



PATIENT

Willie Sherwood

SPECIES

Canine

BREED

Lab X

SEX

Neutered Male

AGE

11

WEIGHT

69

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Cassels-Conway

HOSPITAL NAME

Central Broward AH

REFERRING VET

Dr. Oms

INVOICE

44406

DATE

1/20/23

PRESENTING CLINICAL SIGNS

V 4-5x past 2 weeks. Last night V undigested dinner 10 minutes after eating. Started feeding boiled chicken and rice this AM and P was able to keep it down. INTERMITTENT SOFT STOOLS. 1/19- Was Rx. cerenia, famotidine and proviable but became more lethargic, polydipsic and vomiting continued. Not FBE.

Abnormal PE/Chem/CBC/UA Results: Cbc- wnl Chem- creat 1.4 H, Sdma Normal, U/a sp g 1020, quiet sed, t4 Wnl. fecal Nps

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.0 cm. The right kidney measured 6.3 cm.

Adrenal Glands

The **left adrenal gland** was 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 1.35 cm x 0.68 cm.

Acoustic dropout noted in the region of the **right adrenal gland**, which did not allow for definitive identification. However, the region was unremarkable.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally and cranially. 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 were 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.



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Gastrointestinal

The **stomach** revealed a large amount of gas accumulation. Minor gastric wall thickening noted. No evidence of stasis. The small intestine and colon were unremarkable.

Pancreas

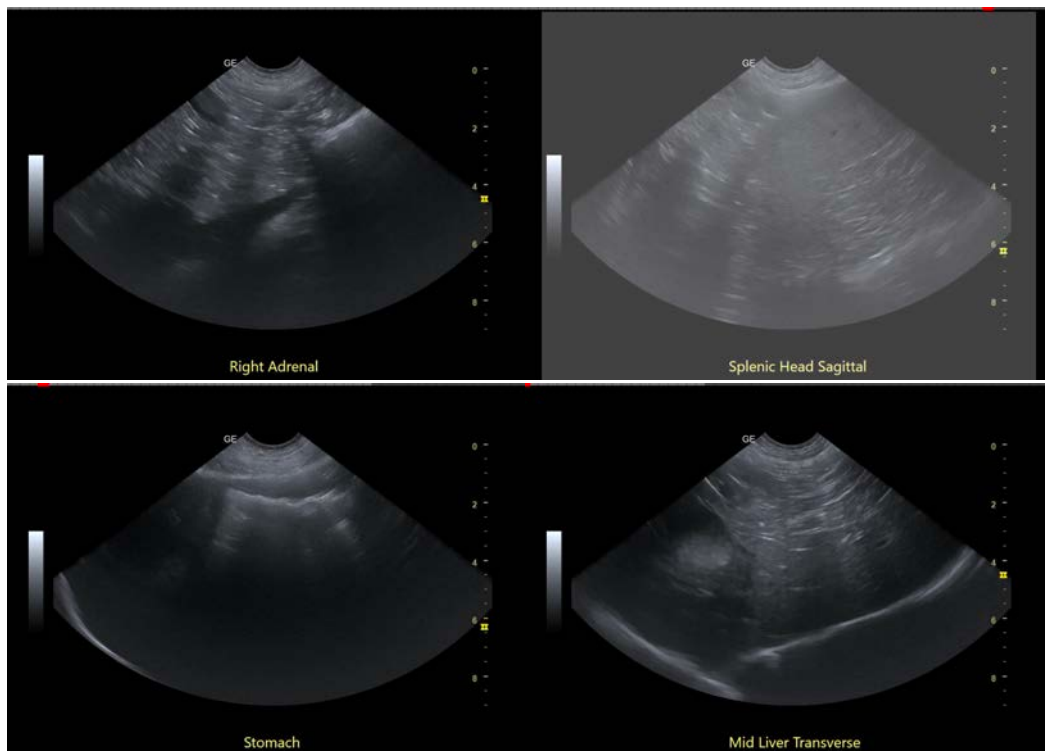
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Excessive gastric gas
- Age related renal changes
- Folded spleen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Supportive care for gastric insult should prove effective. No evidence of foreign body or neoplasia. Endoscopy warranted if clinical signs persist. 24 hour NPO, GI protectants protocol, IV fluid support recommended.





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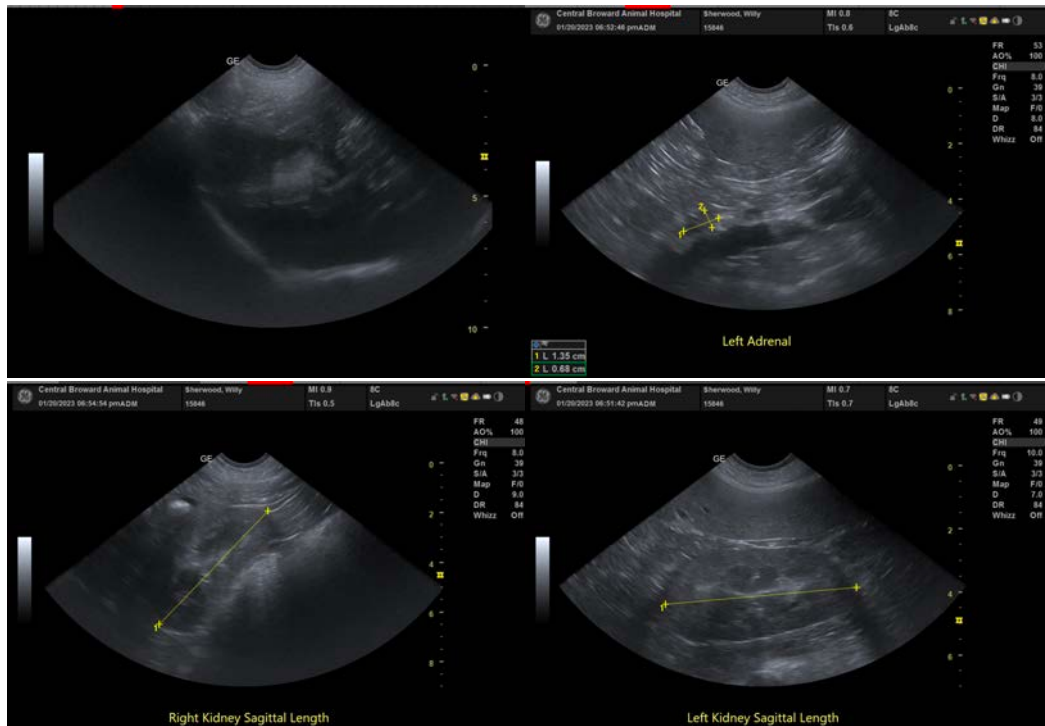
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

info@SonoPath.com