

PATIENT PRESENTING CLINICAL SIGNS

Riley Lang Segmented small bowel on radiographs. Acute vomiting, Bloody diarrhea overnight.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Shih Tzu

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.

SEX

Spayed female

AGE

11 months

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 3.46 cm. The right kidney measured 4.01 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 1.64 x 0.7 cm at the cranial pole and 0.46 cm at the caudal pole. The left adrenal gland measured 1.45 x 0.4 cm.

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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.

HOSPITAL NAME

Newton VH

REFERRING VET

Dr. Harris

Liver

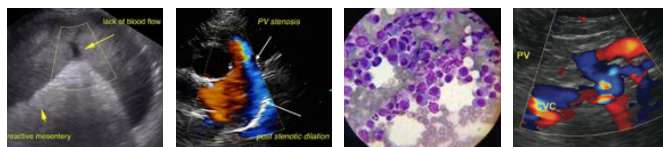
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

INVOICE

46342

DATE

8/1/23



PATIENT *Gastrointestinal*

Riley Lang Examination of the **gastrointestinal tract** revealed an unremarkable stomach and small intestine regarding structure. There were minor areas of luminal fluid noted. There was no evidence of obstructive pattern. A portion of jejunum appeared to have mucosal remodeling, striations and fogging. The submucosa, muscularis and serosa were intact. Curvilinear patterns were retained throughout the gastrointestinal tract. Areas of hyperperistalsis were noted. This is consistent with response to irritation. The colon was fluid filled.

SPECIES

Canine

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Pancreas

The **pancreas** was largely uniform secondary low-grade pancreatitis, possible, yet not evident.

SEX

Spayed female

ULTRASONOGRAPHIC FINDINGS

Gastroenteritis.

AGE

11 months

Secondary low-grade pancreatitis is possible, yet not evident.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Albumin levels should be monitored carefully in this patient. IV fluid support, plasma expansion and coverage for parasitic disease. Fecal test and enterotoxins should also be considered. Recheck sonogram is recommended in 7-10 days to ensure adequate resolution. If the patient is worsening then a recheck sonogram is recommended earlier.

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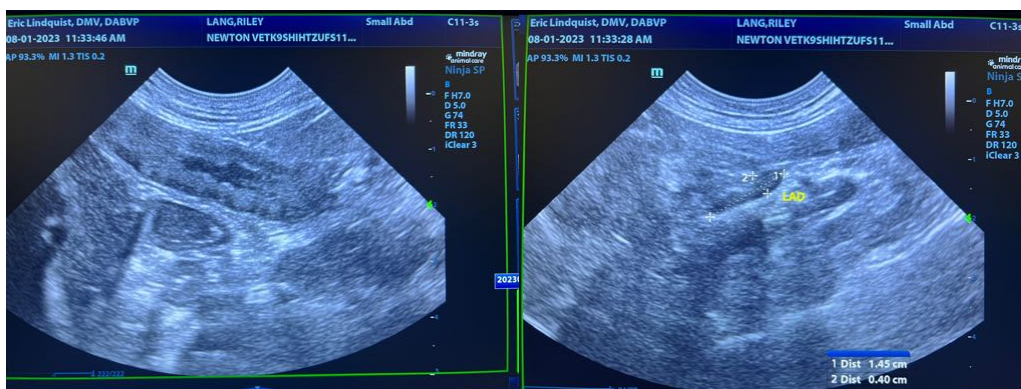
Dr. Harris

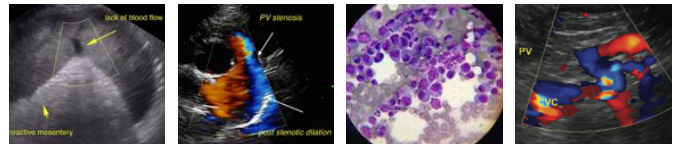
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PATIENT

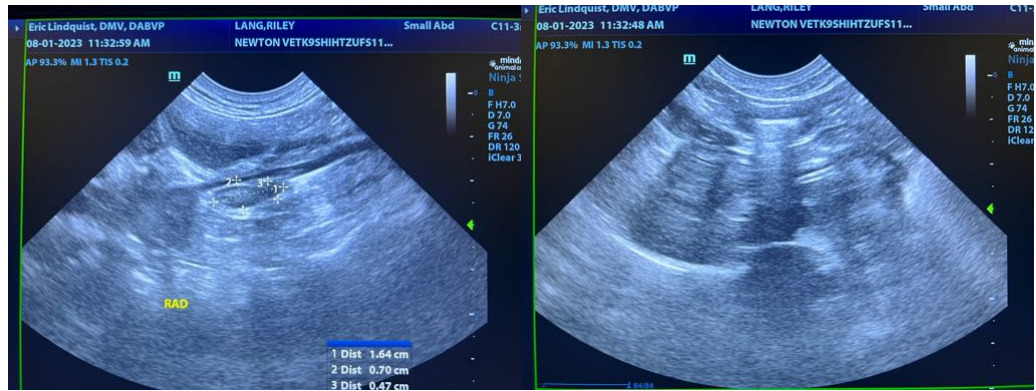
Riley Lang

SPECIES

Canine

BREED

Shih Tzu



SEX

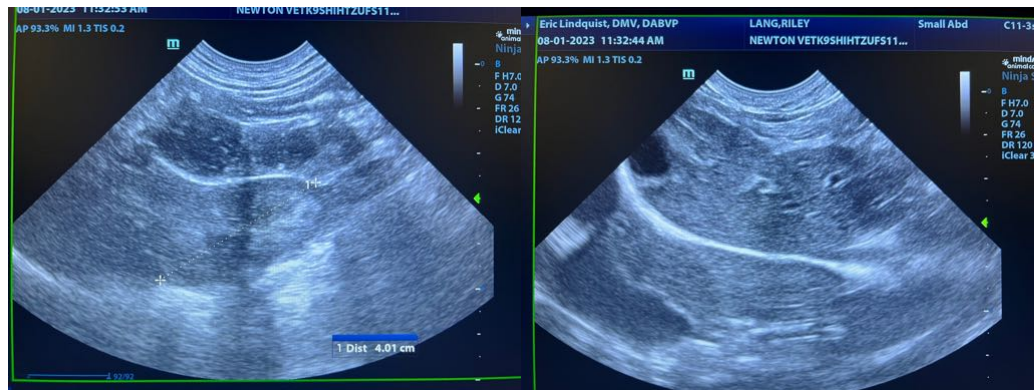
Spayed female

AGE

11 months

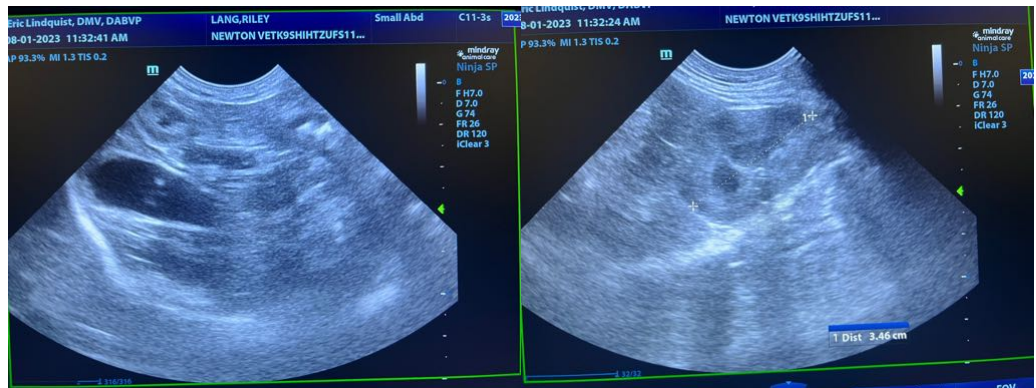
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if it can be of any further assistance please contact me.

DATE

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