



PATIENT

Archie Drew

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered Male

AGE

13 Years

WEIGHT

37.8 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores VEC

REFERRING VET

Dr. Miller

INVOICE

35924

DATE

2/26/22

PRESENTING CLINICAL SIGNS

Presented at our hospital: gi issues starting a year ago. Infrequent vomiting at first, now since November much more frequent; vomits every time he eats; bloody specks in vomit and bloody diarrhea. Today became tarry bloody stool. Previous Health Concerns: none. Bloodwork in Nov. wnl except diluted urine. Current Medications: Proin started last Saturday. Metronidazole 250 mg 1.5 tabs noon. Appetite/When did they eat last: eating okay before last night
Abnormal PE/Chem/CBC/UA Results: Abdominal: tender EPOC- NSF Pre-surg- ALT 140 Rads- chest NSF stomach- empty stomach, no obvious fb/ obstructive gas pattern; splenomegaly? Hepatomegaly?

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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 8.4 cm. The right kidney measured 8.08 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 0.50 cm. The right adrenal gland measured 0.60 cm.

Spleen

The **spleen** was mildly enlarged with subtle micronodular changes. The spleen was folded upon itself caudally.

Liver

The **liver** was uniformly enlarged with left-sided hepatic swelling. Parenchyma was uniform. Slight coarse architecture. Minor increased portal markings noted. The **gallbladder** was unremarkable.

Gastrointestinal

The **gastrointestinal tract** was unremarkable, yet deviated caudally owing to the primarily left-sided hepatomegaly.

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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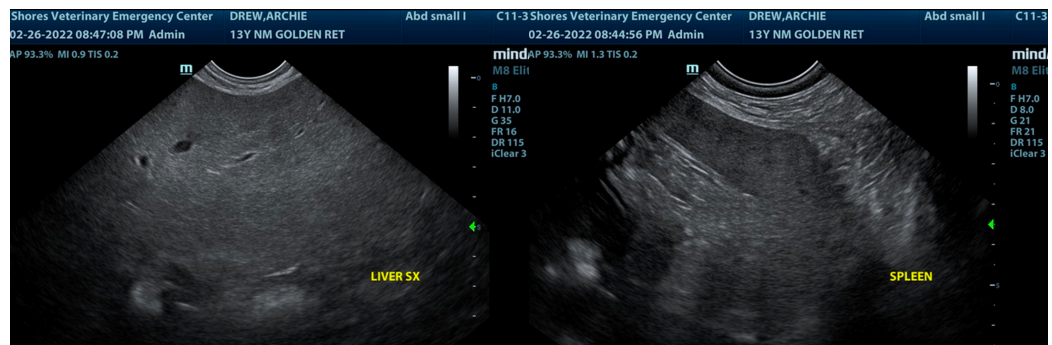
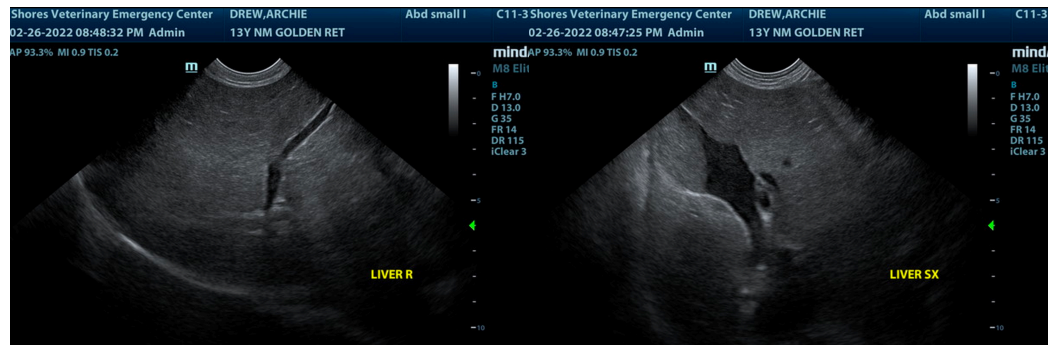
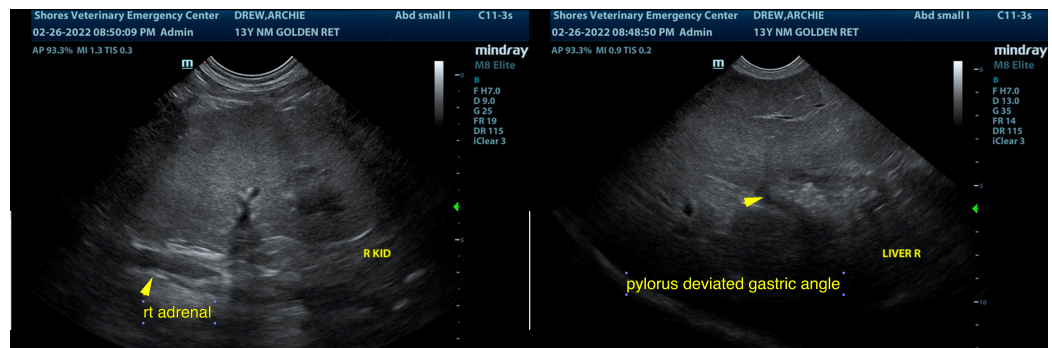
Dr. Miller

ULTRASONOGRAPHIC FINDINGS

- Non-specific moderate hepatomegaly, primarily left-sided
- Mild splenomegaly with subtle micronodular changes
- Non-specific gastrointestinal upset without structural changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen and liver recommended to ensure an underlying infiltrative disease is not emerging. However, these are likely benign. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



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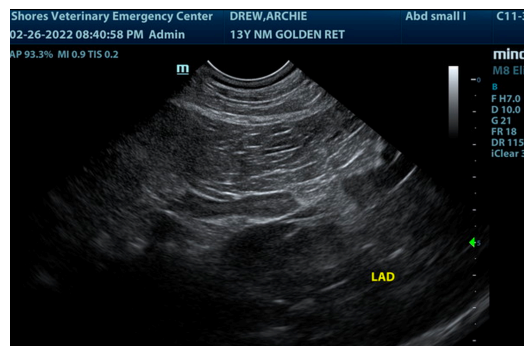
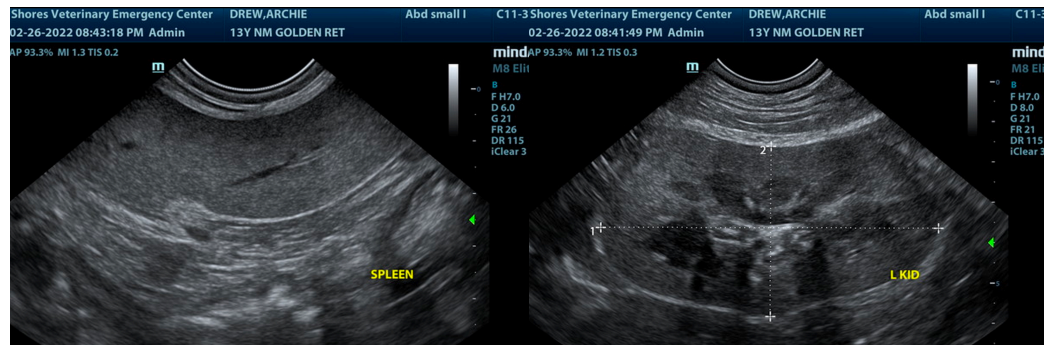
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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