



PATIENT

Holly Heckathorne

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed female

AGE

9 years

WEIGHT

59 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Doverspike

HOSPITAL NAME

Franklin Animal Clinic

REFERRING VET

Dr. Doverspike

INVOICE

43909

DATE

4/20/23

PRESENTING CLINICAL SIGNS

History: Vomiting and poor appetite.

Abnormal PE/Chem/CBC/UA Results: FUll Lab work including Cortisol was normal. Previous U/S on 3/29 was normal...At that time the dog has been on prednisone; For today's U/S has been off for several weeks. Previous Sonopath Report Attached. Patient was NPO for about 16 hours prior to scan

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 6.77 cm and the left kidney measured 7.0 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 left adrenal gland measured 2.19 x 0.44 cm at the cranial pole and 0.4 cm at the caudal pole. The right adrenal gland measured 2.84 x 0.73 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. 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

The **stomach** was over distended with chyme. The luminal material in the stomach is most consistent with ingesta. There was no obvious foreign matter. There was some gas content noted in the gastric fundus obscuring some visibility of the gastric lumen. The pylorus was patent. The small intestine and colon were unremarkable.

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.

ULTRASONOGRAPHIC FINDINGS

Delayed gastric outflow pattern.

Folded spleen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious foreign matter. I recommend assessing radiographic findings for bloating as the splenic fold in this patient may be a precursor to rotation. If the patient is painful upon palpation of the spleen or stomach then exploratory surgery with evacuation of the stomach and gastric tacking may be appropriate. I am concerned about pre-bloat or pre-torsion state in this patient. I cannot completely rule out foreign matter in the gastric fundus; however, the visible luminal material would be most consistent with ingesta.





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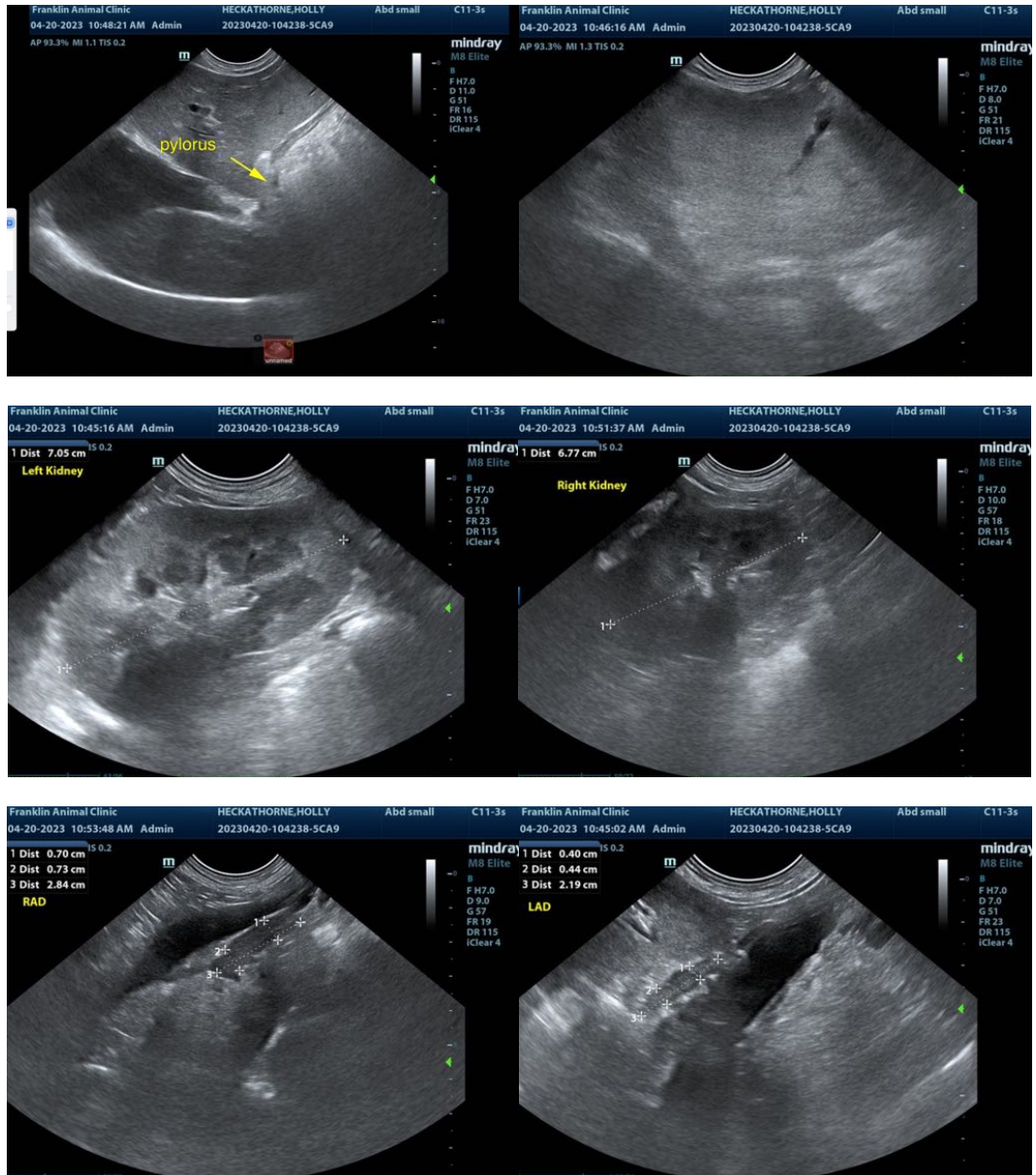
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
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