



**PATIENT**

Sherman McDonald

**SPECIES**

Canine

**BREED**

Goldendoodle

**SEX**

Neutered male

**AGE**

9 ½ years

**WEIGHT**

23 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Favis

**HOSPITAL NAME**

Ruidoso AC

**REFERRING VET**

Dr. Favis

**INVOICE**

42837

**DATE**

2/15/23

**PRESENTING CLINICAL SIGNS**

History: Unexplained weight loss, mild decrease in energy. No vomiting or diarrhea. Normal appetite. Does have new puppy in house so getting more exercise.

Abnormal PE/Chem/CBC/UA Results: Hypoalbuminemia (2.3), normal renal values and SDMA, ALP 589, no other chemistry abnormalities. CBC wnl. UA - USG 1.039, proteinuria noted, but UPC normal at 0.06.

**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 left kidney measured 5.54 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 right adrenal gland measured 1.44 x 0.5 cm at the cranial pole and 0.62 cm at the caudal pole. The left adrenal gland measured 0.26 cm in width x 2.0 cm.

**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** revealed increased portal markings. The gallbladder and common bile duct were unremarkable. Some spastic small intestine was noted.



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**Gastrointestinal**

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The **stomach** presented prominent rugae with mild, echogenic remodeling. The muscularis, submucosal and serosal areas all appeared intact. The small intestines and colon were unremarkable.

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**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**

Minor hepatic remodeling.

Otherwise, unremarkable abdomen.

**AGE**

9 ½ years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening for Addison's is warranted given the low albumin. FNA of the liver is indicated to ensure that this is a benign presentation. The case of weight loss is not evident.

**WEIGHT**

23 lbs

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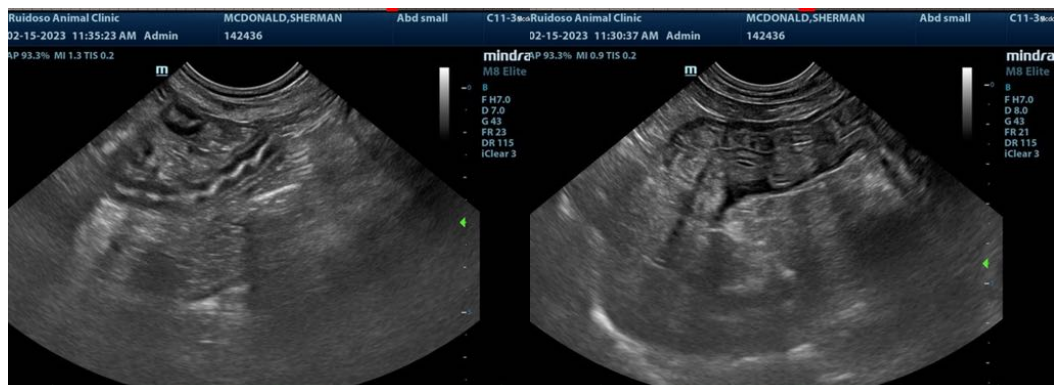
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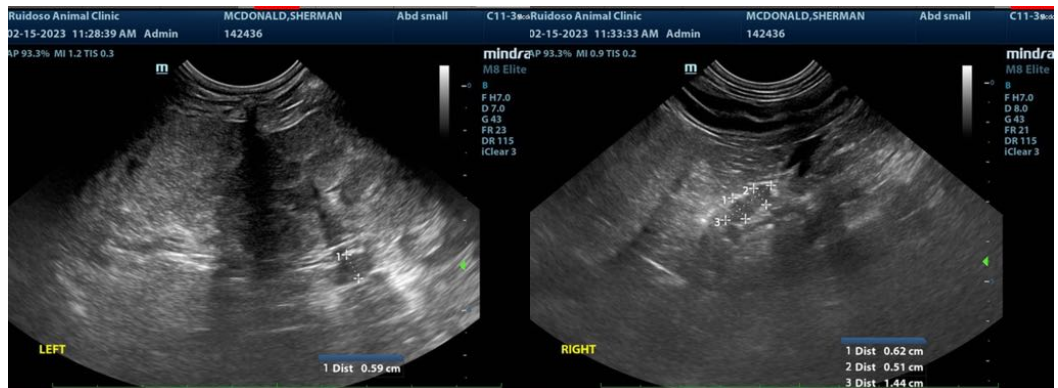
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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  
info@SonoPath.com