



PATIENT

Simba Molina

SPECIES

Canine

BREED

Golden Doodle

SEX

Intact Female

AGE

9 Months

WEIGHT

32 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Raski

INVOICE

35807

DATE

2/23/22

PRESENTING CLINICAL SIGNS

Presented at our hospital for recheck, inappetence since Monday, was seen yesterday here, gave cerenia injection, patient did vomit through the cerenia once this morning, lethargic, not acting self, took a while to wake patient up this morning Previous Health Concerns: none Current Medications: probiotic, cerenia
Abnormal PE/Chem/CBC/UA Results: Abdominal: Tense on abd palp. 1) 2V Abd Rads – horizontal linear shadow present in stomach lumen – superimposition vs. foreign material, no obstructive pattern 2) EPOC/PreSurg - NSF

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 7.1 cm. The right kidney measured 7.81 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.

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 were 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 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** appears to be empty other than overdistention with fluid and minor chyme. The distal small intestine revealed a shadowing structure in the mid caudal abdomen. I could not differentiate colonic artifact from small intestinal foreign matter. However, no obstructive pattern noted prior to this structure.



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Pancreas

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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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Canine

ULTRASONOGRAPHIC FINDINGS

- Shadowing structure mid caudal abdomen

BREED

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Golden Doodle

I recommend treating medically with 24 hour NPO and IV fluid support and recheck sonogram.

SEX

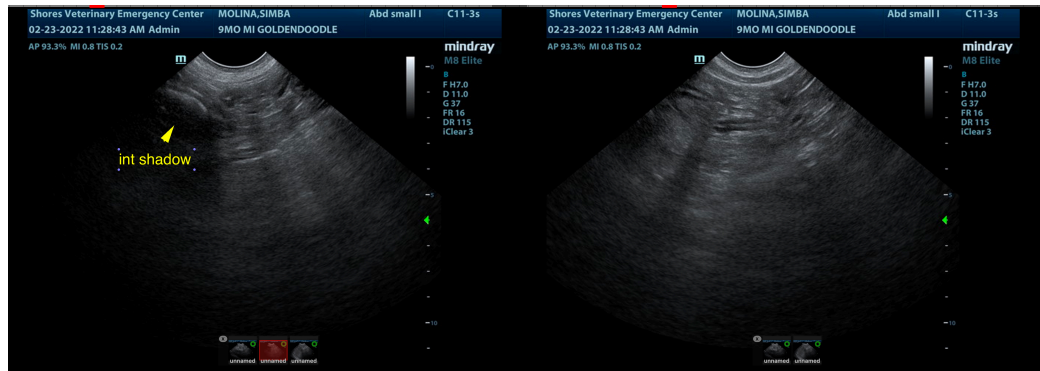
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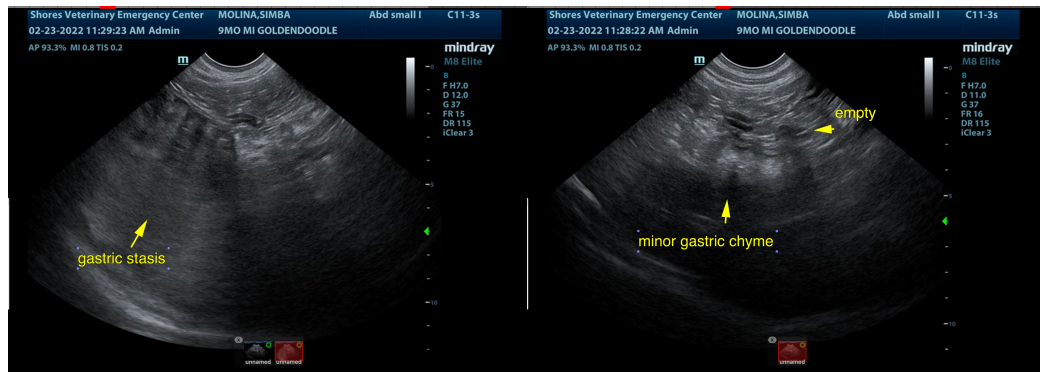
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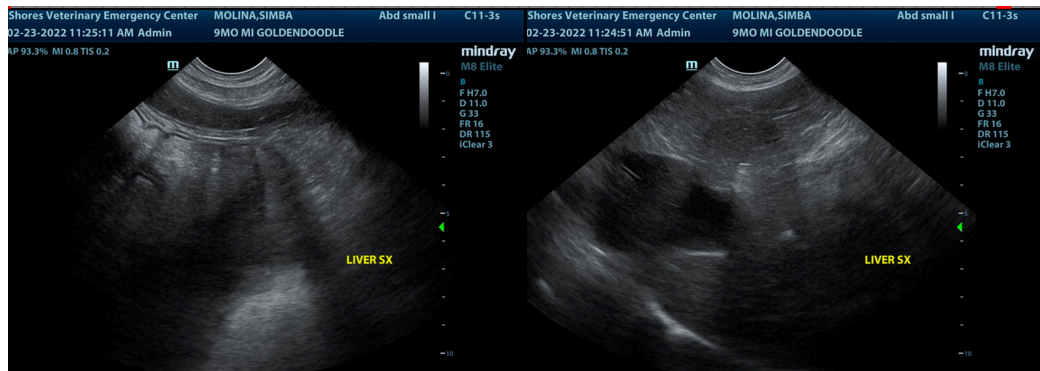
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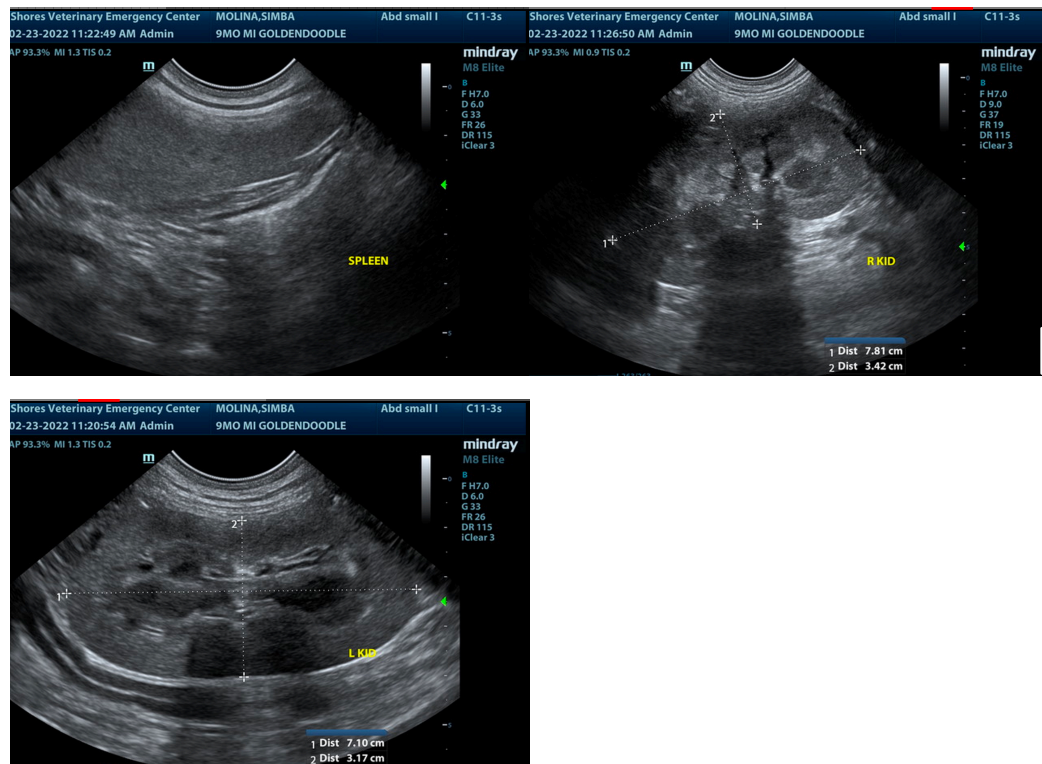
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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