



**PATIENT**

Sniper Winger

**SPECIES**

Canine

**BREED**

Doberman Pinscher

**SEX**

Spayed Female

**AGE**

8 years

**WEIGHT**

34 kgs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Calgary Holistic AH

**REFERRING VET**

Dr. Qi

**INVOICE**

97784

**DATE**

3/24/22

**PRESENTING CLINICAL SIGNS**

History: Has been making an intermittent gurgling noise originating in the GI tract for about 6 weeks, some vomiting. Patient is somewhat lethargic and appetite is poor but patient does not look underweight. Neck chest and abdominal x rays unremarkable. Patient was on 10 days of sucralfate per os and symptoms had resolved.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **bladder** in this patient was mildly thickened with slight echogenic mural changes. No calculi or masses were noted. Slight micropolypoid changes were noted. This is a frequent finding in older animals and may be linked to a history of chronic urinary tract infection or active urinary tract infection. Urinalysis would be recommended with culture if any evidence of inflammatory sediment is present. The region of the trigone and visible pelvic urethra were normal.

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 left kidney measured 6.0 cm. The right kidney measured 5.0 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 right adrenal gland measured 0.36 cm at the cranial pole and 0.37 cm at the caudal pole. The left adrenal gland measured 0.41 cm at the caudal pole and 0.39 cm at the cranial pole.

**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 was noted.

**Liver**

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 presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory,



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infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

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The **stomach** was filled with ingesta. The small intestines and colon were unremarkable.

**BREED**

**Pancreas**

Doberman Pinscher

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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Structurally unremarkable abdomen.

Full stomach, consistent with post prandial presentation.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

Transit of chyme into the small intestine appeared to be normal. There was no structural evidence of disease. Given the patient's history anti parasitic protocol and diet change to a hydrolyzed diet could be considered. Empirical treatment for Helicobacter can be considered.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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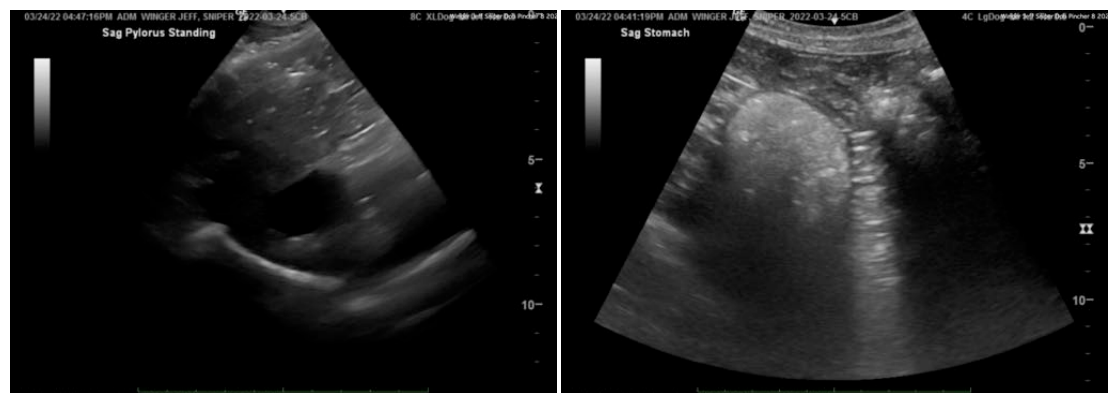
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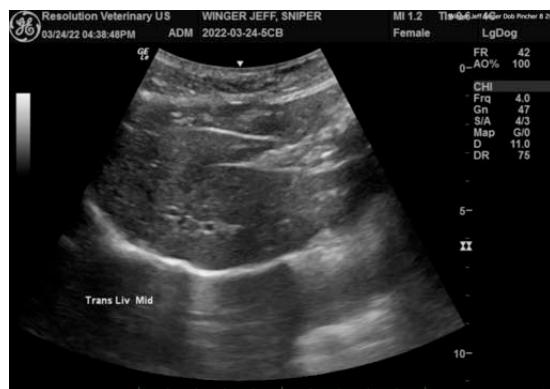
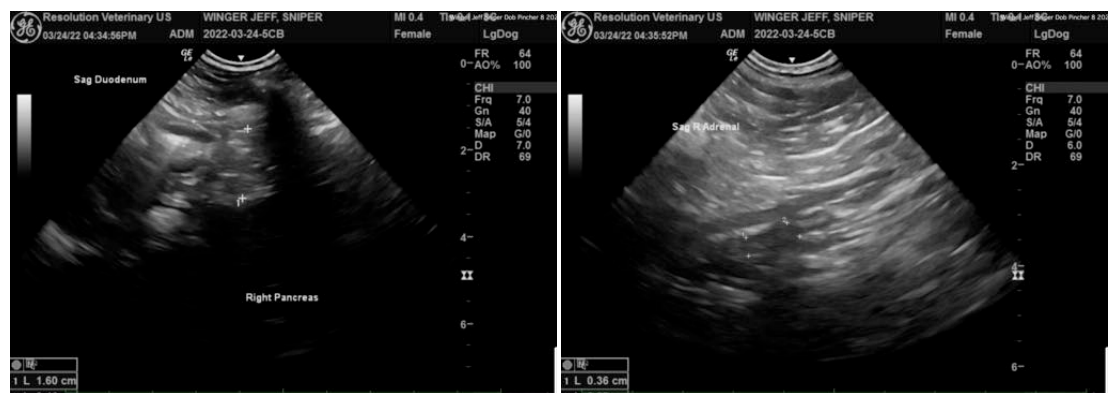
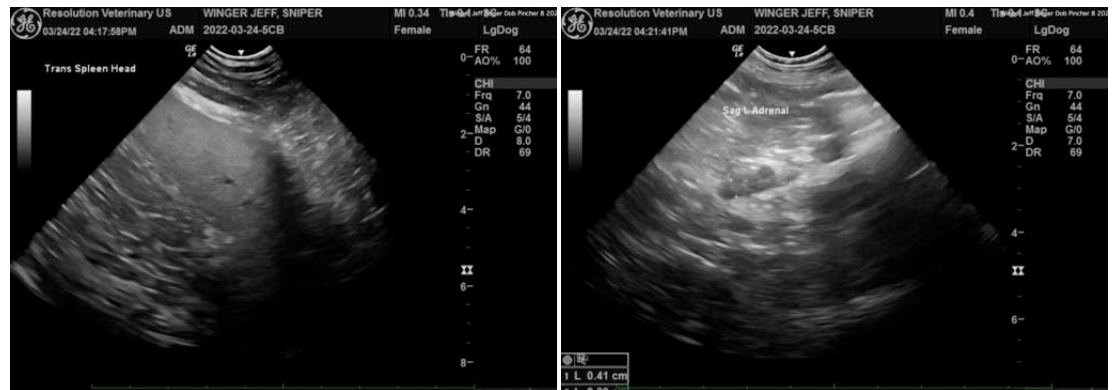
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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