



**PATIENT**

Arlo Norfleet

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Neutered male

**AGE**

2 years

**WEIGHT**

79.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Cohen

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Cohen

**INVOICE**

42719

**DATE**

11/26/22

**PRESENTING CLINICAL SIGNS**

History: Presented 11/23 for lethargy, trembling, restlessness and hyporexia of 4-5 days duration. Seen at RDVM on 11/22- rads unremarkable; PLT decreased PE on presentation- pink/tacky and hyperdynamic. tense abdomen. abnormal odor to mouth. BCS 6/9  
 Abnormal PE/Chem/CBC/UA Results: 11/26/22 3AM: EPOC- Glu 132, BUN 4, HCT 44% 11/24/22: Blood work on presentation: CBC- HCT 51.3%, LYMP 0.84, EOS 0.01, PLT 128 CHEM 10- ALT 149, ALP 216 EPOC- HCT 55 %, NSF PCV/TS- 55%, 6.8 g/dl FAST SCAN- no free fluid, painful around stomach, hyperechoic material around pancreas ABD RADS-3-view abdomen STAT SUBMITTED-FINDINGS: Adequate serosal definition is present throughout the abdomen, there are no mass effects or evidence of organomegaly. The liver, spleen and urinary bladder are unremarkable. The kidneys appear normal but are partially obscured. The small intestine has a relatively uniform appearance with no sections of intestine being abnormally dilated or plicated. No evidence of GI foreign material identified. The included thorax and skeletal structures are normal.

**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 right kidney measured 8.2 cm. The left kidney measured 7.7 cm.

**Adrenal Glands**

The **adrenal glands** are not visualized.

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**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**

Examination of the **gastrointestinal tract** revealed a stomach that revealed a fluid filled lumen. The small intestine and colon were unremarkable other than minor areas of fluid filled lumen. There was no evidence of a foreign body.

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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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**Heart**

Rapid view of the heart revealed bradycardia.

**AGE**

2 years

**ULTRASONOGRAPHIC FINDINGS**

Minor gastrointestinal upset pattern/gastroenteritis.

**WEIGHT**

79.6 lbs

Slight, reactive mesenteric lymph nodes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The adrenal glands are not visualized. Screening for Addison's is indicated. Baseline cortisol or ACTH stimulation is recommended. GI protectant protocol, IV fluid support and EKG are indicated. Enterotoxin or underlying Addison's +/- bradyarrhythmia are all concerns.

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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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