



PATIENT

Charlie Pierce

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

9 Years

WEIGHT

30.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Peterson

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Peterson

INVOICE

43545

DATE

12/19/22

PRESENTING CLINICAL SIGNS

Vomiting/inappetence/abdominal pain started 12/14, outpatient care: SQF, cerenia inj, omeprazole TGH which did stop the vomiting. P was seen again 12/16 when p started vomiting again with blood clots, dx: UA-neg, fecal-pending, no additional tx. P began feeding cooked chicken/rice mixed with regular dry diet, has been eating well since tx on 12/14. O believes p has had weight loss over the last 2 months.

Abnormal PE/Chem/CBC/UA Results: UA- WNL EPOC- WNL PCV- 58% TS- 6.4

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 left kidney measured 7.0 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.50 cm.

The **right adrenal gland** was not visualized.

Spleen

The **spleen** was folded upon itself, with minor heterogeneous parenchymal changes without disruption of architecture, most consistent with hyperplasia.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some 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.

Gastrointestinal

The **stomach** revealed progressively shadowing gastric material measuring approximately 3-4 cm. The small intestine and colon were unremarkable.



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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

- Shadowing gastric material
- Folded spleen
- Age related hepatic changes

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Labrador

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

If the patient was NPO at the time of the sonogram, soft foreign matter suspected. Endoscopy would be appropriate. If exploratory gastrotomy is to be performed, recommend rapid sonogram of SDEP #13 position to ensure that the gastric material is persistently present. No overt evidence of neoplasia. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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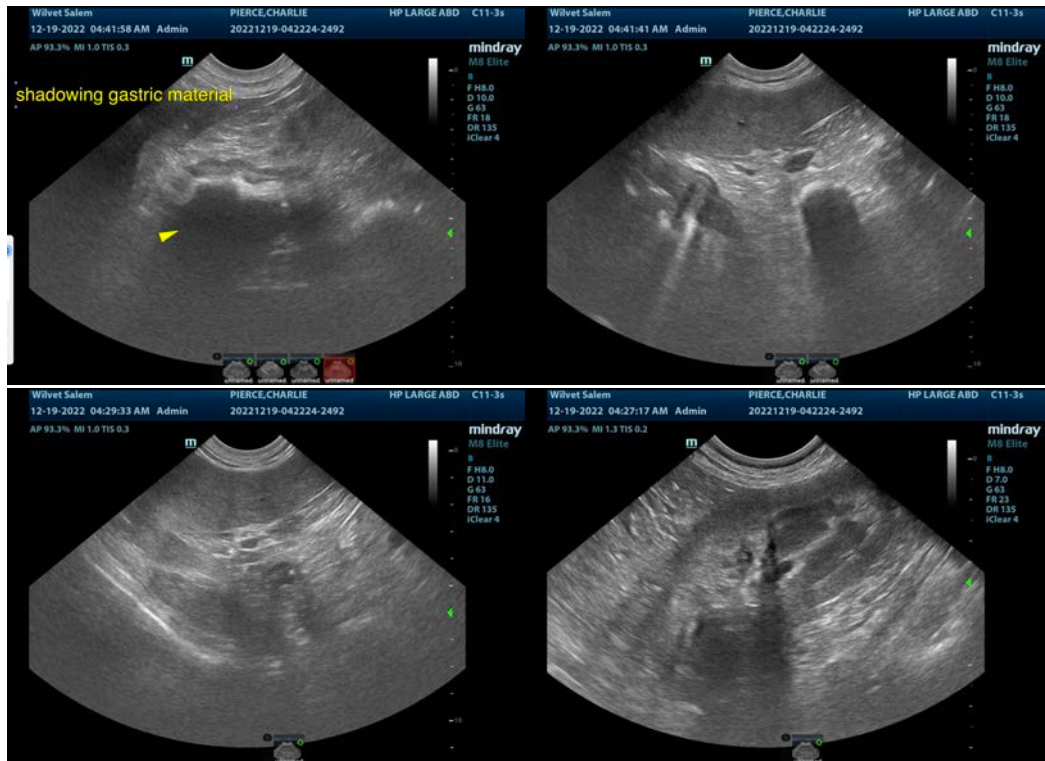
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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, Cert. IVUSS, CEO of SonoPath.com

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