



PATIENT

Norman Trahan

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

1 ½ years

WEIGHT

111.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Schneck

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Schneck

INVOICE

42172

DATE

10/27/22

PRESENTING CLINICAL SIGNS

History: V/D for less than 24 hours. History of foreign bodies. O found twisted rope in bowel movement on 10/26 in the morning. P had soft mucus stool after rope passed. Has regurgitated in clinic 2 times since being hospitalized @11pm on 10/26
Abnormal PE/Chem/CBC/UA Results: CBC: HCT 48.9%, normal WBC (9.78), normal platelets (192)
Chem17: NSF EPOC: Hypokalemia (2.9), HCT 44% Cortisol (4.37)

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 residual prostate was uniform and measured 1.33 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 6.36 cm and the left kidney measured 8.97 cm.

Adrenal Glands

Both **adrenal glands** were 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 0.54 cm at the caudal pole and 0.48 cm at the cranial pole.

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



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Gastrointestinal

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The **stomach** revealed hypertrophied mucosal changes with minor luminal fluid. The small intestine was empty. The mesenteric lymph node was reactive and measured 2.0 x 1.5 cm.

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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.

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ULTRASONOGRAPHIC FINDINGS

Gastric stasis.

AGE

1 ½ years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious foreign body was noted. However, artifact obscured portions of the pyloric outflow. I recommend 18-24 hour n.p.o., GI protectants, IV fluid support and a recheck sonogram primarily position SDEP 13 and 14.

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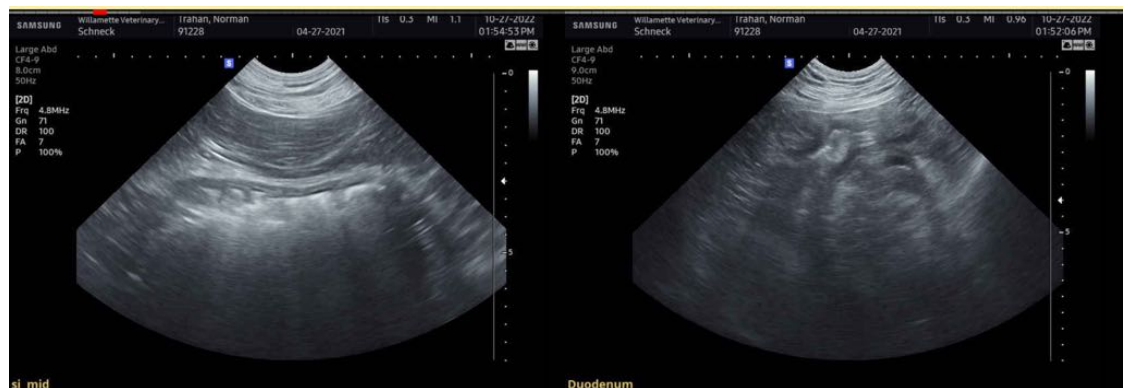
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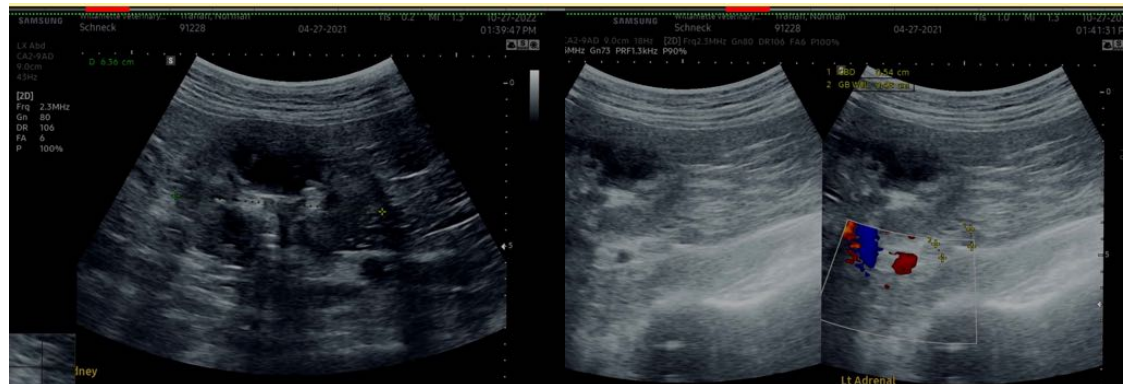
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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