



PATIENT

Saige Meyer

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed female

AGE

2 ½ years

WEIGHT

61.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Ave Vet Clinic

REFERRING VET

Dr. Evoniuk

INVOICE

42282

DATE

1/24/23

PRESENTING CLINICAL SIGNS

History: Had been at the kennel. V+ Saturday mostly food. Unsure of other vomiting. Not sure if ate or drank Energy10% of normal Normally barks Does chew up toys. Eat well last night and did keep down but dry heaving this AM Drooling No Diarrhea Had bones and one left. Otherwise nothing left at boarders. Friday night started boarding General Appearance: QAR shy, more lethargic than expected- normally barks with entry to the room, more apprehensive, BCS 5/9 Hard swallowing, mild hypersalivation- appears overtly nauseous CRT/MM: pink, CRT 3s Eyes: Corneas clear, pupils normal size, symmetrical, sclera white, no ocular discharge Ears: No exudate observed, no redness present Oral Cavity: Minimal tarter/gingivitis; Grade 1 Nasal Cavity: No nasal drainage, nares WNL Cardiovascular: Regular rhythm; no murmur detected Respiratory: Lungs auscultate clear bilaterally; trachea clear Abdomen: Abdomen palpates normally; no pain, tenderness or masses on palpation Rectal: Did not perform rectal exam Musculoskeletal: Normal ambulation/no lameness reported Integument: Normal amount of shedding; skin/coat WNL Lymph Nodes: Lymph nodes normal in size Urogenital: External genitalia appears normal Neurologic: No apparent abnormalities noted

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 left kidney measured 6.0 cm. The right kidney measured 6.0 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 0.5 cm. The right adreal gland was not visualized; however, the area of the right adrenal gland was imaged.

Spleen

The **spleen** was folded upon itself cranially.

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



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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

Fluid filled **gastric lumen** was noted with areas of gastric mucosal remodeling. The pylorus was patent with no evidence of a foreign body. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. There was no evidence of foreign bodies. The stomach was empty at the time of the sonogram. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

Minor, heterogenous changes were noted in the left **pancreatic** base.

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ULTRASONOGRAPHIC FINDINGS

Gastritis pattern, possible very minor pancreatitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A clinical trial of the following may prove helpful. Endoscopy is warranted if clinical signs persist despite empirical measures. Fecal test is warranted.

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A clinical trial of **Zithromax (Dogs: 5-10 mg/kg p.o. q24h. May increase dosing interval to q48h after 3-5 days of treatment)**, **Metronidazole (10-20 mg/kg p.o. b.i.d.)**, **Pepcid (0.5-1 mg/kg s.i.d.)** and **Sucralfate (0.5-2 g/dog PO)** or **Omeprazole (1 mg/kg p.o. s.i.d.)** over the next 3 weeks along with a **novel-protein or hydrolyzed diet** with slurry feeding b.i.d./t.i.d. over the next 2-4 days and then increase to canned diet bid. Dry food should be avoided over the next 4 weeks. A recheck sonogram to assess GI improvement or progression would be ideal in 4 weeks.

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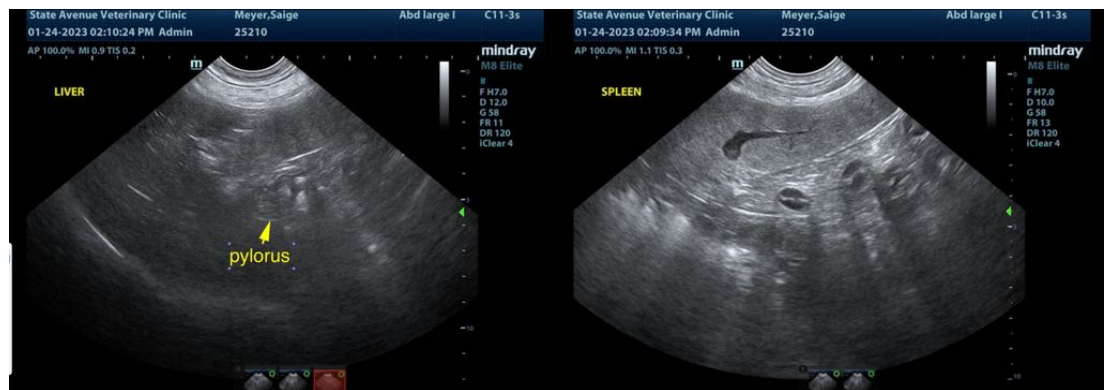
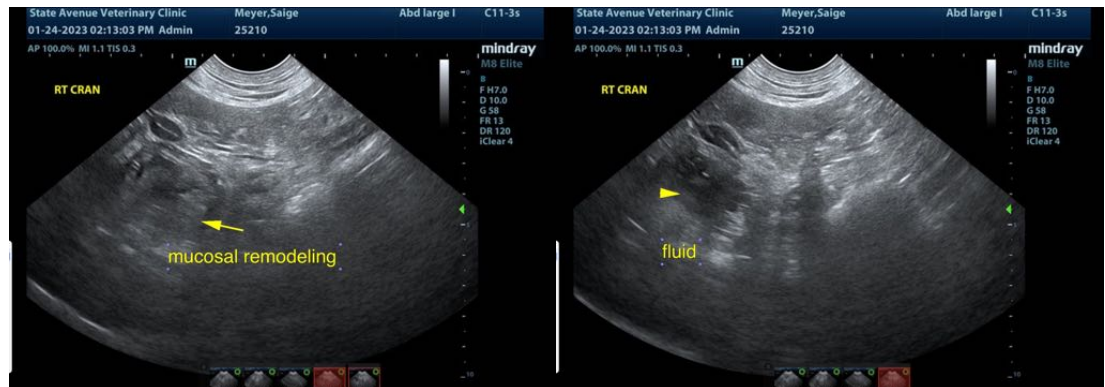
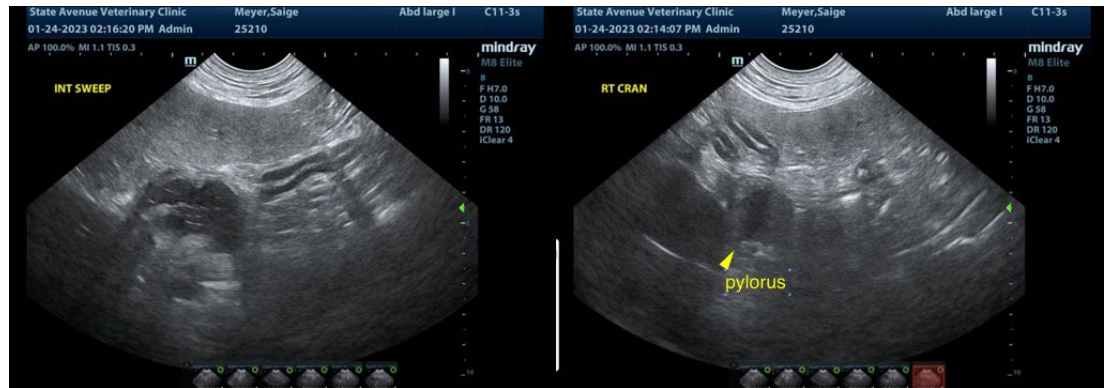
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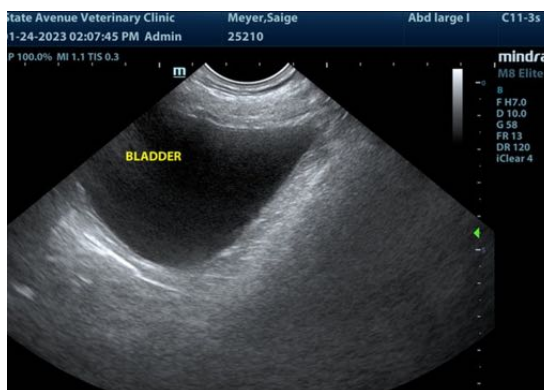
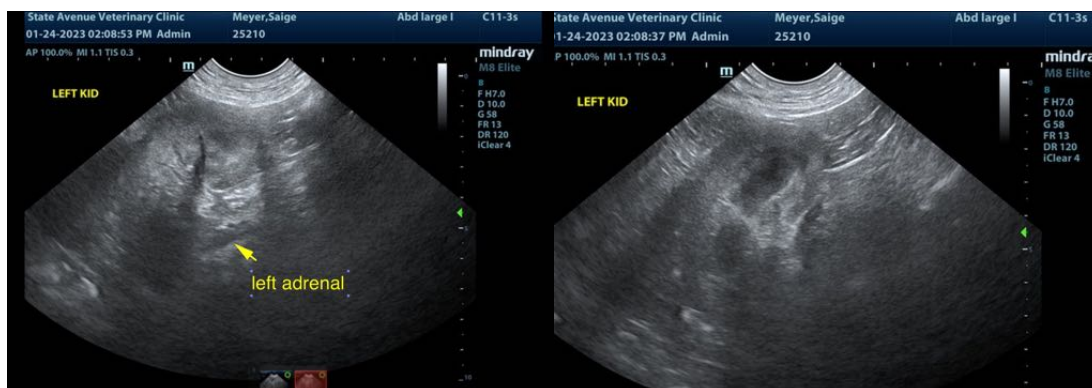
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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