



PATIENT PRESENTING CLINICAL SIGNS

Sniper Blalock

History: Pt. w/ h/o of intermittent regurgitation, after workup presumptive Dx GERDS/esophagitis. However 2d prior loss of appetite progressing to vomiting, rads non-surgical, amylase elevated and SnapPLI Abnormal; resting cort 4.0 WNL (so rules out Addisons). Pt. stable (no further vomiting) on IVF and other supportive care but still not eating.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Amylase- 1740 SnapPLI- abnormal NA- 138

BREED

Goldendoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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.

AGE

14 months

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 5.86 cm.

WEIGHT

36.3 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 1.45 x 0.55 cm. The left adrenal gland measured 1.06 x 0.46 cm.

IMAGING PERFORMED BY

Dr. Harris

Spleen

HOSPITAL NAME

TotalBondB VH Bethel

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

REFERRING VET

Dr. Epstein

Liver

The **liver** revealed a double layered edematous gallbladder with slight increased portal markings and swollen liver. Hyperechoic mesentery was noted around the cystic duct and neck of the gallbladder.

INVOICE

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Gastrointestinal

DATE

5/17/22

The **gastrointestinal tract** revealed an edematous wall and hyperperistalsis with no loss of mural detail. Minor enhanced surrounding fat was noted around the regions of the gastrointestinal serosa. Intestinal wall thickness measured up to 0.43 cm. There was no evidence of foreign body or neoplastic criteria. Images from the stomach, small intestine and colon were presented. This is most consistent with



PATIENT

gastroenteritis owing to viral, bacterial/endotoxin or possible parasitic disease. The mesenteric lymph nodes were reactive and measured 1.8 x 0.74 cm.

Sniper Blalock

SPECIES

Pancreas

Canine

Minor heterogenous **pancreatic** changes were noted in the right limb.

BREED

Free Abdomen

Goldendoodle

Slight free fluid was noted between the liver lobes.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

Gastroenteritis with mesenteric lymphadenopathy.

AGE

Minor pancreatitis.

14 months

Cholangitis pattern. Minor potential for emerging hepatic neoplasia.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

36.3 lbs

The liver enzymes should be monitored in this patient. I am surprised that no elevations were reported given the presentation. There is no evidence of surgical GI disease. I recommend medical management for enterotoxins, broad spectrum anti-parasitic protocol, 24 hour n.p.o. and reassessment of the sonogram in 48-72 hours or earlier if clinical decline occurs. GI upset with emerging cholangitis and cholangiohepatitis is suspected. However, I cannot rule out the potential emergence of more significant disease.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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HOSPITAL NAME

TotalBondB VH Bethel

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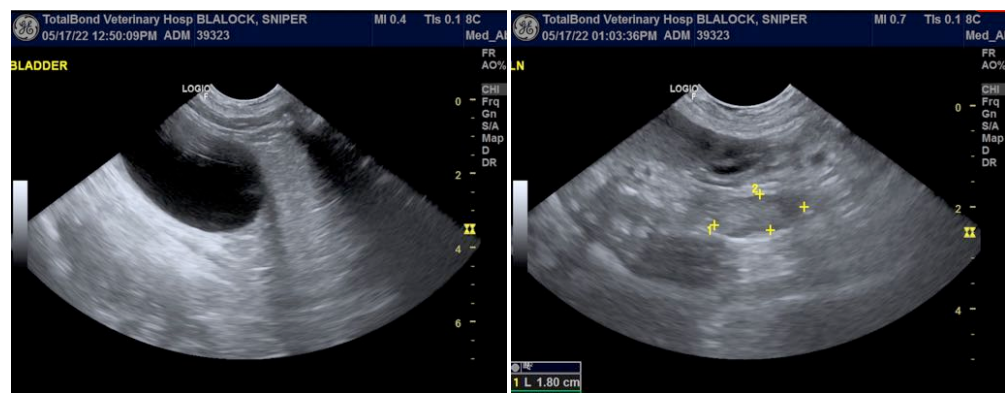
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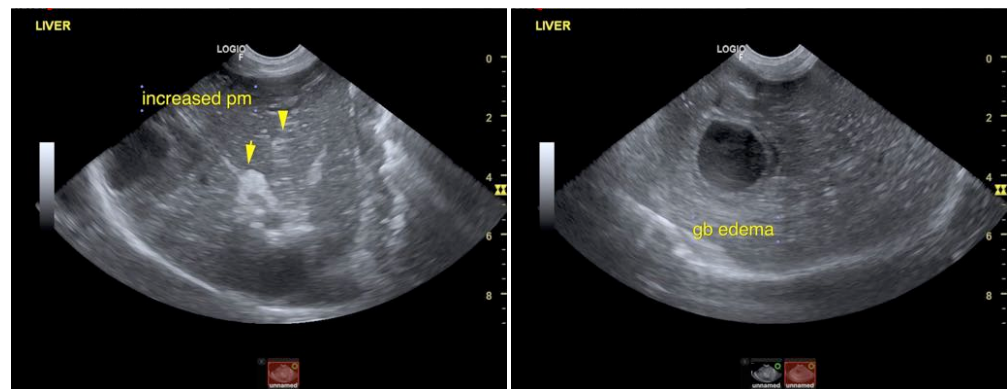
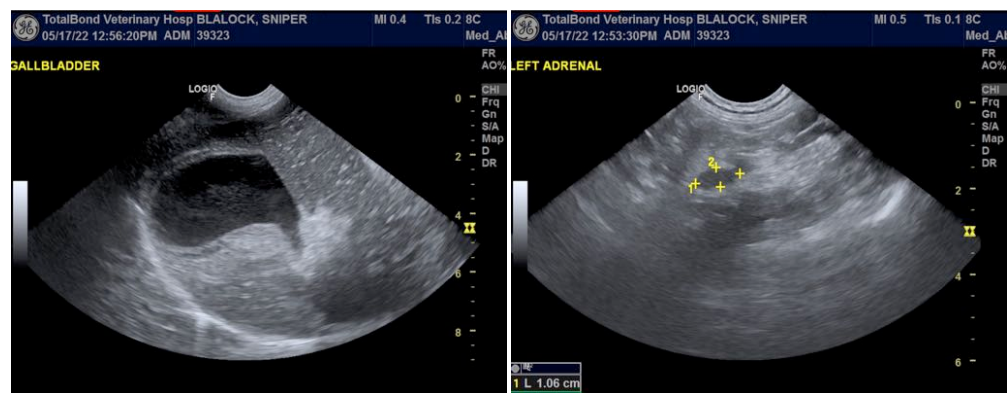
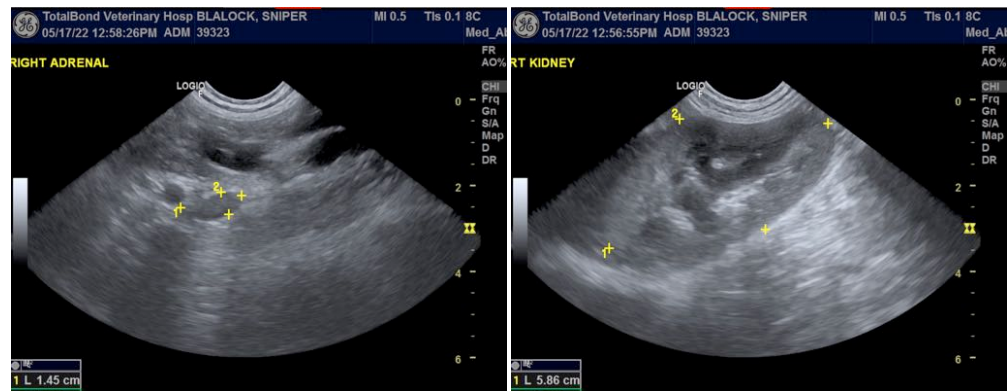
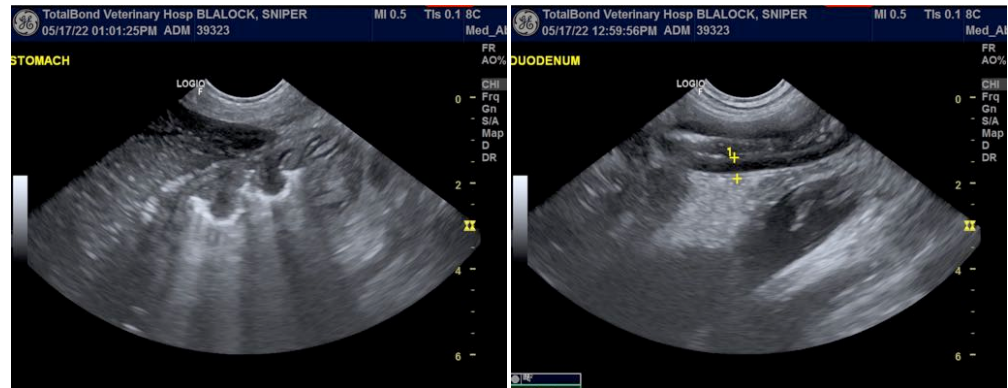
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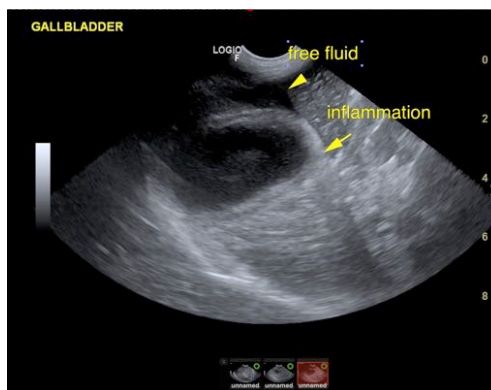
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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