



PATIENT

Herbie Knouse

SPECIES

Canine

BREED

Golden Retriever Mix

SEX

Neutered male

AGE

13 years

WEIGHT

35 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Knouse

INVOICE

31020

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Herbie is Dr. Knouse's own dog. He has a history of a nasal tumor treated with cyberknife radiation 2/22, has been doing fine with that, and also a history of IVDD and ataxia. Suddenly started vomiting bile 1.5 days ago, and refusing any food which is very unlike him, and also became very weak and therefore more ataxic for 24 hours. SQ fluids, cerenia, pepcid seemed to help but still no interest in food. CBC/Chem/Iytes today revealed mild anemia (hematocrit 32%), CBC was normal 2 weeks ago at wellness check. BUN, SDMA recently mildly elevated for first time (at wellness check at BUN still 46), chronic ALP elevation.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 4.25 cm. The right kidney measured 4.57 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 1.88 x 0.57 cm at the cranial pole and 0.68 cm at the caudal pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.6 cm at the caudal pole.

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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder was unremarkable.



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Gastrointestinal

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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. 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 gastroenteritis owing to viral, bacterial/endotoxin or possible parasitic disease.

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Pancreas

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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.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

Non-specific, gastroenteritis pattern.

13 years

Otherwise, age related abdominal changes.

WEIGHT

35 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IV fluid support, GI protectants and treatment for enterotoxins should all prove effective in this patient. There was no evidence of significant disease.

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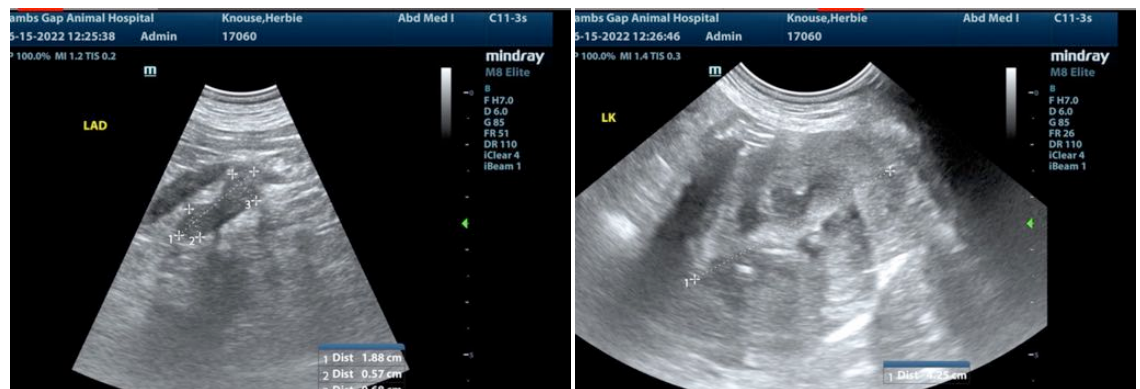
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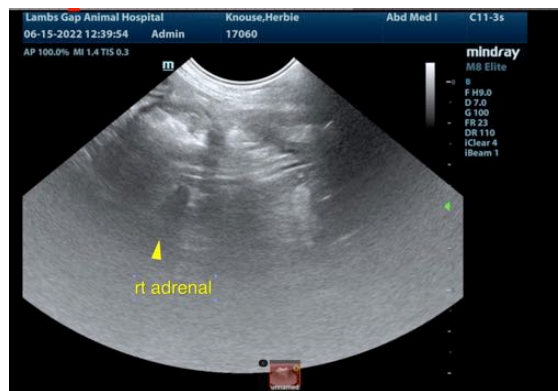
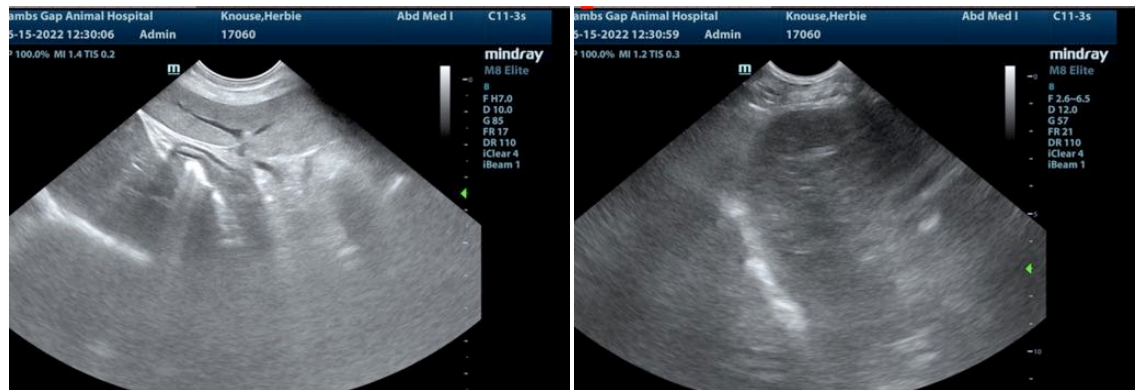
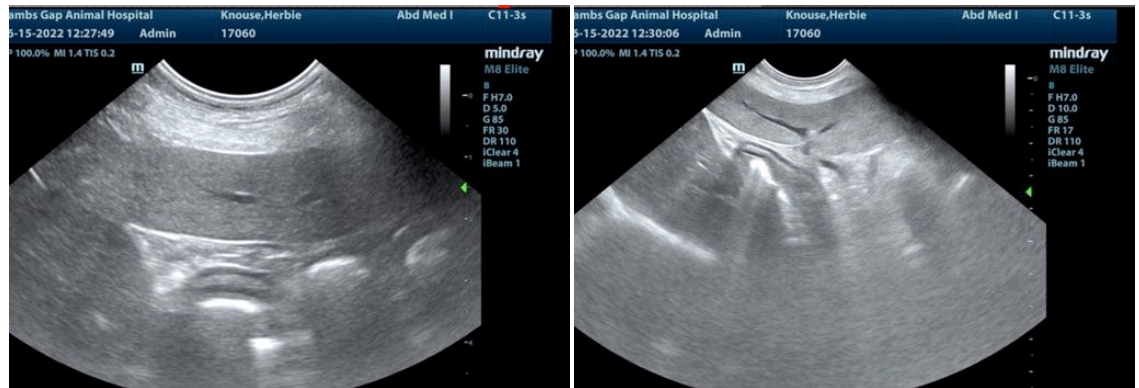
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com



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info@SonoPath.com

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