



**PATIENT PRESENTING CLINICAL SIGNS**

Joey Cramer

History: Presented at our hospital for vomiting, diarrhea, and lethargy. P has been vomiting and having diarrhea for the past 2-3 days. Worsened today. P did attempt to eat this morning, but vomited up everything he ate. Later, P refused to move off couch. Previous Health Concerns: None Current Medications: Joint supplement

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Radiographs revealed many loops of mild-moderate gas distended small intestine, a soft tissue opacity overlapping and dorsal to the stomach, a loop of small intestine overlaps with the stomach, hepatomegaly. CBC: Stress leukogram (Neut 14.55 H, Lym 0.58 L), Chem: TCHO 373 H, ALP 143 H EPOC: TCO2 15.7 L, pH 7.332 L, Lact 5.01 H, Hct 56 H Repeat Rads: no obvious mass or obstruction, stomach pushed rostral, overlapping splenic head?

**BREED**

Goldendoodle

**SEX**

Neutered male

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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.

**AGE**

10 years

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 7.51 cm.

**WEIGHT**

26 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 2.84 x 0.63 cm at the cranial pole and 0.62 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

**IMAGING PERFORMED BY**

Erin Wicks

**HOSPITAL NAME**

Shores Veterinary  
Emergency Center

**Spleen**

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

**REFERRING VET**

Dr. Lupole

**Liver**

**INVOICE**

42917

The **liver** is mildly enlarged, uniform, hypoechoic and slightly irregular. If any liver enzymes or weight loss are present then FNA of the spleen and liver are indicated. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal.

**DATE**

12/7/22



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**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.

**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.

**ULTRASONOGRAPHIC FINDINGS**

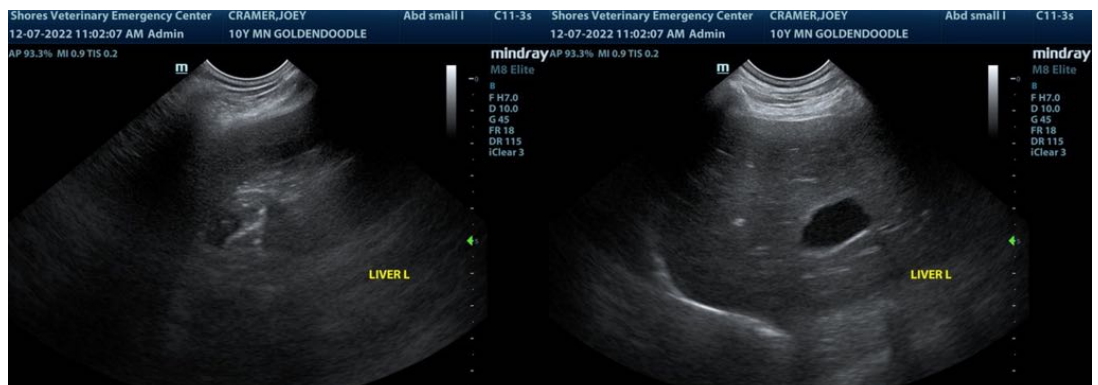
Mild hepatic enlargement.

Mild splenic enlargement.

Otherwise, unremarkable abdomen.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of both organs is recommended to ensure that these are reactive states and early neoplasia is not an issue.





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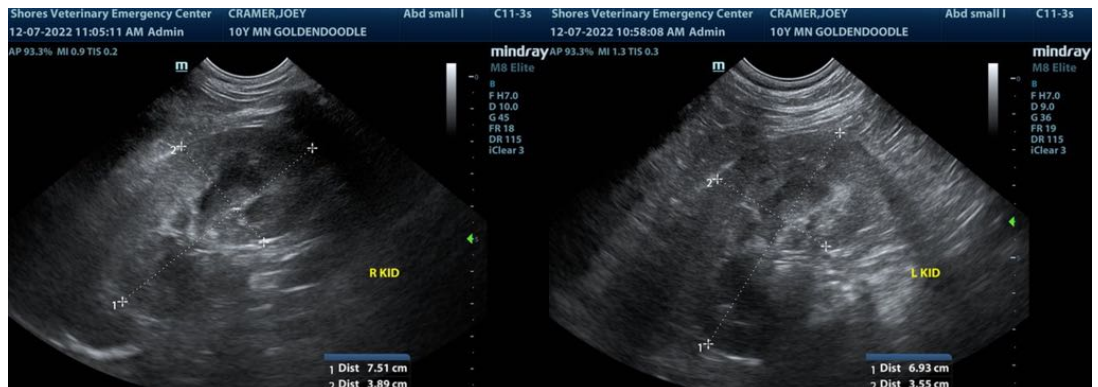
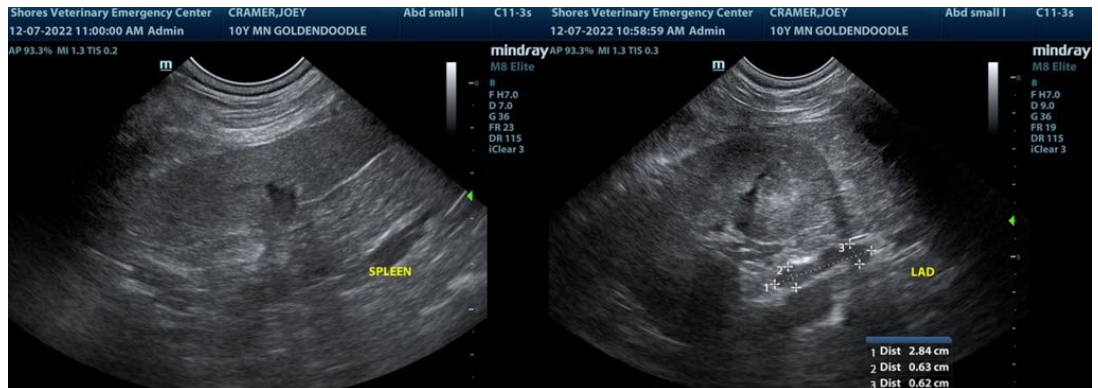
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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