



PATIENT

Buddy Armstrong

SPECIES

Canine

BREED

Miniature Australian Shepherd

SEX

Neutered male

AGE

2 years

WEIGHT

16.9 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Brenner

HOSPITAL NAME

Riverside AC

REFERRING VET

Dr. Brenner

INVOICE

42838

DATE

2/15/23

PRESENTING CLINICAL SIGNS

History: January 31, 2023 reduced appetite for a week with 1 lb weight loss, occasional vomiting and retching. Treated Cerenia and bland diet. February 3, 2023 back to attitude and activity, only eating table food bland diet and not eating dog food. February 7, 2023 still not eating dog food, no more gagging. February 15, 2023 3 days of eating well but regurgitates soon after eats.

Abnormal PE/Chem/CBC/UA Results: January 31, 2023 Temp 102.8, obese. CBC Neutrophilia 14.01 (2.95-11.64), High normal RBC, Reticulocytes 124.4 (10-110). Chemistry normal. CPL normal.

Abdominal radiographs no foreign body seen or pattern, gas in colon, some loss definition cranial abdomen. Bilateral hip dysplasia. February 15, 2023 chest radiographs no megaesophagus seen.

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.

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 4.15 cm. The left kidney measured 3.56 cm.

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 1.75 x 0.24 cm at the cranial pole and 0.29 cm at the caudal pole. The right adrenal gland measured 2.0 x 0.8 cm at the cranial pole and 0.4 cm at the caudal 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. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed a minor amount of debris.



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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

Structurally unremarkable abdomen.

Structurally the adrenal glands appear normal to subnormal in size.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of visceral disease responsible for pain or clinical signs. Referred back pain should be considered as a potential. Screening for Addison's is warranted given the vague clinical signs.





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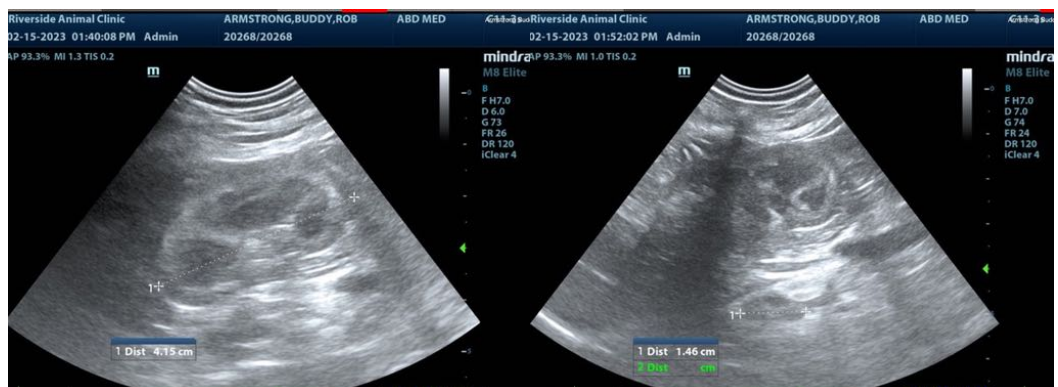
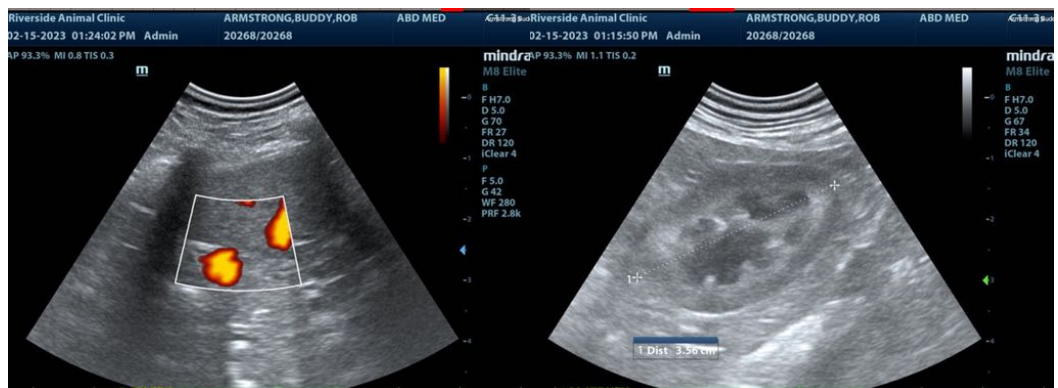
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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