



**PATIENT PRESENTING CLINICAL SIGNS**

Max Lotito History: appetite decreased, lethargic, diarrhea, vomiting (resolved). on famotidine  
CPL normal, chem/CBC WNL

**SPECIES**

Canine

**BREED**

Labrador Mix

**SEX**

Neutered male

**AGE**

2 years

**WEIGHT**

87.2 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Diane McFadden, RVT

**HOSPITAL NAME**

Animal Hospital of  
Roxbury

**REFERRING VET**

Dr. Flia

**INVOICE**

39811

**DATE**

9/29/22

**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 **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 6.32 cm. The left kidney measured 6.72 cm.

*Adrenal Glands*

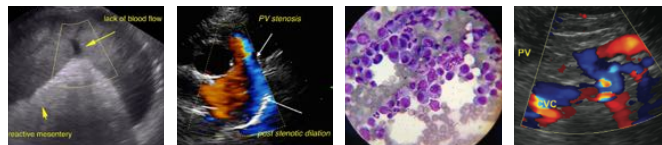
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.91 x 0.61 cm at the caudal pole and 0.69 cm at the cranial pole. The right adrenal gland measured 2.66 x 1.65 cm at the cranial pole and 0.45 cm at the caudal 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.



**PATIENT** *Gastrointestinal*

Max Lotito The stomach was filled with progressively shadowing material. Some of the material resembled foreign body. If the patient was n.p.o. at the time of the sonogram then gastric foreign matter should be considered. The mesenteric lymph nodes are enlarged and measured 3.0 x 2.0 cm. The lymph nodes are reactive with surrounding, inflamed fat.

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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.

**SEX**

Neutered male

**ULTRASONOGRAPHIC FINDINGS**

Full stomach.  
Mesenteric lymphadenitis.

**AGE**

2 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The majority of the material in the stomach is consistent with ingesta with slight areas of shadowing. Fecal exam is recommended. FNA of the lymph nodes, cytology and culture is indicated. Recheck sonogram is recommended at full n.p.o. status. There was no overt evidence of pancreatitis; however, low-grade inflammation cannot be completely ruled out. Gastroprotectants and treatment for enterotoxins, Enrofloxacin and Metronidazole or Enrofloxacin and Clindamycin combination could be considered given the lymphadenitis presentation.

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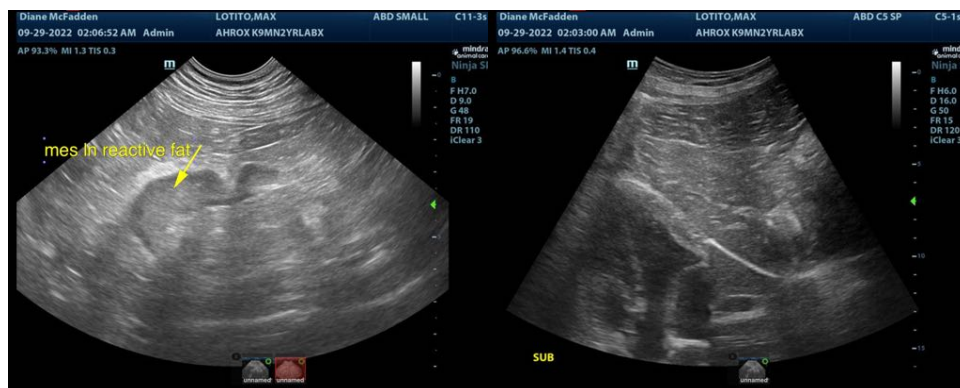
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**PATIENT**

Max Lotito

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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Canine

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.

**BREED**

Labrador Mix

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

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