



PATIENT	PRESENTING CLINICAL SIGNS
Lucas Price	Dog presented diarrhea and uncomfortable. Didn't eat breakfast. Bloodwork all WNL. NSF on radiographs. Ultrasound done for further evaluation
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Canine	<i>Urinary System</i>
BREED	The apex of the urinary bladder is very mildly irregular. It is not fully distended, and therefore difficult to evaluate its thickness. A very small amount of sediment is present free-floating.
Bichon Frise	Both kidneys are within normal limits in size for the patient's weight. The capsules are smooth. Their overall architecture, including the definition of the cortico-medullary junction, are preserved. There are no signs of nephroliths or pyelectasia. The surrounding mesentery is not hyperechoic.
SEX	<i>Adrenal Glands</i>
Neutered Male	The left adrenal gland measures 0.42 cm at the cranial pole and 0.42 cm at the caudal pole. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
AGE	The right adrenal gland measures 1.2 cm in length x 0.36 cm at the caudal pole and 0.46 cm at the cranial pole. No abnormalities are noted in the gland's shape, overall architecture, echogenicity or echotexture. The phrenico-abdominal vein and surrounding vasculature and mesentery are unremarkable.
6 Years 11 Months	<i>Spleen</i>
WEIGHT	The spleen is within normal limits in size, architecture, echotexture, and echogenicity. It is hyperechoic to both the liver and renal cortex. The capsule is smooth. No abnormalities are observed with its vasculature, i.e. congestion and thrombi are not identified.
15.1 Pounds	<i>Liver</i>
INTERPRETED BY	There are no obvious signs of hepatomegaly and its borders are smooth and sharp. The liver's echotexture is homogeneous and it is within normal limits in echogenicity, i.e. it is hypoechoic to the spleen and isoechoic to the kidneys. No abnormalities are observed with the hepatic vessels. The hepatic lymph node is unremarkable.
Lisa Carioto, DVM, DVSc, Diplomate ACVIM	The gall bladder wall appears to be within normal limits in thickness and echogenicity. A very small amount of echogenic material (sludge) that is gravity dependent is visualized. The cystic and common bile ducts are not dilated or tortuous.
IMAGING PERFORMED BY	<i>Gastrointestinal</i>
Dr. Leal	The gastric wall and pylorus are normal in thickness. There is no loss of definition of the normal architecture of the layers of the stomach wall. No obvious abnormalities are observed with its peristalsis.
HOSPITAL NAME	The small intestinal wall thickness is within normal limits. The definition of the wall layers is preserved. No abnormalities noted with the duodenum. There is a large amount of gas and ingesta in the small and large intestines, including the transverse colon. The colonic wall is not thickened and mural detail is considered normal. There are no obvious signs of a mass, foreign body, infiltrative disease or an obstruction.
Blairstown AH	<i>Pancreas</i>
REFERRING VET	
Dr. Clegg	
INVOICE	
36216	
DATE	
3/15/22	



PATIENT

Lucas Price

The right and left pancreas are mildly hypoechoic compared to the surrounding mesentery. Early signs of pancreatitis cannot be excluded.

Other

SPECIES

Canine

Lymph nodes: No abnormalities are observed.

Abdominal effusion is not visualized.

BREED

Bichon Frise

ULTRASONOGRAPHIC FINDINGS

- Early pancreatitis cannot be excluded. This may be causing a mild ileus with dilation of multiple bowel loops and secondary abdominal pain/discomfort.
- Mildly irregular apex of urinary bladder

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

6 Years 11 Months

A urinalysis and urine culture and sensitivity are recommended to exclude a urinary tract infection due to the mildly irregular bladder wall.

A spec cPL may be performed if clinical signs do not improve. Fasting triglycerides may also be evaluated.

WEIGHT

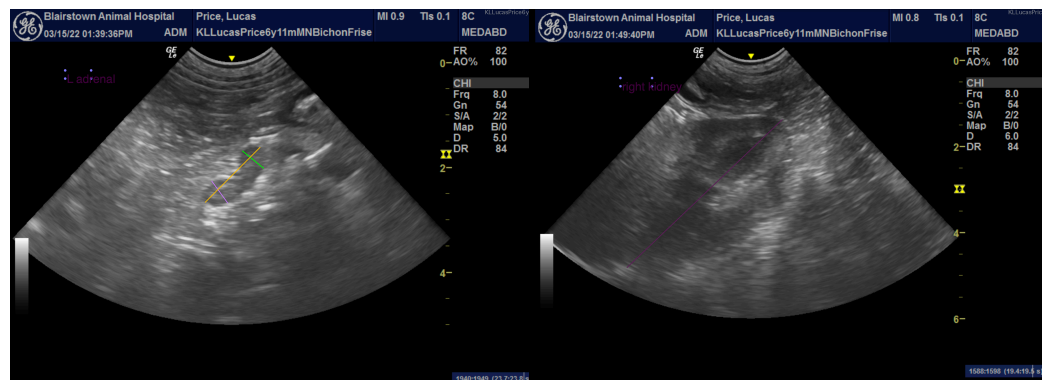
15.1 Pounds

Analgesia for visceral pain is suggested, as well as supportive care, such as subcutaneous fluids. A low fat, easily digestible diet that is low in fibre is recommended to help decrease gas and bloating.

A baseline cortisol may be performed to exclude hypoadrenocorticism if clinical signs persist.

INTERPRETED BY

Lisa Carioto, DVM,
DVSc, Diplomate
ACVIM



IMAGING PERFORMED BY

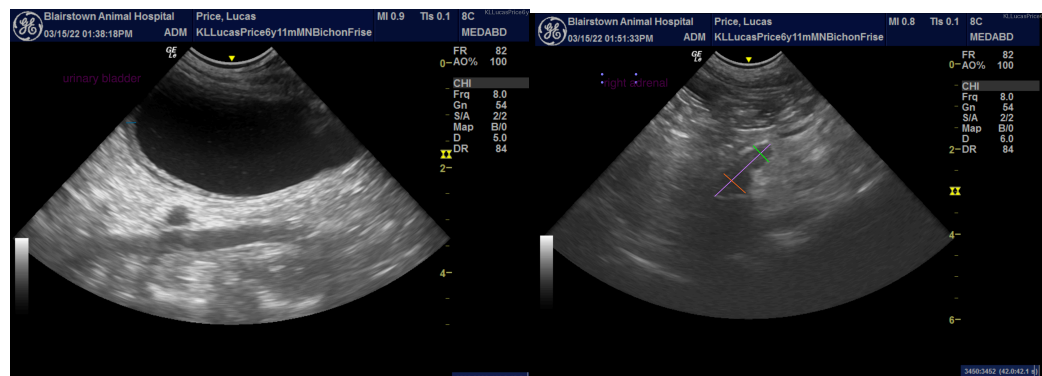
Dr. Leal

HOSPITAL NAME

Blairstown AH

REFERRING VET

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PATIENT

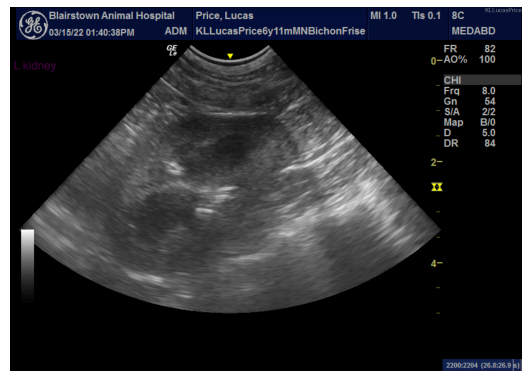
Lucas Price

SPECIES

Canine

BREED

Bichon Frise



SEX

Neutered Male

AGE

6 Years 11 Months

WEIGHT

15.1 Pounds

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**IMAGING
PERFORMED BY**

Dr. Leal

HOSPITAL NAME

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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.

Lisa Carioto, DVM, DVSc, Diplomate ACVIM

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