



PATIENT

Wally Katz

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered male

AGE

1 year

WEIGHT

88.2 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Carissa Rhoades

HOSPITAL NAME

Elizabeth AH

REFERRING VET

Dr. Anderson

INVOICE

97801

DATE

3/25/22

PRESENTING CLINICAL SIGNS

History: Has been having issues with loose stools and some of it leaking out of the hind end.
Abnormal PE/Chem/CBC/UA Results: PE: Normal Exam. Rectal exam: normal anatomy, watery yellow fill (moderate) in both anal glands- expressed. Stick in rectum 4mm diameter 4cm long. NO RECENT LABS

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 was noted. Ureteral papillae were normal.

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 6.7 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 2.22 x 0.68 cm at the cranial pole and 0.63 cm at the caudal pole. The left adrenal gland measured 2.29 x 1.25 cm at the cranial pole and 0.91 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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.



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Gastrointestinal

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The stomach was mildly thickened without loss of mural detail. There was no evidence of a foreign body. Minor excessive gas was present. 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.

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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.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with minor gastric thickening.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Occult parasitism, dietary indiscretion or dietary intolerance is all possible. Hydrolyzed diet, anti-parasitic protocol and 10 days of Metronidazole could be considered form an empirical standpoint with reassessment of the clinical signs. Baseline cortisol is indicated to rule out occult Addison's although it is not suspected as the adrenal size is normal.

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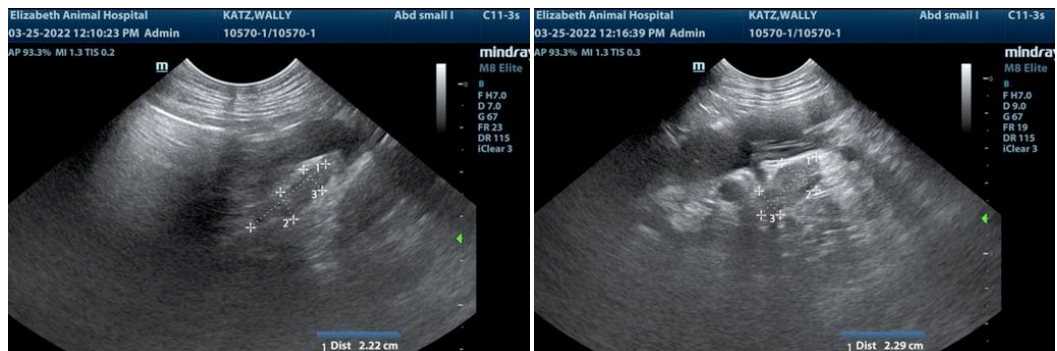
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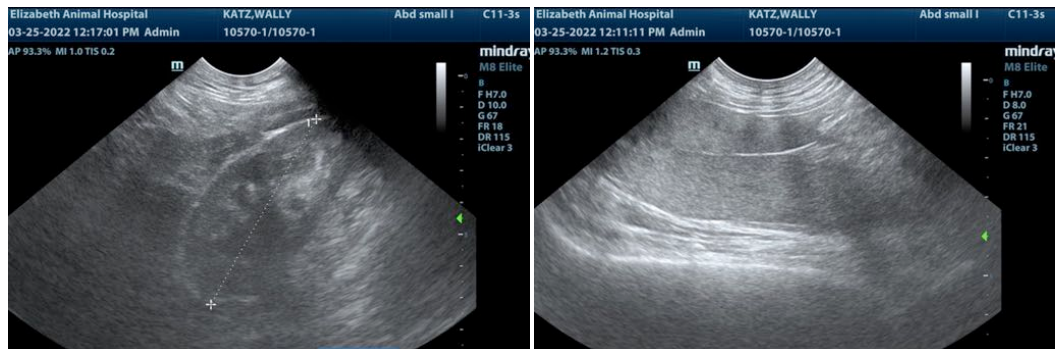
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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