

**PATIENT**Porter Ninedorf
55191A**SPECIES**

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

3 Years 5 Months

WEIGHT

28.2 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING
PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VETMadison VS -
Dr. Maller**INVOICE**

44581

DATE

1/27/23

PRESENTING CLINICAL SIGNS

Porter presented to the MVS Emergency Service on Jan 27, 2023, at 2:48pm, for evaluation of decreased appetite and water intake. Since Sunday Porter has had a decrease in his appetite and water intake. Porter refused to eat for several days in a row but today did eat a small amount. Porter has had soft but solid stools but owner has noticed a red tinge to some of them and Porter has been very gassy. Porter has been previously diagnosed with suspected primary ITP. He is currently in remission. He was seen on 1/24 by the MVS Internal Medicine Service for a recheck. Bloodwork at that time revealed a new finding of elevated liver enzymes (ALT, GGT) as well as elevated Retic-HGB. Elected to decrease prednisone at that time and recheck bloodwork at next visit. Start sucralfate for potential GI bleeding. Current medications: Prednisone Modified-generic cyclosporine Melatonin Cerenia Omeprazole Sucralfate

Abnormal PE/Chem/CBC/UA Results: Bloodwork 1/24/23: ALT 378, ALP 162, GGT 16, Retic-HGB 31.4.

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 residual prostate was uniform at 1.3 cm.

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 7.1 cm. The left kidney measured 7.3 cm.

Adrenal Glands

Both **adrenal glands** appeared subjectively flattened and mildly hypoechoic. Given the vague clinical signs, screening for Addison's indicated. The left adrenal gland measured 0.40 cm at the caudal pole and 0.31 cm at the cranial pole. The right adrenal gland measured 0.44 cm at the cranial pole and 0.33 cm at the caudal pole.

Spleen

The **spleen** was slightly heterogeneous with normal size and contour, consistent with hyperplasia.

Liver

The **liver** was mildly hyperechoic to falciform fat. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Gastric wall thickness measured 0.69 cm. No loss of curvilinear patterns. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated

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normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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.

Free Abdomen

Reactive mesenteric lymph nodes noted, measuring 3.3 cm x 0.57 cm and 3.97 cm x 1.28 cm.

ULTRASONOGRAPHIC FINDINGS

- Full stomach
- Mesenteric lymphadenopathy
- Subtle micronodular spleen
- Hyperechoic liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The echogenic of the material in the stomach is that of ingesta. FNA of the spleen and mesenteric lymph nodes indicated. Screening for Adison's indicated. However, the flattened adrenal glands may be secondary to Prednisone therapy. FNA of the liver warranted, given the liver enzyme elevations. Non-specific presentation. Gastrointestinal presentation depends on when the patient was fed prior to the sonogram. The Prednisone may be suppressing a more significant presentation such as lymphoproliferative disease, hence FNA spleen, liver, mesenteric lymph nodes.

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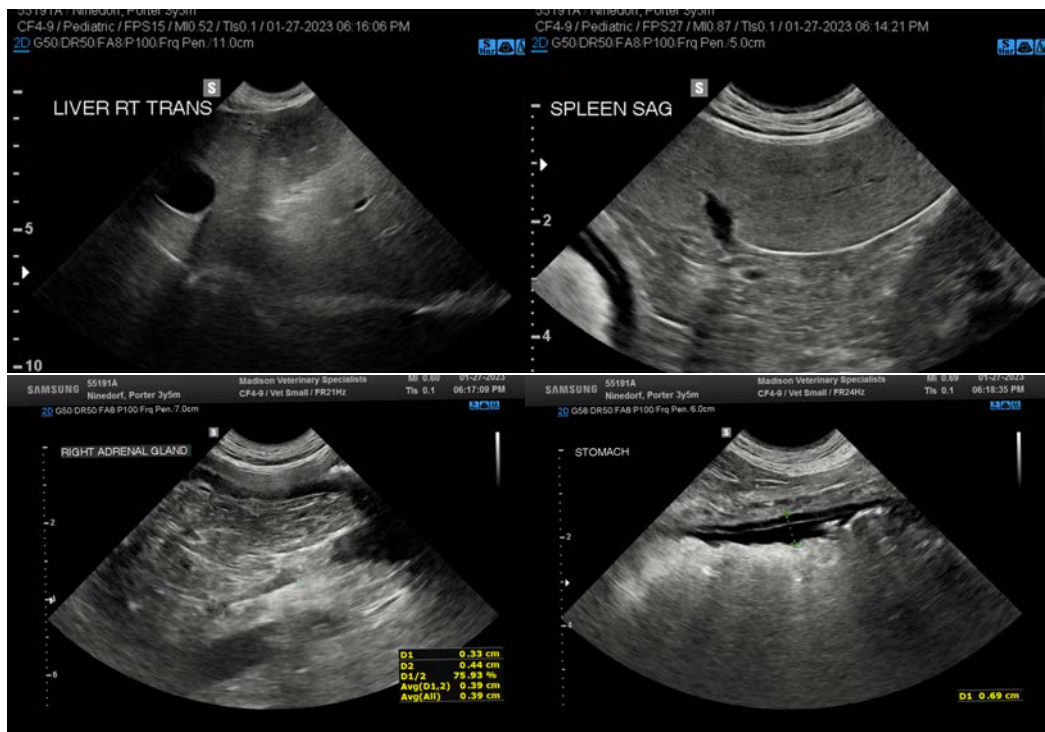
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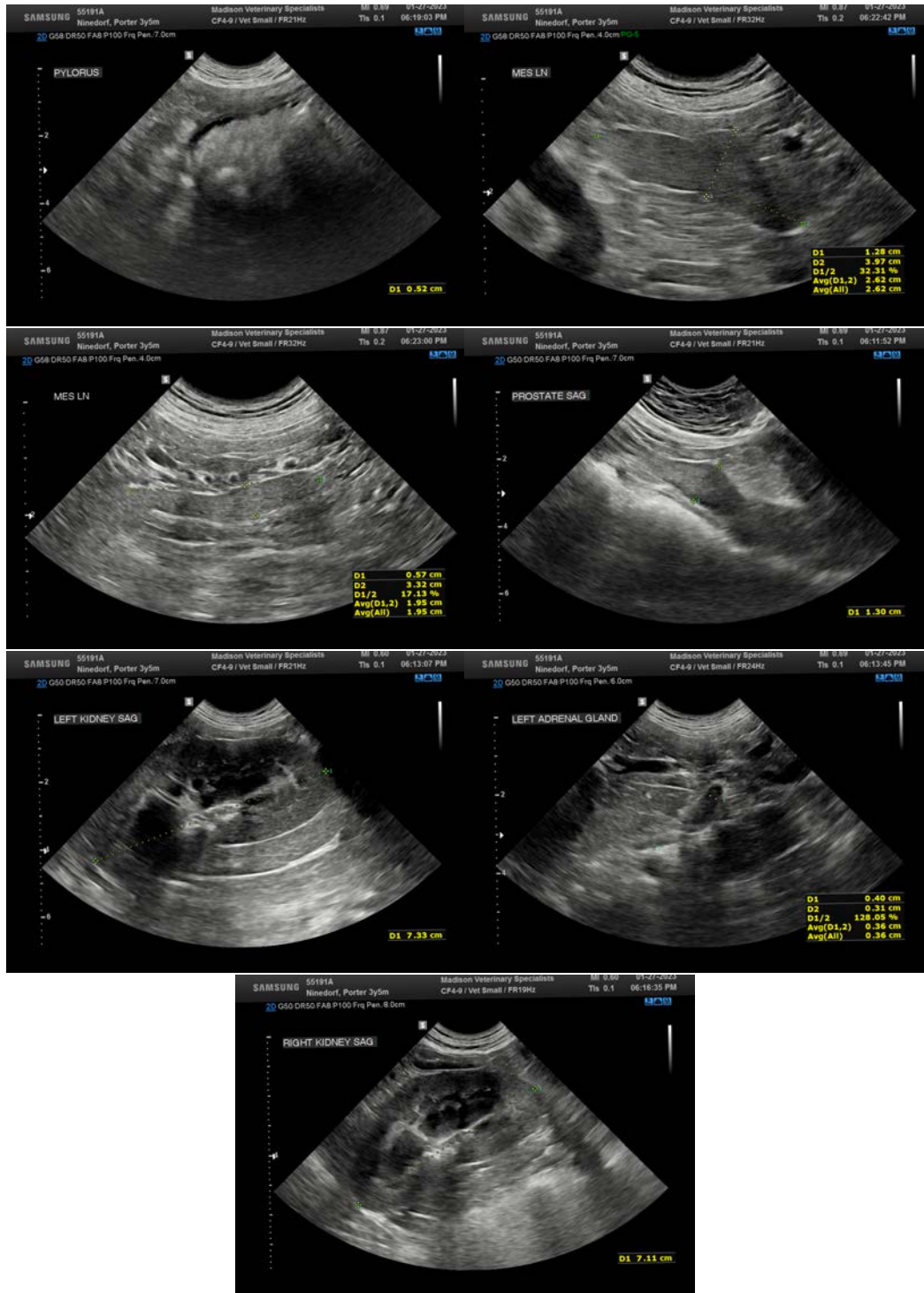
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

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

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