



**PATIENT**

Teddy Gill

**SPECIES**

Canine

**BREED**

Labradoodle

**SEX**

Neutered Male

**AGE**

6 Years

**WEIGHT**

31.6 kg

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Patti Mayfield, DVM

**HOSPITAL NAME**

Highland VH

**REFERRING VET**

Dr. Rachel Poet, DVM

**INVOICE**

14434

**DATE**

3/21/22

**PRESENTING CLINICAL SIGNS**

History: Teddy presented to BAE Ultrasound referral service for an abdominal US based upon historically elevated liver values (ALP). Client states Teddy was not receiving any medications at the time of the blood sample. An echocardiogram with cardiologist was scheduled prior to the AUS. Echo revealed mild MR and TR, which remained consistent per Dr. Bottorff (previously performed echo ~ 1 year ago). It was advised that sedation with both dexdomitor/torb is deemed appropriate, if ace/torb is not utilized. Teddy has a previous injury (bit on the foot ~ 7 days ago). A bandage was placed and he was started on NSAIDs and antibiotics. Teddy's bandage came off yesterday and he also accidentally stepped in wet concrete with the affected foot. The wound smells foul, but clients don't believe Teddy has been licking. Full record is not available as the computer system at Highland Vet Hospital lost all pertinent details during a scheduled "backup". MEDS: Carprofen-- just finished yesterday (75 mg PO BID) Cefpodoxime -- just finished the medication yesterday Denamarin PO q 24 hours Patient was not fasted prior to the AUS (he free feeds, but client believes he only ate a small amount this morning). No vomiting, diarrhea in the history.

Abnormal PE/Chem/CBC/UA Results: Physical Exam: Mild dental disease (tartar). Grade II-III/VI holosystolic L base heart murmur. Overweight. Mild erythema and wound at the nailbed interface of the 3rd digit of the L manus, consistent with puncture wound and poorly healing dermatitis. Mild purulent debris and matted fur noted at the site. Blood work (3/3/22): CBC: -- Reticulocytes: 123,000/uL (10,000-110,000) Otherwise WNL CHEM: --K: 3.9 mmol/L (4-5.4) -- ALP: 768 U/L (5-160); previously 299 (4/16/21) Otherwise WNL Fecal: NEG

**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 left kidney measured 6.9 cm. The right kidney measured 7.1 cm.

**Adrenal Glands**

The **left adrenal gland** was 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 0.63 cm at the caudal pole and 0.64 cm at the cranial pole.

The **right adrenal gland** was uniform and normal in size and contour for this breed. The right adrenal gland measured 2.0 cm at the cranial pole and 0.87 cm at the caudal pole.

**Spleen**



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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.

**SPECIES**

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**Liver**

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The **liver** revealed slight coarse architecture and mild increased portal markings, consistent with nonspecific hepatic remodeling. FNA could be considered for further definition or core biopsy, however, the changes are relatively mild. Past episodes of cholangiohepatitis likely given that only alkaline phosphatase is elevated. Active inflammation is likely minimal to nonexistent. The gallbladder and common bile duct were unremarkable.

**SEX**

Neutered Male

**Gastrointestinal**

**AGE**

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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.

**WEIGHT**

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**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.

**INTERPRETED BY**

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- Mild nonspecific hepatic remodeling
- Unremarkable abdomen otherwise

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Normal presentation for this age and breed. No evidence of neoplasia or significant disease.

**IMAGING PERFORMED BY**

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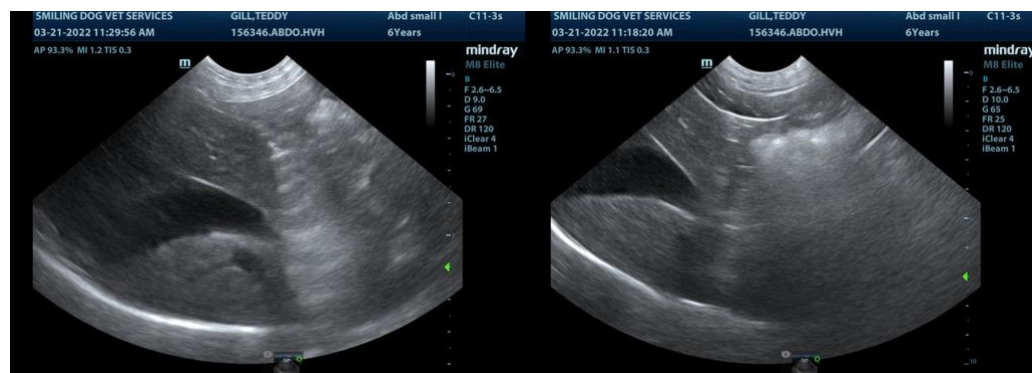
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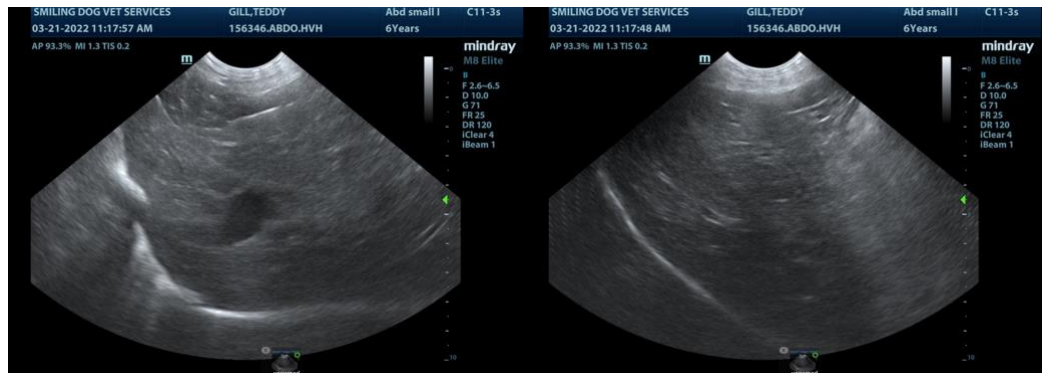
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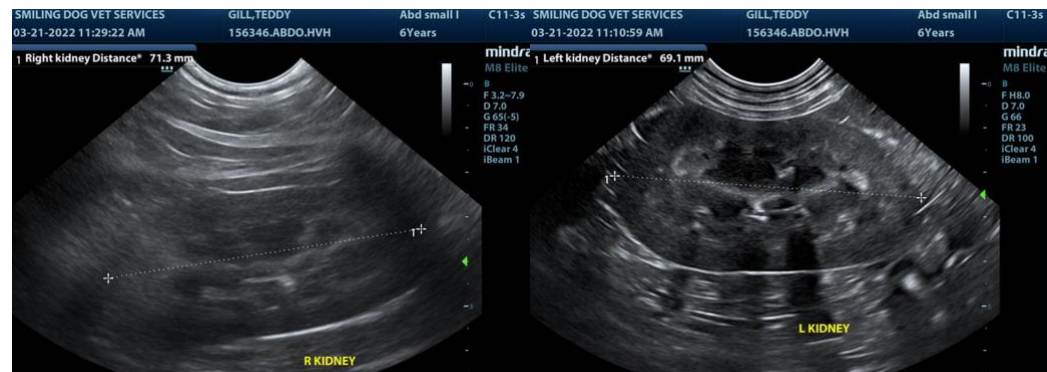
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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