



**PATIENT**

Jack Neyhart

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

68.6 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Jack Reese

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

Dr. Jack Reese

**INVOICE**

35811

**DATE**

2/22/22

**PRESENTING CLINICAL SIGNS**

Recurrent vomiting and diarrhea episodes. Responsive to supportive care, but often recurs. P currently on w/d diet, no other notable symptoms at home.

Abnormal PE/Chem/CBC/UA Results: Most recent bloodwork in Sept 2021 unremarkable

**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 **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 5.9 cm. The right kidney measured 4.9 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 2.5 cm x 0.50 cm. The right adrenal gland measured 2.67 cm x 1.3 cm at the cranial pole and 0.60 cm at the caudal pole.

**Spleen**

The **spleen** presented multifocal hypoechoic nodular changes. Mild disruption of architecture noted without capsular expansion. The spleen was folded upon itself cranially, which may be creating a mass effect upon palpation or on radiographs. However, no overt masses present.

**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**

The **stomach** itself was unremarkable. Portions of the distal small intestine revealed increased submucosal layer without loss of mural detail. The remainder of the intestinal tract was unremarkable. This may be owing to a history of inflammatory bowel.

**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**

- Normal abdomen with undefined splenic nodules – benign hyperplasia versus emerging round cell neoplasia possible, less likely hemangiosarcoma.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

25-gauge FNA of the splenic nodules recommended, given the breed history. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Recheck sonogram in two weeks of the splenic presentation to assess for any progression.

**BREED**

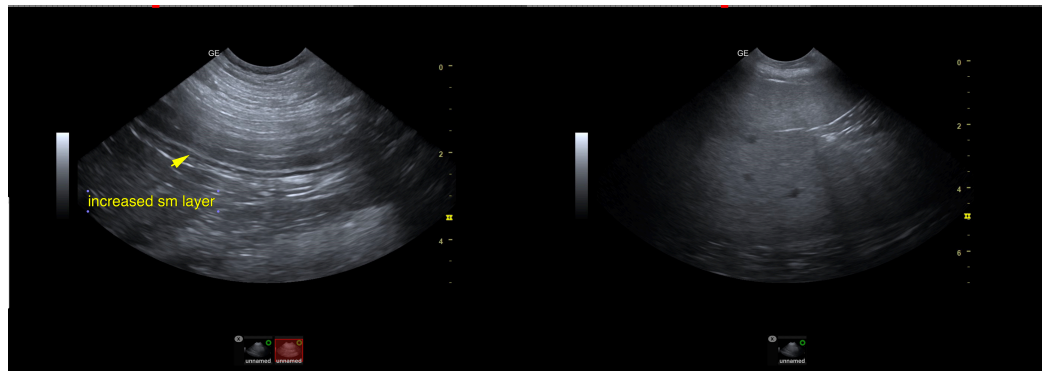
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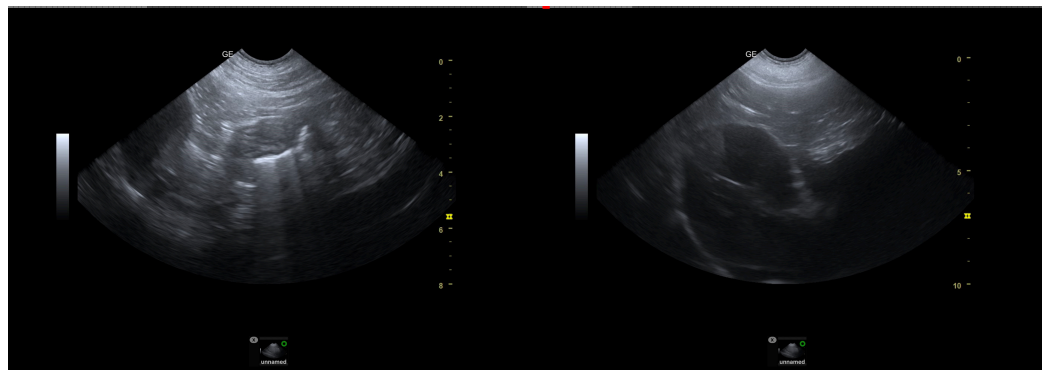
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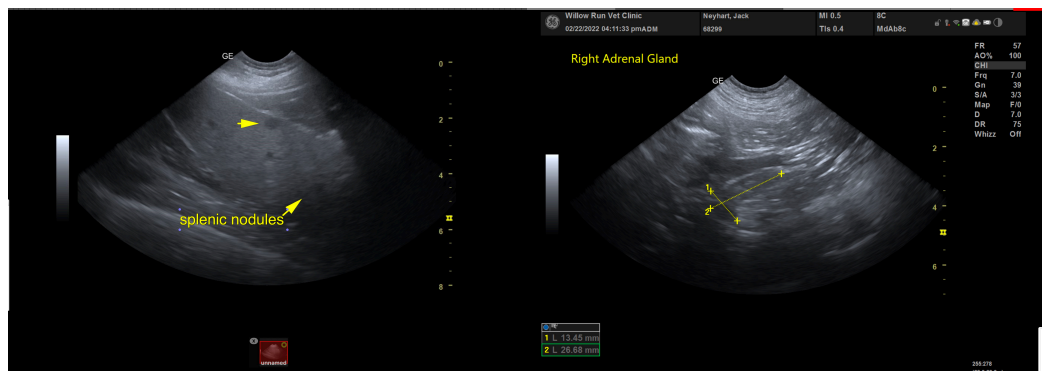
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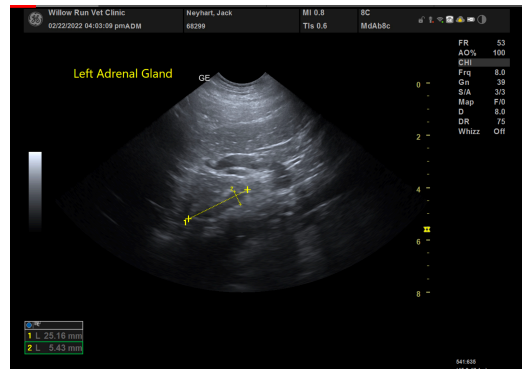
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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