



**PATIENT**

Winnie O'Donnell

**SPECIES**

Canine

**BREED**

Golden Retriever Mix

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

29 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Turner

**HOSPITAL NAME**

Pennsauken AH & UC

**REFERRING VET**

Michael Roppolo

**INVOICE**

13826

**DATE**

2/7/22

**PRESENTING CLINICAL SIGNS**

History: Acting strangely since 3pm yesterday: lethargic, inappetent, no u/bm since yesterday. Ate a few Tbsp food at 6am - US done 2:30pm

Abnormal PE/Chem/CBC/UA Results: Attached - 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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.2 cm. The left kidney measured 7.0 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 2.88 cm x 0.75 cm at the caudal pole and 0.71 cm at the cranial pole. The right adrenal gland measured

**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** revealed a minor amount of chyme. Excessive GI gas was present. Transit of chyme into the small intestine appeared to be normal. No overt obstruction noted. The colon revealed normal stool consistency.

**Pancreas**



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The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some minor parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

### Free Abdomen

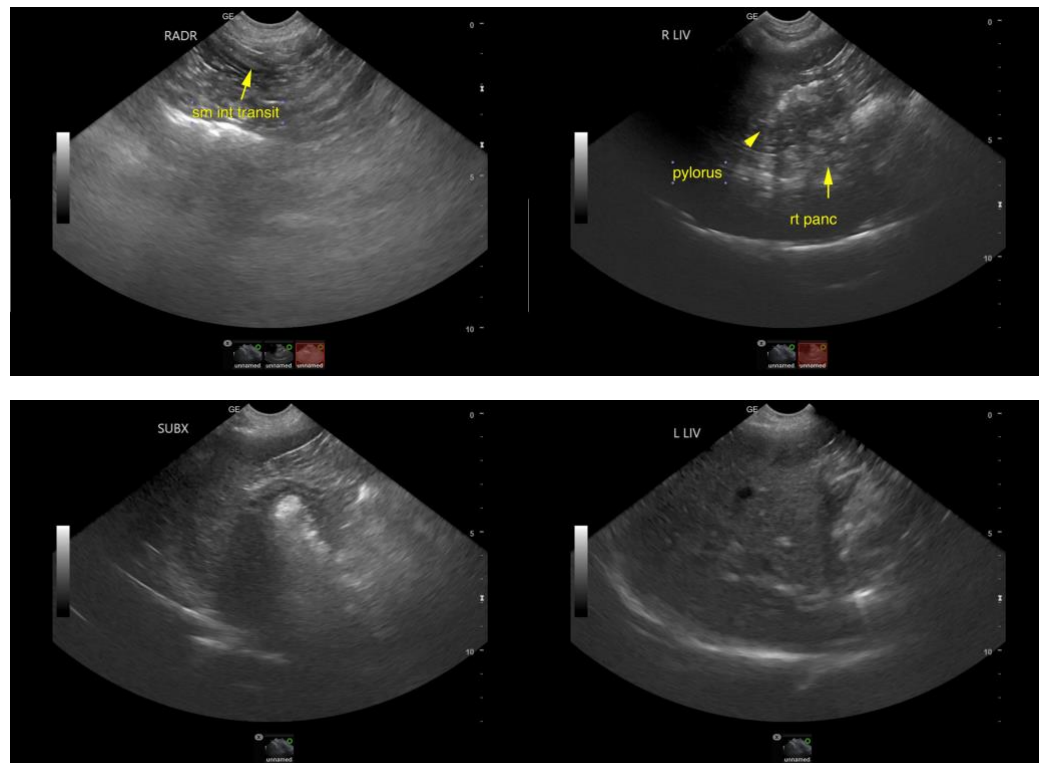
Some reactive **mesentery** was noted.

### ULTRASONOGRAPHIC FINDINGS

- Largely normal abdomen
- Excessive GI gas artifact and a minor amount of chyme in the stomach
- Reactive mesentery

### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Foreign matter may have passed into the colon; however, no obstructive pattern was noted at this time. I recommend 24-hour NPO. IV fluid support is necessary. If clinical signs persist, and a food challenge is not accepted, then recheck sonogram indicated. Screening for occult Addisons and assessment for other causes of inappetence and lethargy, such as CNS, thoracic disease or orthopedic pain would all be indicated as sonographically the abdomen was largely benign.





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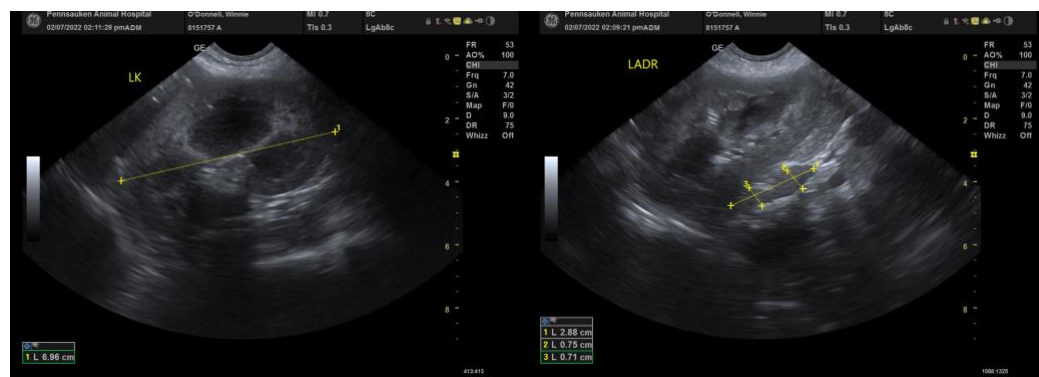
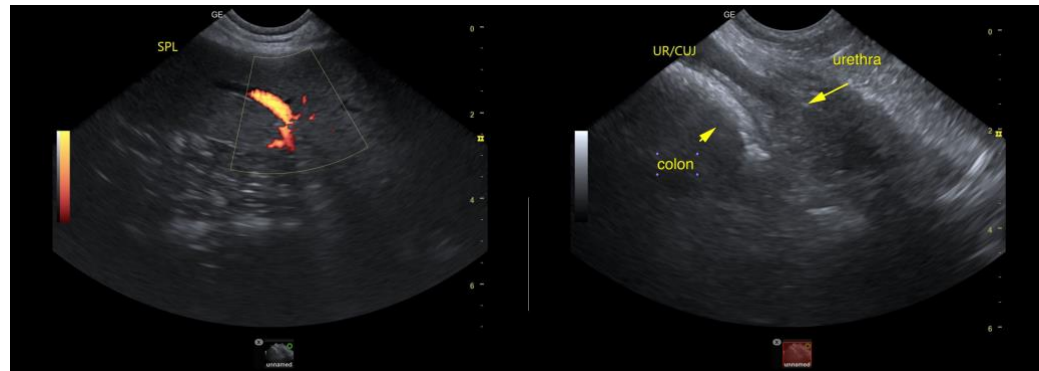
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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