



PATIENT

Charlie Griffin

SPECIES

Canine

BREED

Beagle

SEX

Neutered Male

AGE

7 Years

WEIGHT

47

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Harold Mike Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Animal Care Veterinary
Center

INVOICE

21466

DATE

3/6/23

PRESENTING CLINICAL SIGNS

History: On Levothyroxine for hypothyroidism. Gabapentin for pain. Hx of HGE about one year ago. Quivers daily after eating, acts as if abdomen hurts.

Abnormal PE/Chem/CBC/UA Results: Chest xrays unremarkable. Chemistry, CBC, and UA pending.

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 **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 5.5 cm. The right kidney measured 5.5 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 0.5 cm.

The **right adrenal gland** was not visualized.

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 were noted.

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.

**The deep dorsal liver was not imaged in this patient owing to incomplete depth.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**. Some of the material in the stomach was progressively shadowing, yet transit of chyme into the small intestine was present yet partial obstructive pattern and delayed flow are likely. Curvilinear patterns were maintained



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throughout the GI tract. No evidence of pathology. The colon was empty. 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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ULTRASONOGRAPHIC FINDINGS

- Full stomach, partially shadowing material- possible grass, hair or ingesta. This is a nonspecific presentation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient was NPO at the time of the sonogram, consideration for gastric foreign matter would be warranted. 18-24 hour NPO and recheck sonogram of the pyloric outflow is indicated with increased depth in the cranial abdomen to visualize the dorsal liver.

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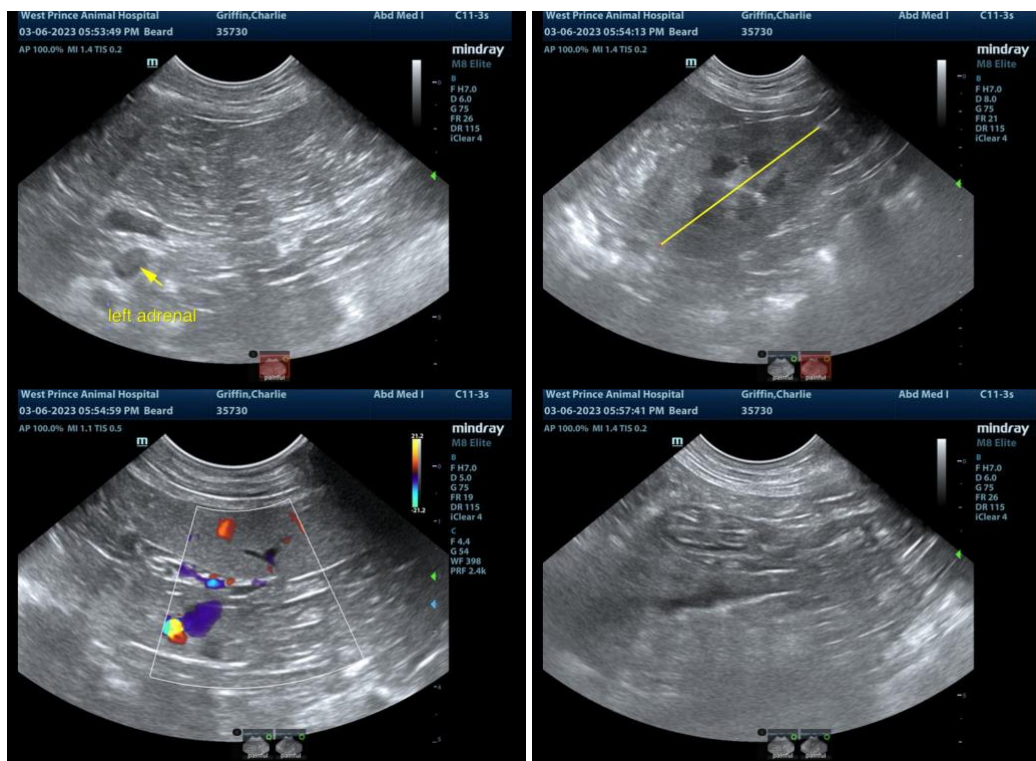
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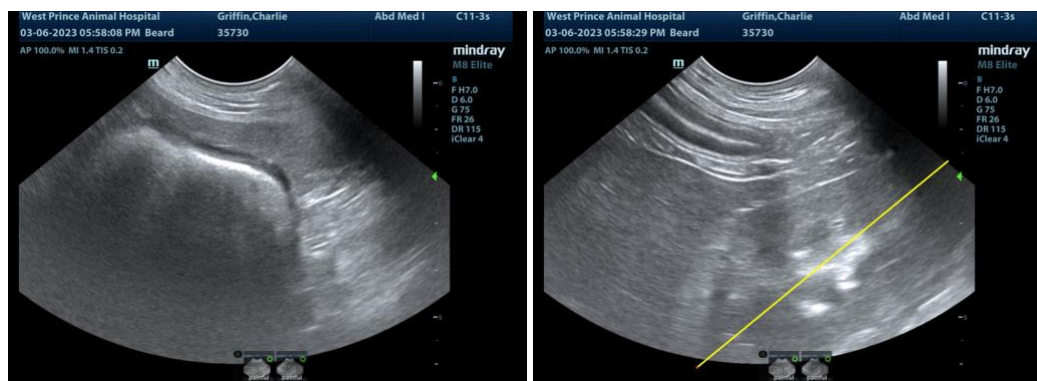
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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