



PATIENT

Bub Buchanan

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

8 Years

WEIGHT

32.1 kg

INTERPRETED BY

Eric Lindquist, DMV,
 DABVP(CFM), Cert.
 IVUSS

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

East Credit VH

REFERRING VET

Dr. Webster

INVOICE

12505

DATE

11/27/25

PRESENTING CLINICAL SIGNS

Nothing abnormal on physical exam, but on abdominal radiographs (left lateral, pylorus appears enlarged with suspected fluid back up) - Was in for an exploratory surgery on November 26th (no obvious obstruction/foreign material noted)

Current Medications - Injectable Cerenia, famotidine and ampicillin

Abnormal PE/Chem/CBC/UA Results: labs and rads attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra (to a depth of 2.0 cm) 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 left kidney measured 7.1 cm in length. The right kidney measured 6.85 cm in length.

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 1.97 cm x 0.46 cm width at the caudal pole and 0.56 cm width at the cranial pole. The right adrenal gland measured 2.17 cm x 0.95 cm width at the cranial pole and 0.65 cm width at the caudal 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 were noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some minor age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

Some reactive remodeled mesentery was noted around the **stomach**. Subxiphoid palpation to assess for any discomfort that would suggest steatitis, yet this is likely secondary to surgical history. The small intestine was empty with some minor areas of spasming was noted. Curvilinear patterns were maintained. No evidence of obstruction. The colon was unremarkable.

Pancreas

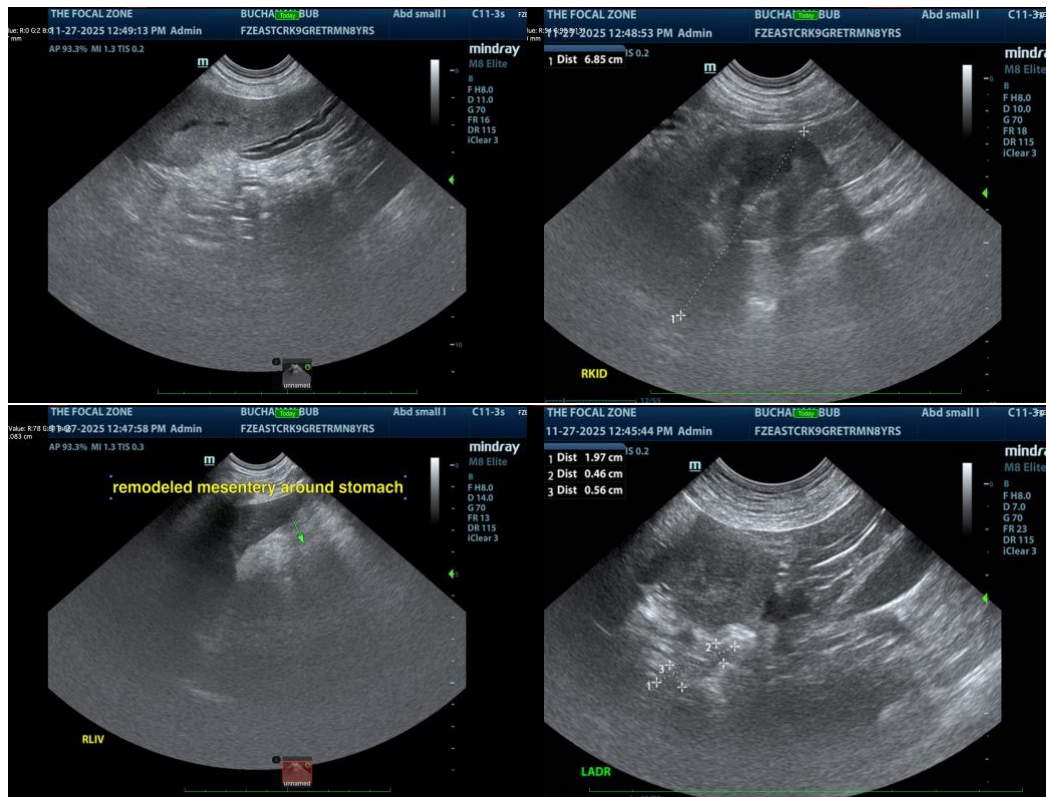
The **pancreas** was largely unremarkable other than some minor extended mesenteric remodeling. It may be secondary involving the pancreas, however, the changes were very minor and subtle.

ULTRASONOGRAPHIC FINDINGS

- Low-grade gastrointestinal insult with some steatitis or remodeling of the mesentery in the cranial abdomen, likely secondary to surgical history.
- Age-related hepatic changes.
- Minor remodeled pancreas.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant disease. Supportive care and medical management should prove effective.





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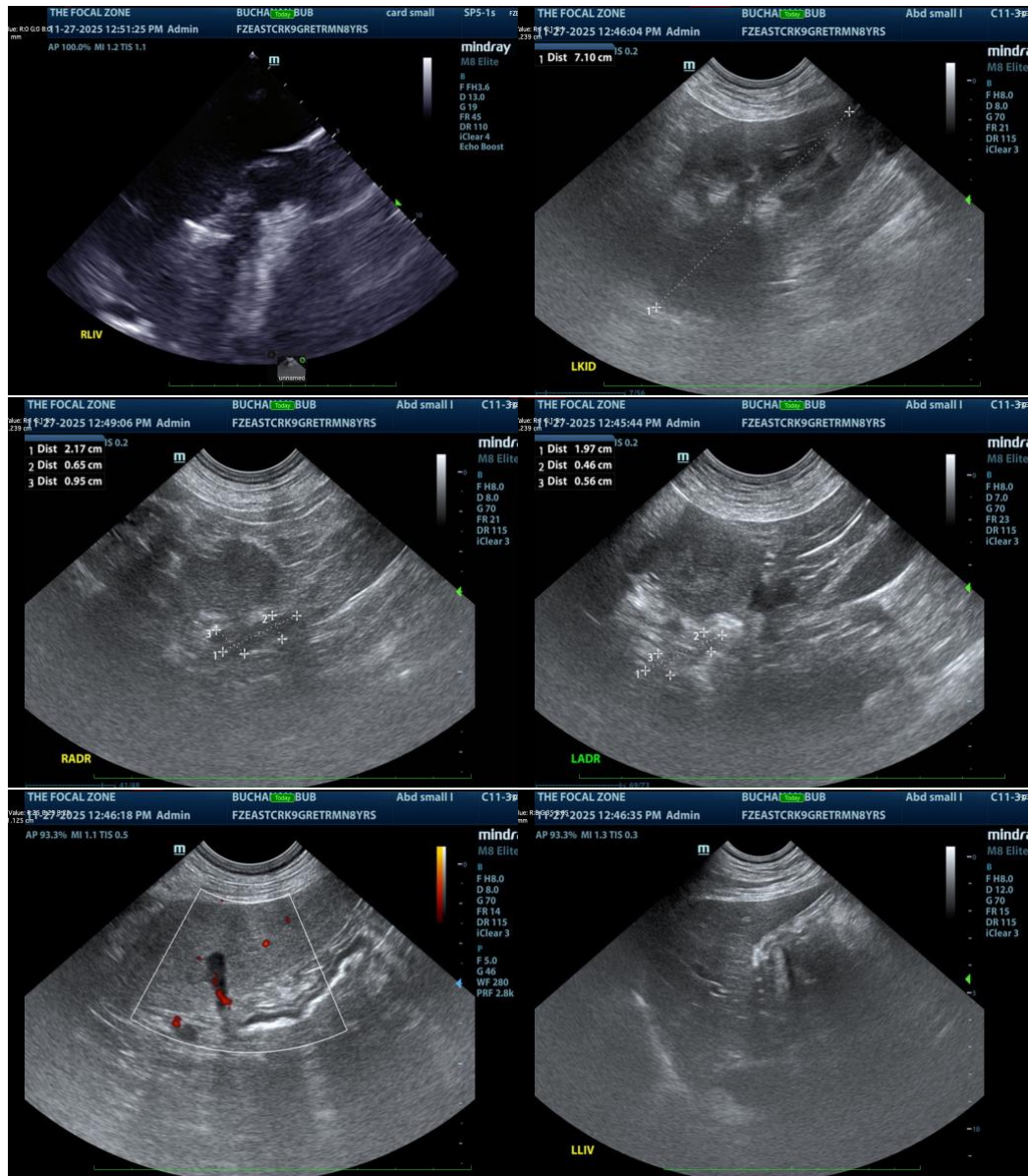
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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