



**PATIENT PRESENTING CLINICAL SIGNS**

Zuli Soriano

**SPECIES**

Canine

**BREED**

Italian Greyhound

**SEX**

Neutered male

**AGE**

3 years

**WEIGHT**

27.5 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Ugorji

**HOSPITAL NAME**

Craig Road AH

**REFERRING VET**

Dr. Ugorji

**INVOICE**

42866

**DATE**

12/5/22

History: Recurrent episodes of vomiting  
 Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs from 11/8 Findings: Two orthogonal projections of the abdomen, dated 11/08/22, are available. The gastrointestinal tract contains no evidence of segmental dilation or discrete foreign material. The distal colon contains multiple undulant visible mucosal margins and questionable mural thickening. The visible margins of the liver, spleen, kidneys and urinary bladder are normal. Serosal contrast is appropriate. The included musculoskeletal and thoracic structures are unremarkable. Assessment: 1. Undulant colonic mucosal margins with questionable mild mural thickening - given the reported history consider colitis (inflammation vs infection vs infiltrative disease). A morphologic lesion of the colon otherwise is not identified. 2. No evidence of gastrointestinal mechanical obstruction or foreign material - this does not entirely exclude gastroenteritis (inflammation vs infection vs infiltrative disease) and/or pancreatitis as a cause of clinical signs. It is recommended to further interrogate the abdominal findings with abdominal ultrasonography as a higher sensitive test, specifically given the chronicity reported.

**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. Both kidneys measured 4.0 cm.

**Adrenal Glands**

The **adrenal glands** were not visualized.

**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



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lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

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**Pancreas**

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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.

**AGE**

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**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen.

**WEIGHT**

27.5 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. The adrenals were not visualized; therefore, screening for Addison's is indicated with baseline cortisol.

**IMAGING PERFORMED BY**

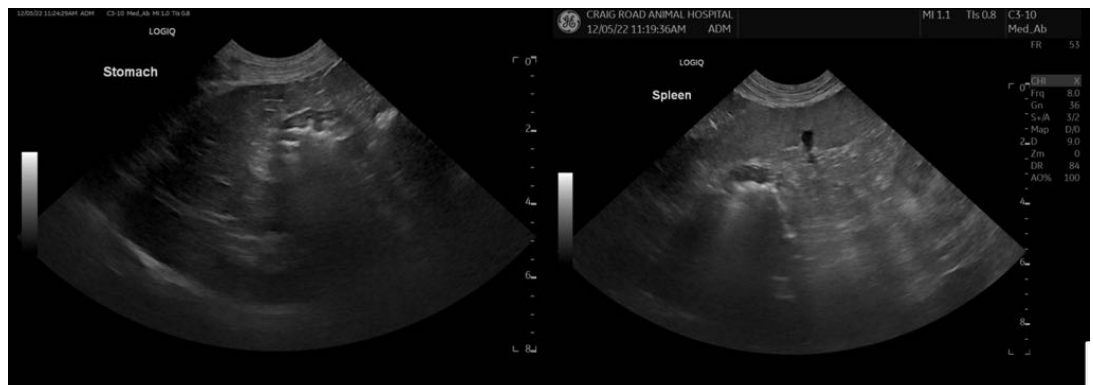
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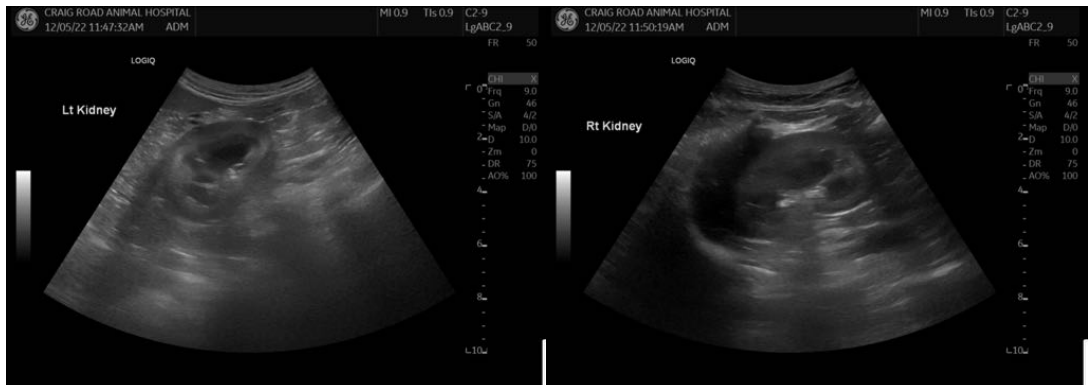
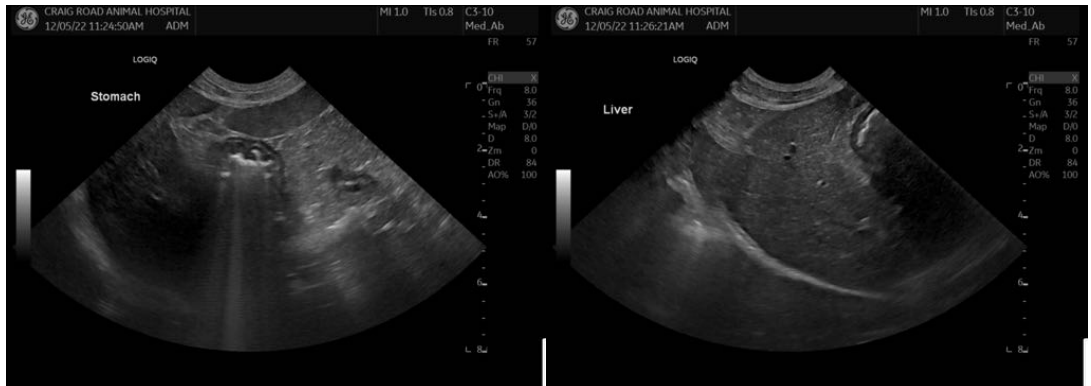
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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