



PATIENT

Bilbo McCollough

SPECIES

Canine

BREED

Newfoundland

SEX

Intact male

AGE

9 months

WEIGHT

60 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Potomac Mobile
Veterinary Ultrasound

HOSPITAL NAME

Banfield Winchester

REFERRING VET

Dr. Jarrett

INVOICE

92928

DATE

11/5/21

PRESENTING CLINICAL SIGNS

History: Very thin, BCS 2/9. Small for his breed. Neurologic signs. Giving Amoxicillin. Concern for portosystemic shunt. Sedated with Torbugesic and Propofol IV.
10/18/21- Bloodwork was normal. U/A USG 1.010, struvite crystals, cocci. No bile acids.

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.

A retained testicle was noted just cranial to the urinary bladder and measured 2.35 x 1.4 cm. The testicle was in intraabdominal position.

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 6.68 cm. The left kidney measured 5.09 cm.

Adrenal Glands

Both **adrenal glands** were subnormal in size. The right adrenal gland measured 0.33 cm. The left adrenal gland measured 0.31 cm at the caudal pole and 0.19 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. There was no evidence of intrahepatic or extrahepatic shunting. The portal vein branching was normal. The intrahepatic vascular volume was normal. The portal vein measured 0.8 cm, vena cava 0.9 cm. The portal vein was followed to its branching. 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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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. The jejunal lymph nodes were reactive. This is normal for this age.

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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.

SEX

Intact male

ULTRASONOGRAPHIC FINDINGS

Retained left testicle, intraabdominal position cranial to the urinary bladder.

AGE

9 months

There was no evidence of intrahepatic or extrahepatic shunting.

Subnormal adrenal size, screening for Addison's is warranted.

WEIGHT

60 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the neurological signs MRI or CT with contrast of the cranium is recommended.

INTERPRETED BY

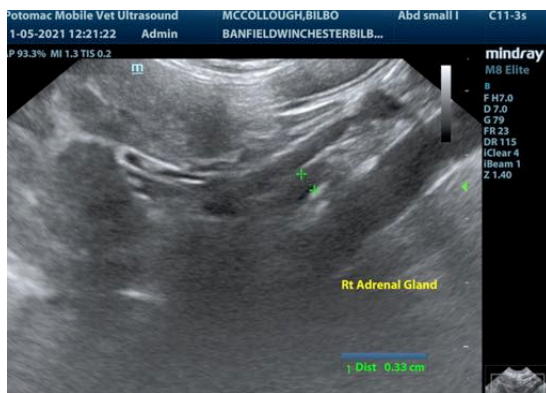
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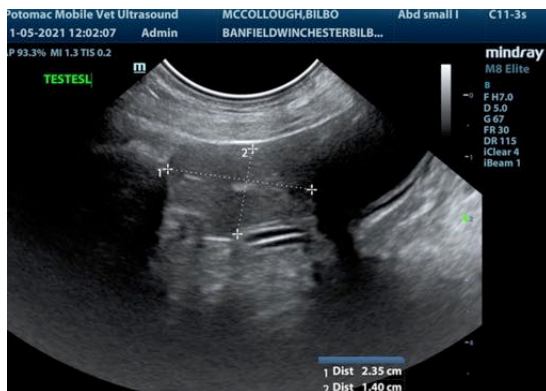
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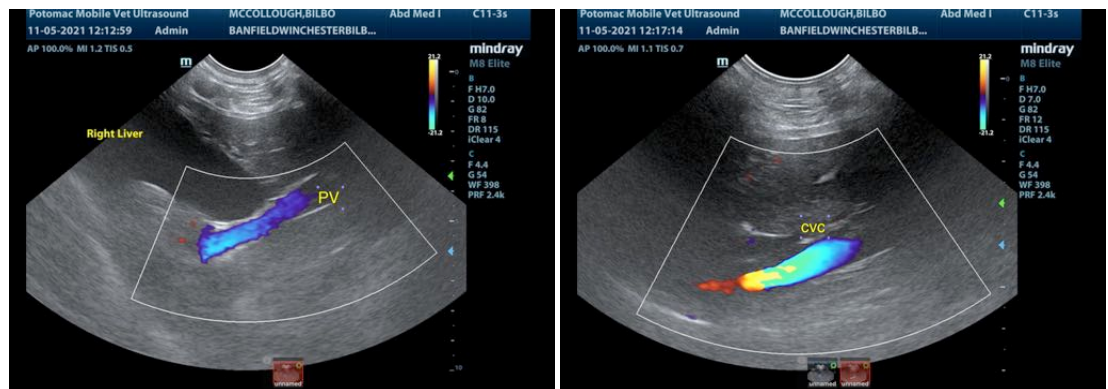
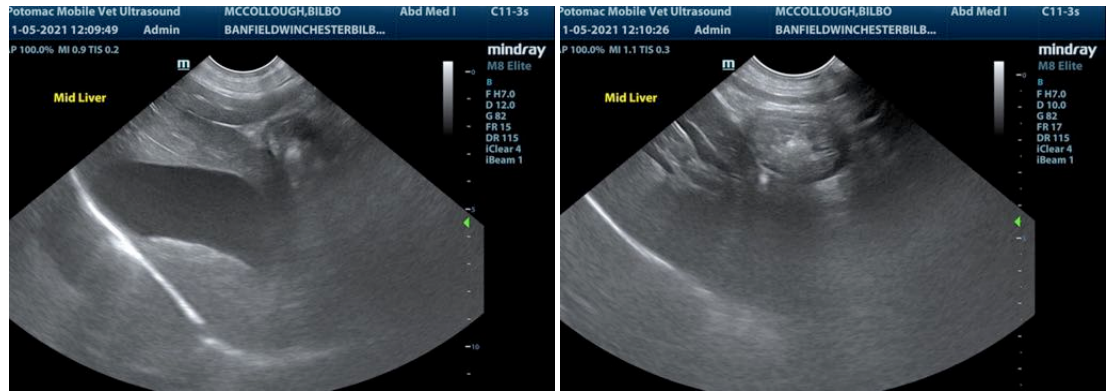
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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