



PATIENT

Sadie Burrell

SPECIES

Canine

BREED

Labrador Retriever

SEX

Spayed Female

AGE

7 Months

WEIGHT

57 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Deml

HOSPITAL NAME

Craig Road AH

REFERRING VET

Dr. Wilson

INVOICE

42289

DATE

10/22/22

PRESENTING CLINICAL SIGNS

P is a 7 mo old FS Labrador Retriever presenting for vomiting, inappetence, and staring into space. P was yesterday like normal around 3 pm but vomited up her food about 1 hour after. No blood was seen in the vomit. P has not vomited again since. Per O, P has been acting as if she's been drugged – staring into space, overall just seems dazed, and isn't her normal crazy lab self. She has a history of getting in anything and everything. O does take her out to dog parks but it's been a little over a week since she last went. Prior to this, P has been eating, drinking, defecating, and urinating within normal limits. P has not been fed today due to current condition (and she's also fed once a day at 3 pm). No coughing, sneezing, or diarrhea noted by owner. No known allergies to vaccines/ medication. P has no recent travel history. P is up to date on vaccines.

Abnormal PE/Chem/CBC/UA Results: Pyrexia: 104.8 F Tachycardia: 168 bpm Tachypnea: 72 bpm Presented dull and lethargic, painful on abdominal palpation ALP 278 U/L (N: 20-150), GLU 112 mg/dL (N: 60-110), Na+ 137 mmol/L (N: 138-160)

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 **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 kidneys measured 7.0 cm each.

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 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.

Gastrointestinal

The upper **gastrointestinal tract** was largely unremarkable with a portion of irregular jejunum. Curvilinear details were maintained. The lumen appeared to be serpentine. This may be a congenital



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malformation yet appears to be stable. No evidence of any significant stasis present. This may be a normal positional variant or possible congenital malformation. The stomach revealed minor gastric wall hypertrophy. Some minor retention of ingesta noted in the gastric lumen. The distal small intestine was unremarkable. Reactive mesenteric lymph nodes noted up to 2.5 cm x 0.5 cm.

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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.

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Labrador Retriever

ULTRASONOGRAPHIC FINDINGS

- Irregular portion of jejunum and minor gastric stasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of foreign body obstruction. Medical management warranted. Screening for Addison's indicated. Consideration for enterotoxins indicated. I recommend a fresh fecal smear and fecal floatation analysis. Recheck sonogram in 48 hours if the patient is not responding to medical management.

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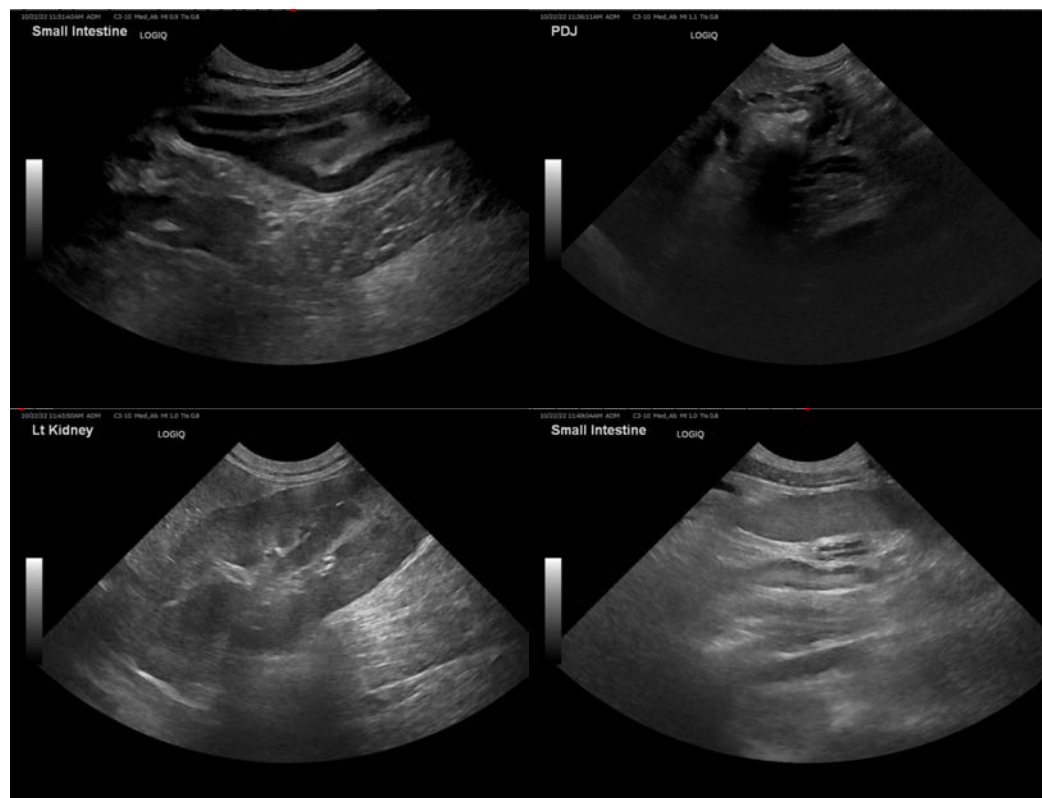
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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