



PATIENT

Sammy Sarin

SPECIES

Canine

BREED

Labradoodle

SEX

Neutered Male

AGE

2 Years

WEIGHT

61.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Adrienne Waffles

HOSPITAL NAME

Torch Lake VC

REFERRING VET

Dr. Adrienne Waffle

INVOICE

33733

DATE

12/27/21

PRESENTING CLINICAL SIGNS

History of worsening lethargy. Owner reports that he has been going to daycare for 1.5 years. He now falls asleep in the car and then will sleep for 8 hours after getting home. Owner has found 4 ticks on him over the summer.

Abnormal PE/Chem/CBC/UA Results: Lyme + CBC - unremarkable Chem - SDMA 26 Creatinine 1.3 BUN 14 Phosphorus - 4.5 T4 - 1.8 Urinalysis - 2 WBC/hpf; <1 rbc/hpf; no bacteria noted Reference lab UA and culture pending baseline cortisol <0.5

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 iliac trifurcation was unremarkable.

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 6.34 cm.

Adrenal Glands

The **left adrenal gland** was subjectively flattened and subnormal in size. The left adrenal gland measured 0.3 cm. The region of the **right adrenal gland** was unremarkable, may be subnormal in size.

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 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.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

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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ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen with subnormal adrenal size

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's warranted given the patient's history. Otherwise, viscerally there is no evidence of abdominal disease to be responsible for the clinical history. EKG and full CNS examination also indicated.

BREED

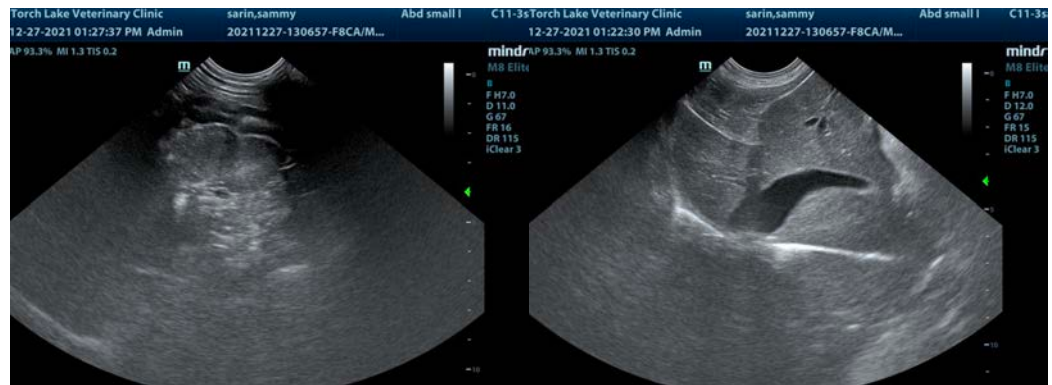
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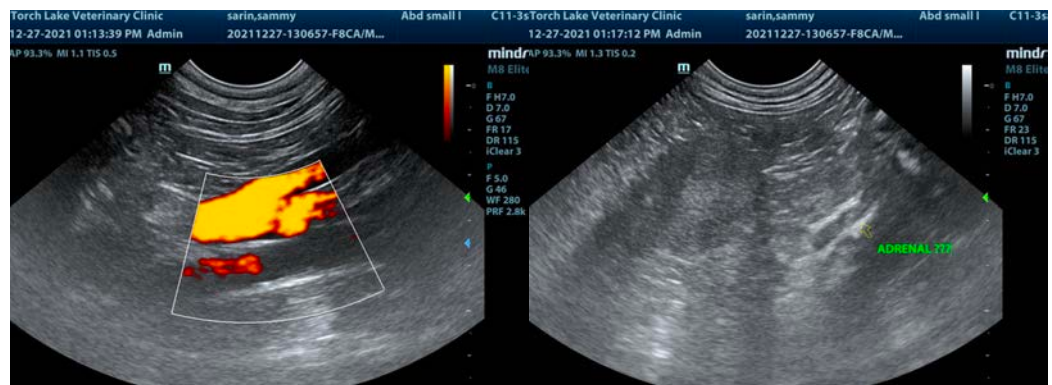
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com

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