



PATIENT PRESENTING CLINICAL SIGNS

Murphy Philibert Addison's. Consumed marshmellow, vomiting.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Canine 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.

BREED

Golden Retriever

SEX

Neutered Male

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 7.01 cm. The right kidney measured 6.76 cm.

AGE

2 Years

Adrenal Glands

Both **adrenal glands** were flattened and isoechoic, expected for an Addisonian patient. The left adrenal gland measured 2.22 cm x 0.54 cm. The right adrenal gland measured 2.01 cm x 0.57 cm.

Spleen

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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.

IMAGING PERFORMED BY

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Liver

HOSPITAL NAME

Rockaway AH

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.

REFERRING VET

Dr. Maniar

Gastrointestinal

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

INVOICE

33874

Pancreas

DATE

12/31/21

The **pancreas** in this patient was swollen, hypoechoic and presented irregular contour with mixed ill-defined hyper and hypoechoic changes that are consistent with pancreatic remodeling and nodular hyperplasia with chronic active or acute-on chronic inflammatory disease. Areas of peri-serosal ill defined hyperechoic reactive fat were also noted suggestive for inflammation especially if pain on imaging (+ Murphy sign) was present +/- focal subxyphoid palpation reveals pain response. No overt masses were noted or suspected. The pancreatic changes were largely localized to the right base of the pancreas.



PATIENT **ULTRASONOGRAPHIC FINDINGS**

Murphy Philibert

- Flattened adrenal glands, expected for Addisonian patient
- Mild chronic active pancreatitis pattern in the right base

SPECIES **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Canine

Hydrolyzed diet may be in this patient's best interest. Amoxicillin/Metronidazole recommended over a 5-7 day period and reassessment of the clinical status. Digital palpation of the right upper quadrant recommended to assess for any discomfort to gauge the clinical manifestation of pancreatitis.

BREED

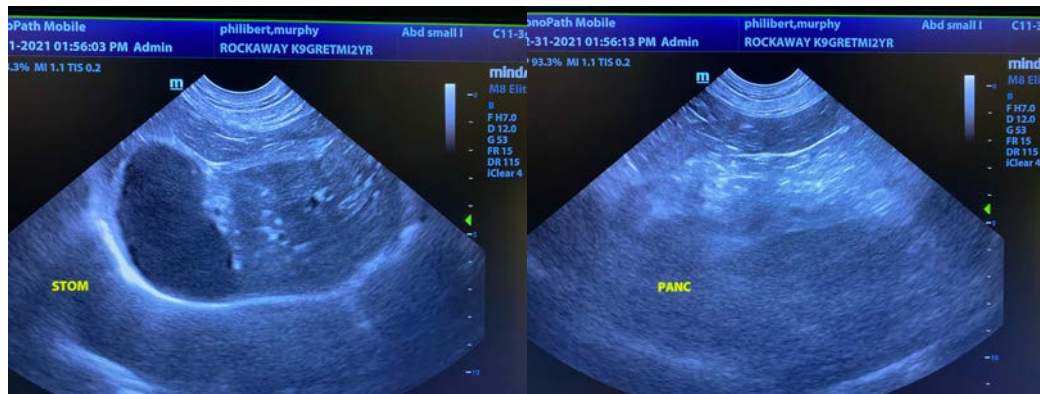
Golden Retriever

SEX

Neutered Male

AGE

2 Years



INTERPRETED BY

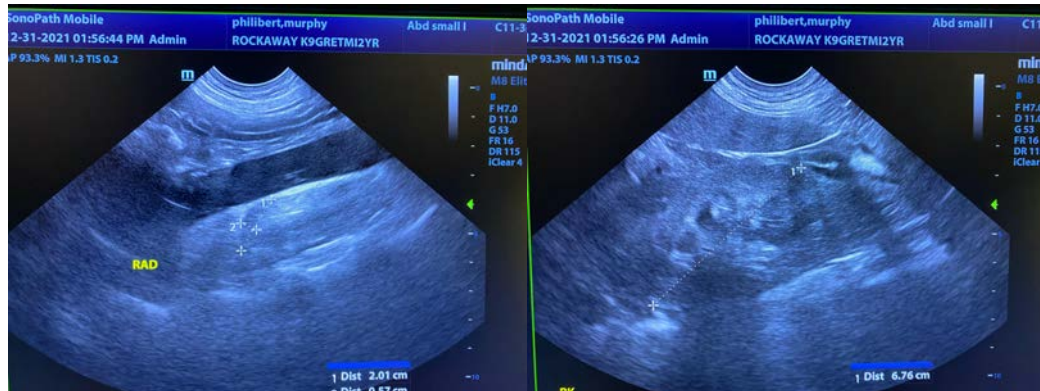
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HOSPITAL NAME

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REFERRING VET

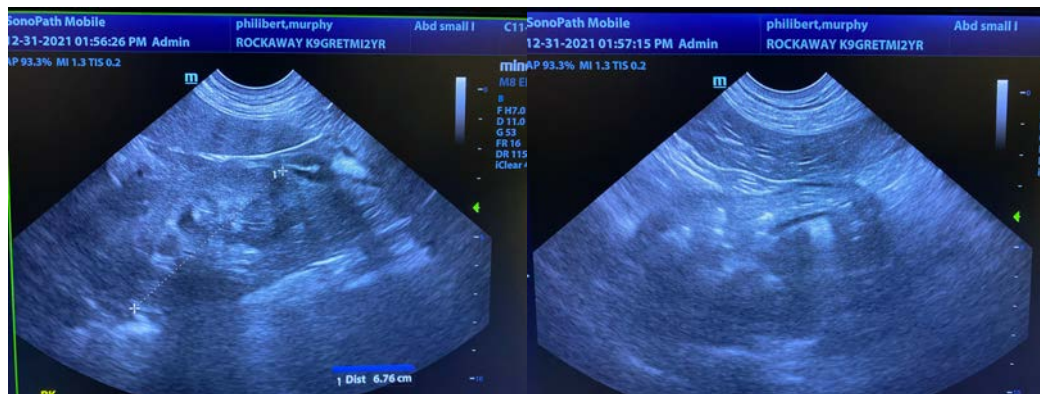
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PATIENT

Murphy Philibert

SPECIES

Canine

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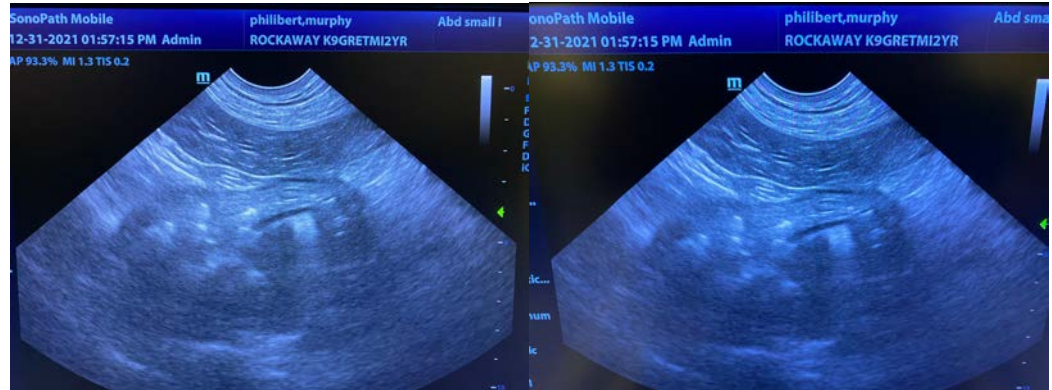
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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