



PATIENT

Georgie Baize

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact Male

AGE

8 Months

WEIGHT

52

INTERPRETED BY

Eric Lindquist, DMV,
DABVP(CFM), Cert.
IVUSS

IMAGING PERFORMED BY

Dr. Brandon Adkins

HOSPITAL NAME

Royer Veterinary
Services

REFERRING VET

Dr. Brandon Adkins

INVOICE

16171

DATE

05/13/26

PRESENTING CLINICAL SIGNS

Presenting Complaint: Georgie presents for lethargy and not acting normal Patient History:- Tick bite on head 2 months ago, second tick found in same location one week later- Currently on tick prevention- Vomited once on Monday after getting into rabbit food- No vomiting since Monday episode- Lethargic and not acting normal- Back arching when walking- Had to be hand-fed this morning- Eating small amounts (oat bar in car)- Normal bowel movement this morning- No recent diet changes, new foods, or treats

Abnormal PE/Chem/CBC/UA Results: Tender on abdominal palpation. Mild non-regenerative/pre-regenerative anemia.

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 **prostate** was uniform with no evident pathology measuring 2.4 cm.

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 7.2 cm in length. The right kidney measured 6.2 cm in length.

Adrenal Glands

The region of the **right adrenal gland** was imaged with no evident pathology.

The **left adrenal gland** was mildly subnormal in size measuring 0.36 cm width.

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.

Gastrointestinal



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The **gastrointestinal tract** presented considerable gastric artifact due to the presence of ingesta. This did not permit thorough evaluation of portions of the gastric and upper intestinal structure. No overt abnormality was seen in the visualized tissue, however. This is consistent with a post-prandial presentation within a few hours of mealtime. If the prandial temporal interval does not fit the case history, and the patient presents a history of post-prandial vomiting, this could indicate a delayed upper gastrointestinal outflow due to primary or secondary pyloric hypertrophy, upper GI infiltrative disease, motor deficits, or a non-visualized foreign body. A prudent approach would be to rescan this patient at 24 hour NPO status to further review the non-visible regions if stomach primarily as well as assess any delayed outflow issue.

Pancreas

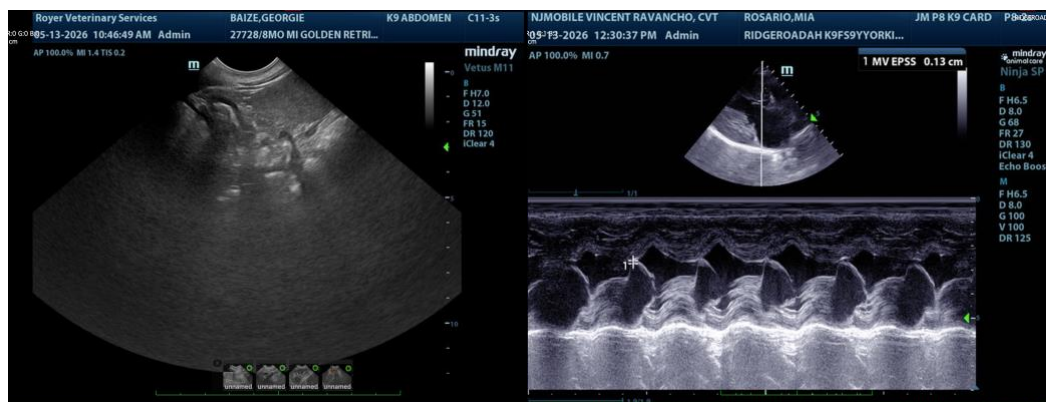
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

- Subnormal left adrenal size.
- Full stomach.
- Structurally unremarkable abdomen otherwise.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Transit of chyme into the small intestine appeared to be occurring. However, interpretation of these findings should be based on postprandial timing. Screening for Addison's is indicated, given the vague clinical signs and the flat left adrenal gland/non-visible right adrenal gland. Otherwise, no evidence of pathology in the abdomen.





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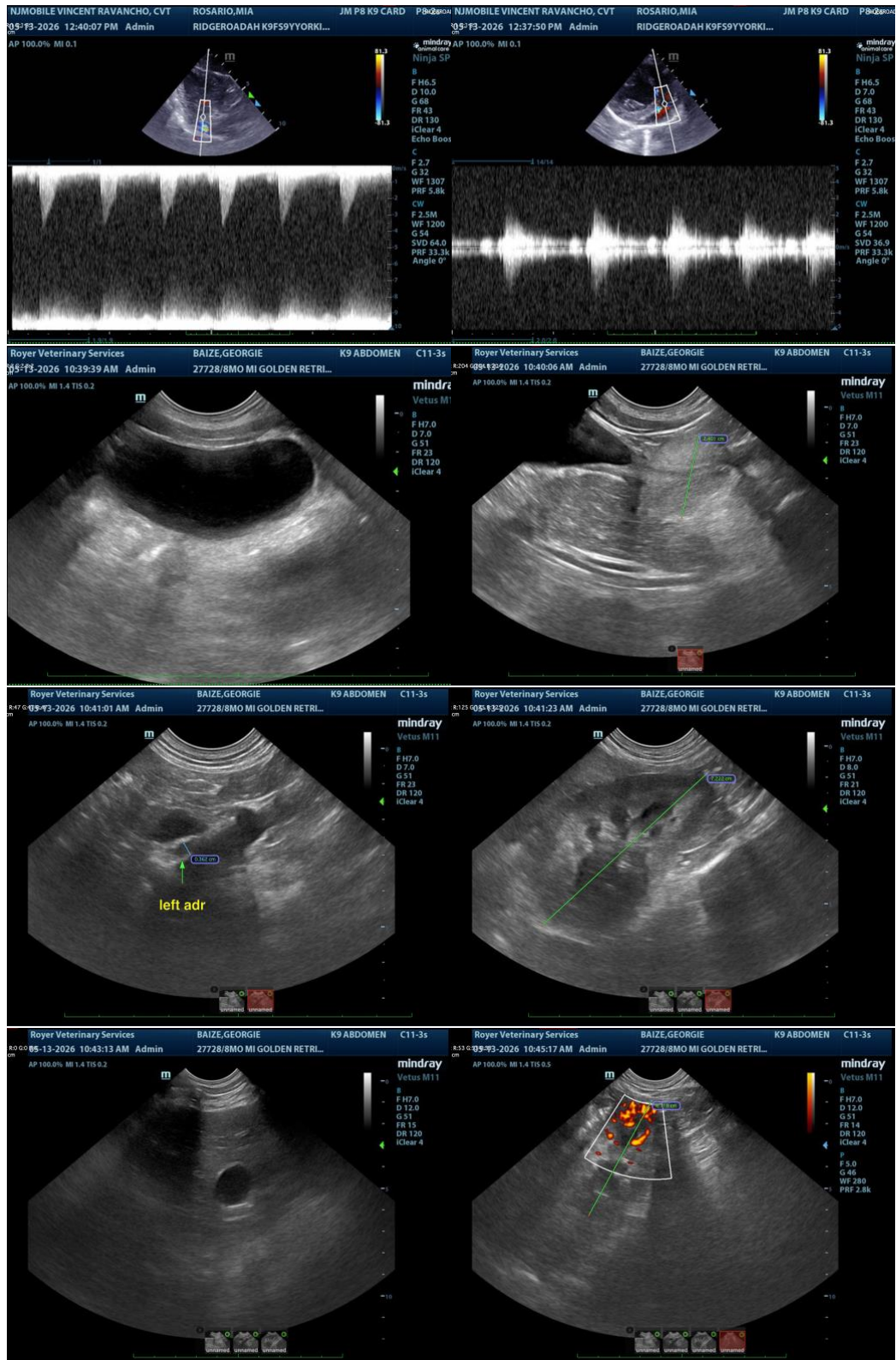
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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(CFM), Cert. IVUSS,

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