkable abdomen otherwise.

WEIGHT

75 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for history of GI signs such as vomiting or anorexia is warranted. There was no evidence of significant pathology.

INTERPRETED BY

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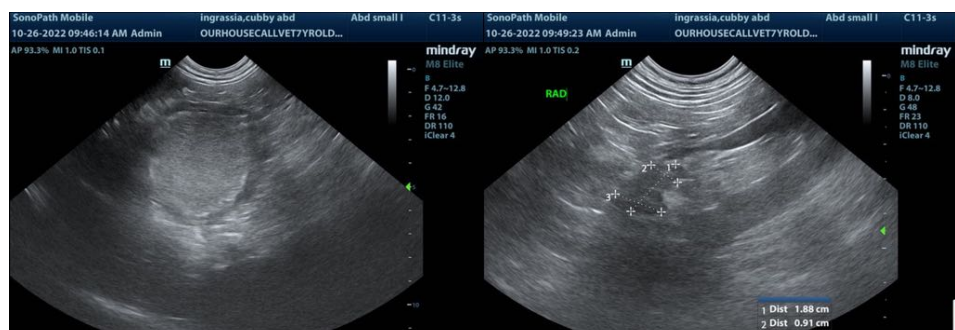
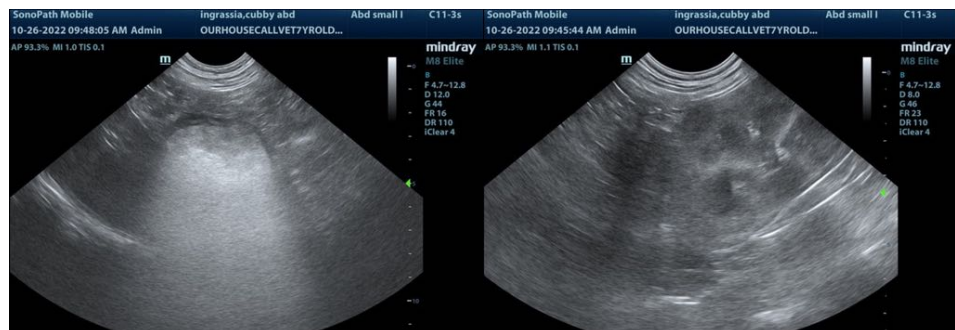
Dr. Mazzola

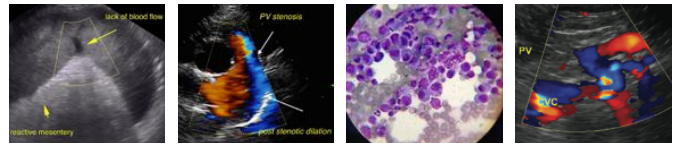
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Cubby Ingrassia

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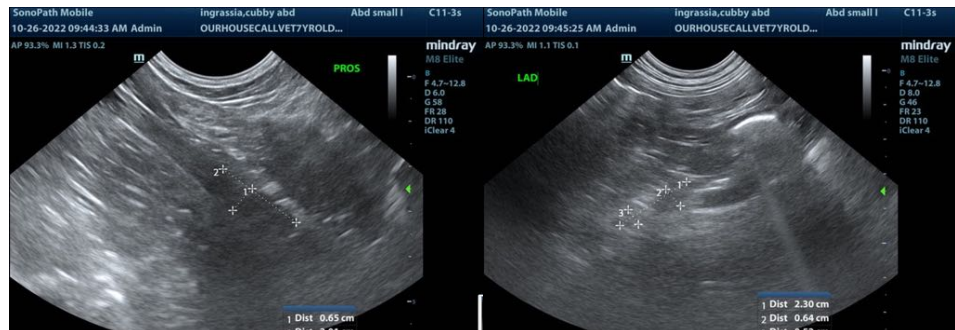
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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