



PATIENT

Kahlua Graham

PRESENTING CLINICAL SIGNS

recheck from 3/16/22- lethargic, detrusor atony and urinary retention, urethral inflammation, grape toxicity, vomited a FB.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labrador Retriever

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.

SEX

Spayed Female

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 7.4 cm. The left kidney measured 7.4 cm.

AGE

7 Years

Adrenal Glands

WEIGHT

78 Pounds

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 2.59 cm x 0.55 cm at the caudal pole and 0.41 cm at the cranial pole. The right adrenal gland measured 2.49 cm x 1.17 cm at the cranial pole and 0.53 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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.

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Diane McFadden

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.

HOSPITAL NAME

Rockaway AH

REFERRING VET

Dr. Maniar

Gastrointestinal

The **stomach** was empty. The small intestine was unremarkable. The descending revealed hard stool, may represent passing foreign matter.

INVOICE

36255

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.

DATE

3/17/22



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Free Abdomen

Kahlua Graham

A large amount of abdominal fat noted in this patient.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Normal upper gastrointestinal tract with hard stool in the colon – possibility that the patient has passed material from the stomach to the colon in the time between the last ultrasound and this one.

BREED

Labrador Retriever

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No upper gastrointestinal tract obstruction noted. Enema warranted as well as radiographs of the descending colon to assess progression. IV fluid support and GI lubricants indicated.

SEX

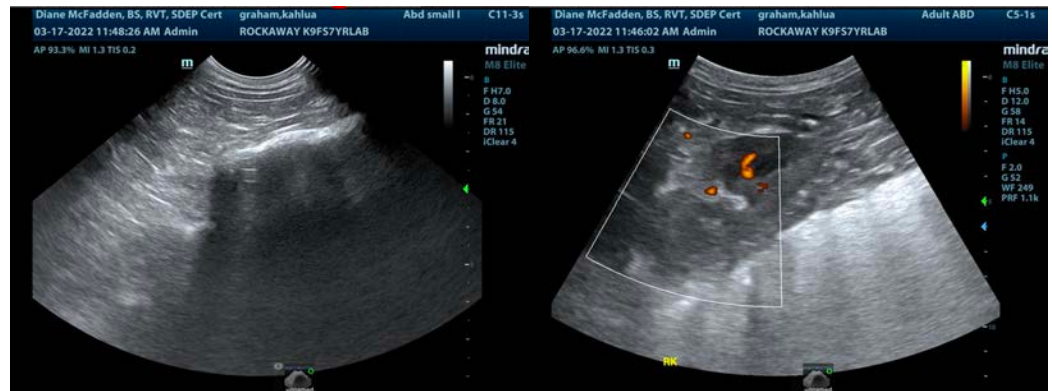
Spayed Female

AGE

7 Years

WEIGHT

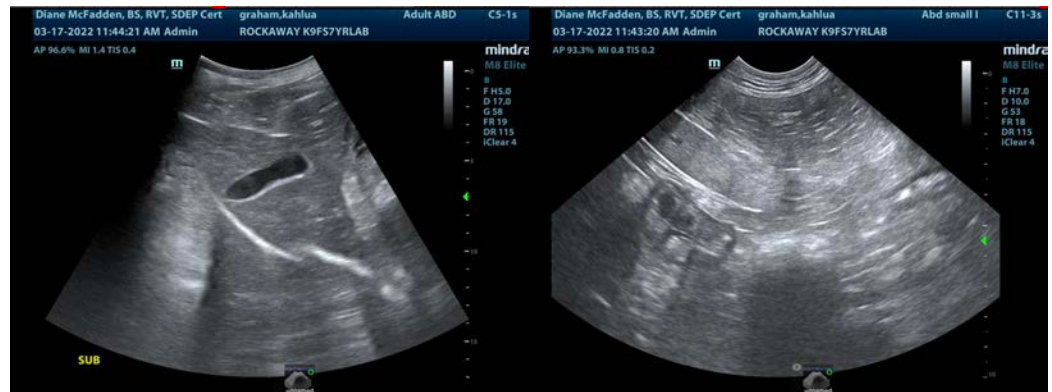
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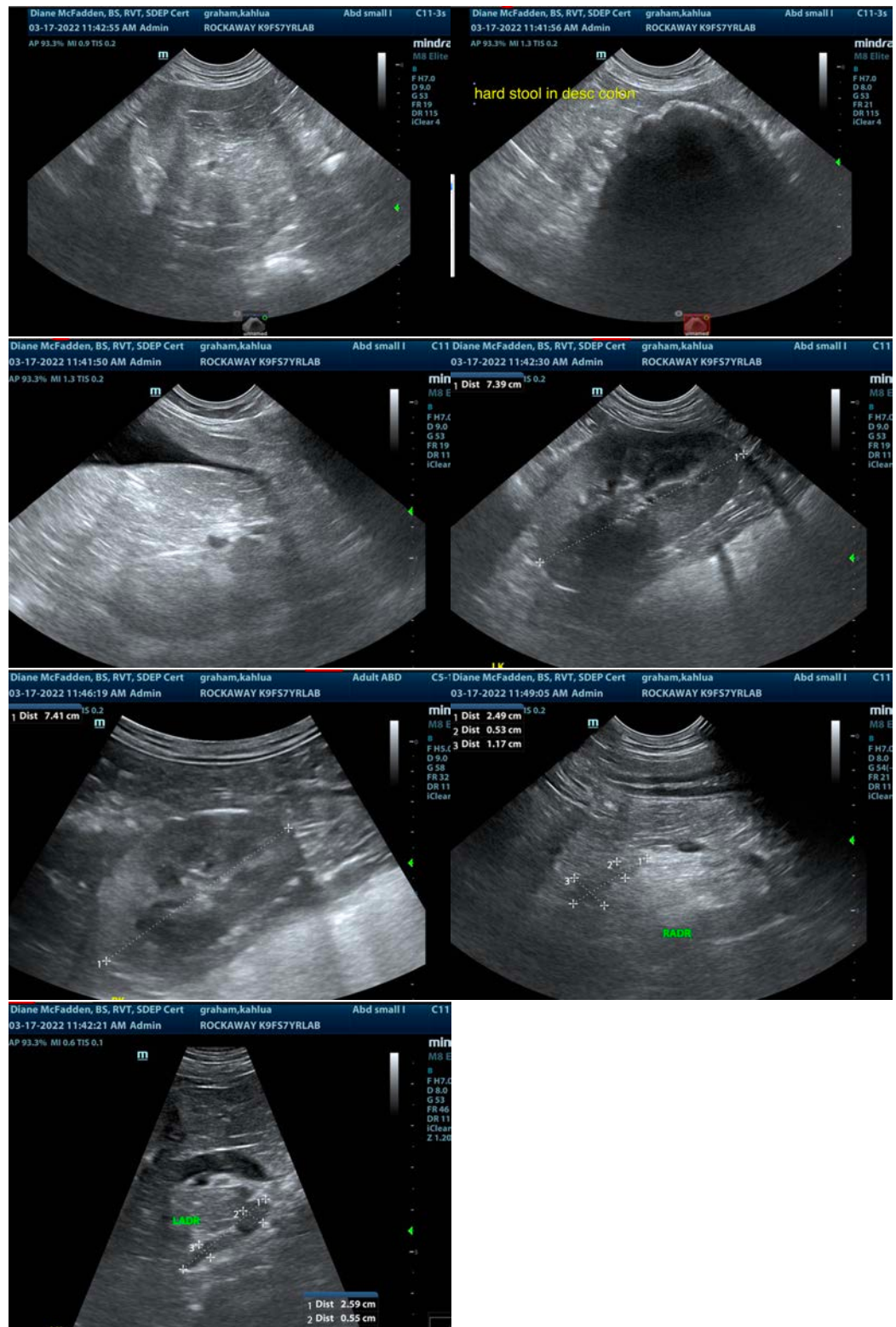
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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Labrador Retriever

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