



PATIENT

Abby Gorewitz

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

14 years

WEIGHT

22 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Stegemoller

HOSPITAL NAME

North Idaho AH

REFERRING VET

Dr. Stegemoller

INVOICE

31313

DATE

6/28/22

PRESENTING CLINICAL SIGNS

History: Presented June 21st after having collapsed on June 20th and couldn't put legs under her. Owner got her in the house but she collapsed a few more times, panting, collapsing and losing balance. Starting in October 2021, she would get a head bobble before she was diagnosed with primary pulmonary neoplasia (treated with lung-lobectomy), would set her off balance, and head bobble episodes have become more frequent now happening daily when owner is petting her. Current medications: Carprofen 37.5mg PO q12h, trial of meclizine hasn't helped her seeming slightly off balance per owner.

Abnormal PE/Chem/CBC/UA Results: Other diagnostics available (ie. Blood pressure, radiographs, etc): Thoracic radiographs reviewed at Sonopath May 31. BP 163/107, MAP 110, HR 130 Abnormal physical exam findings: Bright, alert, responsive. Abnormal laboratory findings: CBC/Chem 17/Lytes: Unremarkable

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 residual uterus is uniform with no evidence of pathology and measured 0.5 cm in width.

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 6.7 cm. The left kidney measured 6.7 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 1.97 x 0.54 cm. The right adrenal gland measured 2.4 x 0.89 cm at the cranial pole and 0.46 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.



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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 wall was slightly echogenic, thickened, dilated and folded.

Gastrointestinal

A minor amount of non-shadowing, non-obstructive ingesta was noted in the **stomach**. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Pancreas

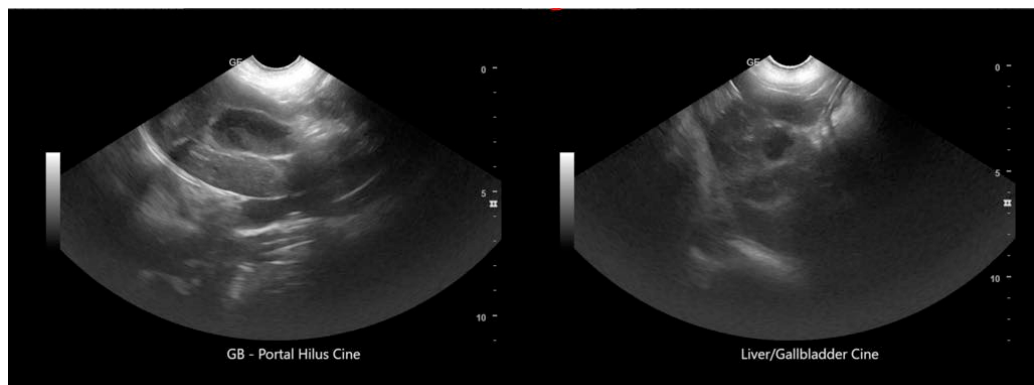
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Pancreatic duct and capsular contour were acceptably normal and parenchyma respected normal curvilinear patterns. No overt evidence of active inflammatory or neoplastic disease was noted.

ULTRASONOGRAPHIC FINDINGS

Cholangitis liver pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the clinical signs is not overtly evident in the abdomen of this patient. Holter monitor is warranted as well as full CNS examination +/- skull CT. If the liver enzymes are elevated then treatment for cholangitis is indicated. Ursodiol therapy is warranted as a palliative effort; however, the gallbladder is unlikely to be related to the primary issue.





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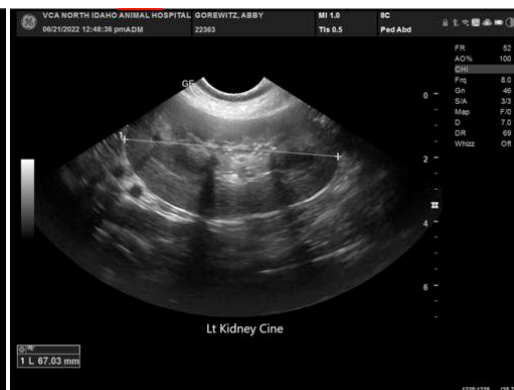
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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