



PATIENT

Gus Gus Kielar

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact Male

AGE

1 Year

WEIGHT

90.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Focused Ultrasound
Resources

HOSPITAL NAME

Focused Ultrasound
Resources

REFERRING VET

Wheat Ridge AH

INVOICE

29816

DATE

11/13/21

PRESENTING CLINICAL SIGNS

Dry cough with vomiting Radiographs on 11-04-21 Radiographs on 11-10-21 showed pneumonia PT is still vomiting and is currently eating a bland diet History of gastrotomy for foreign body on 08-20-21 Abnormal PE/Chem/CBC/UA Results: RBC 8.7 HCT 60 NEUT 10209 Glucose 53

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 right kidney measured 7.82 cm. The left kidney measured 6.75 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 right adrenal gland measured 0.57 cm. The left adrenal gland measured 0.55 cm at the cranial pole and 0.52 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself cranially, which is a normal variant. Uniform splenic enlargement noted, yet uniform parenchyma.

Liver

The **liver** was mildly subnormal in size. The gallbladder was unremarkable.

Gastrointestinal

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated 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. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected. Minor duct dilation noted at 0.4 cm.



PATIENT

Other

Gus Gus Kielar

Testicles were imaged and found to be uniform, 3.59 cm on the left and 3.77 cm on the right. The prostate was uniform, no evident pathology at 2.28 cm.

SPECIES

ULTRASONOGRAPHIC FINDINGS

Canine

- Minor microhepatica, unremarkable abdomen otherwise

BREED

Labrador Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of visceral disease causing the vomiting. Screening for Addison's warranted even though the adrenals appear normal. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

SEX

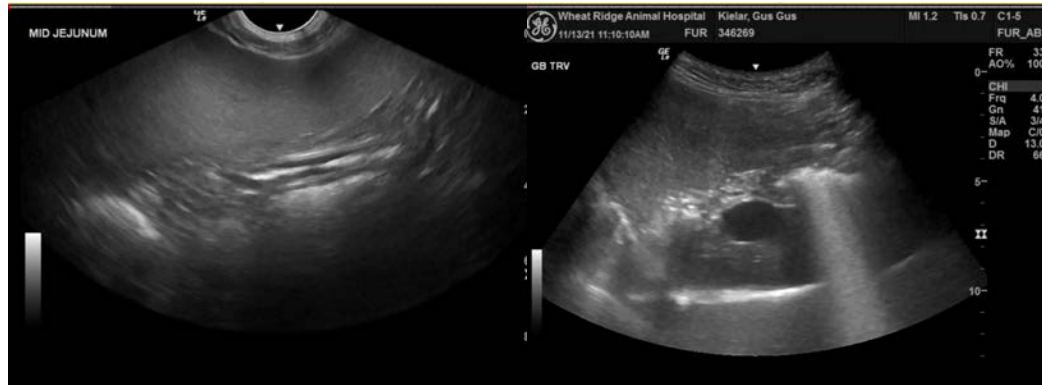
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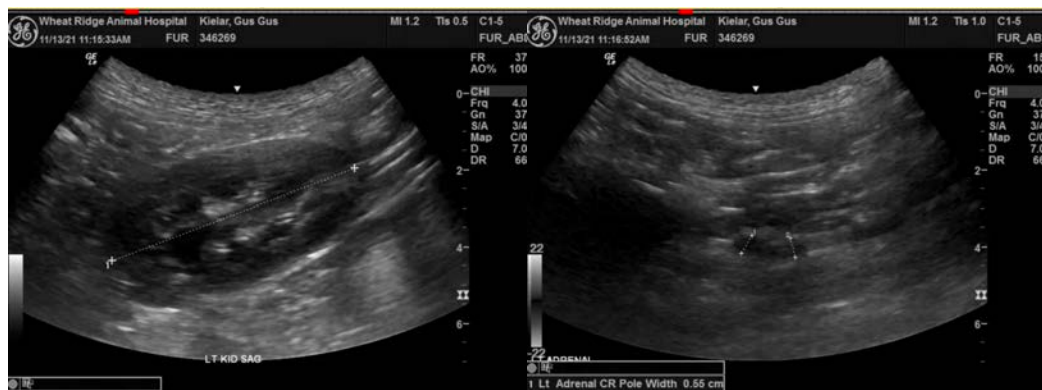
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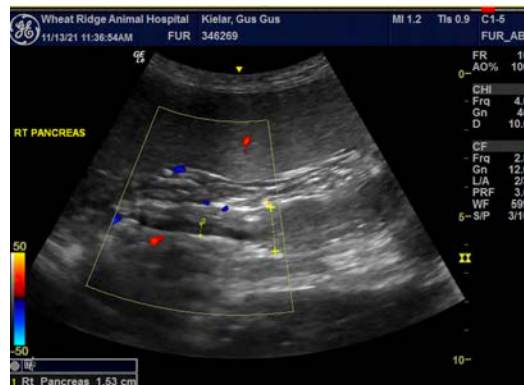
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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