

**PATIENT**

**PRESENTING CLINICAL SIGNS**

Brody Smith

Vomiting and diarrhea, acute onset.

**SPECIES**

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine

**Urinary System**

**BREED**

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.

Retriever Mix

**SEX**

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.0 cm with pinpoint mineralization. The left kidney measured 6.55 cm.

Neutered male

**AGE**

11 years

**WEIGHT**

**Adrenal Glands**

67 lbs

The left **adrenal gland** was visualized and measured 2.65 x 0.67 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland was mildly enlarged and measured 3.0 x 2.7 cm at the cranial pole and 1.38 cm at the caudal pole.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Spleen**

**IMAGING PERFORMED BY**

Jenn

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.

**HOSPITAL NAME**

Rockaway AH

**Liver**

**REFERRING VET**

Dr. Maniar

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder revealed a minor amount of debris and minor polyps.

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**Gastrointestinal**

**DATE**

3/15/22

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.



**PATIENT**

**Pancreas**

Brody Smith

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

**BREED**

Stable geriatric abdomen with enlarged right adrenal gland.

Retriever Mix

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

Serial blood pressure measurements are recommended. If hypertension is present then urine catecholamine is indicated. The right adrenal gland should be monitored for any growth over the next month. Otherwise, there is no evidence of pathology.

Neutered male

**AGE**

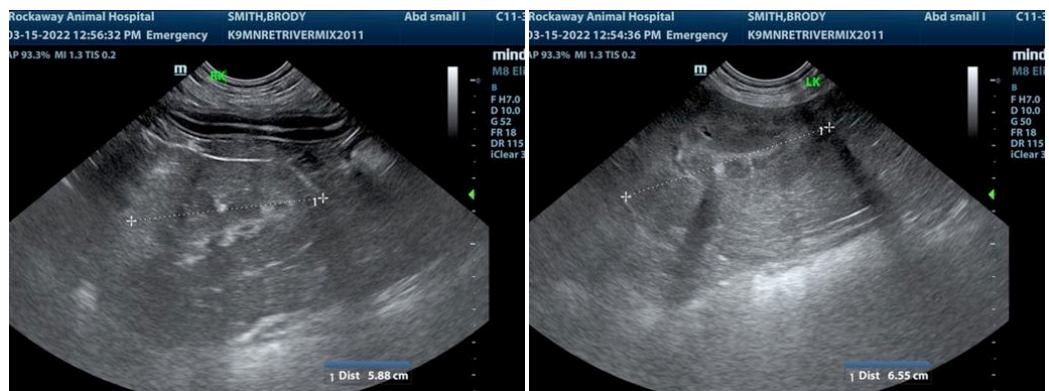
11 years

**WEIGHT**

67 lbs

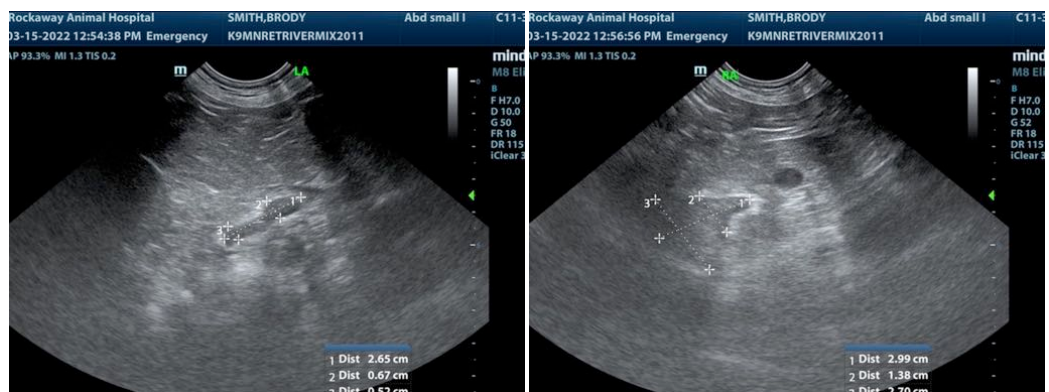
**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUS



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Jenn



**HOSPITAL NAME**

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**PATIENT**

Brody Smith

**SPECIES**

Canine

**BREED**

Retriever Mix

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

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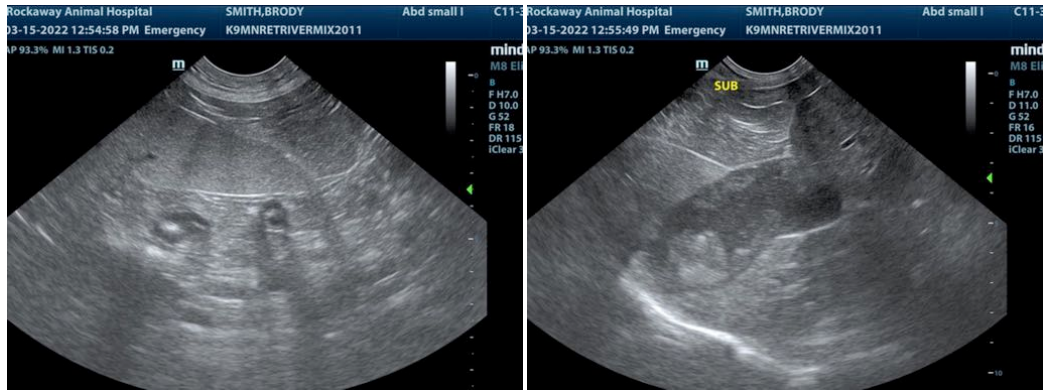
Dr. Maniar

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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