



PATIENT

Meadow Keedy

SPECIES

Canine

BREED

Golden Retriever

SEX

Male

AGE

2 ½ years

WEIGHT

56 lbs

PRESENTING CLINICAL SIGNS

History: P presented today for bilateral cryptorchid neuter surgery. Focal ultrasound was performed to locate testicles for surgical planning and splenic abnormalities were noted. P has a lean body mass despite large caloric intake. Otherwise is very BAR, e/d well, no v/d/c/s. Active young dog that mountain bikes and hikes regularly. Was originally purchased from a puppy mill in PA. Current owner adopted from another family in CT several months ago. Now lives in Bolton, VT
Abnormal PE/Chem/CBC/UA Results: CBC/Chem/t4/UA all WNL on 5/6/23 Today, PT/aPTT performed and were WNL Splenic aspirates obtained today as well

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 prostate was uniform and measured 3.0 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 7.3 cm. The right kidney measured 5.62 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harasimowicz

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 right adrenal gland measured 1.39 cm at the cranial pole and 0.54 cm at the caudal pole. The left adrenal gland measured 0.48 cm at the caudal pole and 0.3 cm at the cranial pole.

HOSPITAL NAME

Waterbury VH

Spleen

The **spleen** revealed subtle, microcystic changes. This is not likely neoplastic given the patient's age. However, sinusoidal malformation is possible.

REFERRING VET

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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 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

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. 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.

Free Abdomen

The testicles were intraabdominal adjacent to the body wall/inguinal ring. The left testicle measured 2.33 x 1.5 cm.

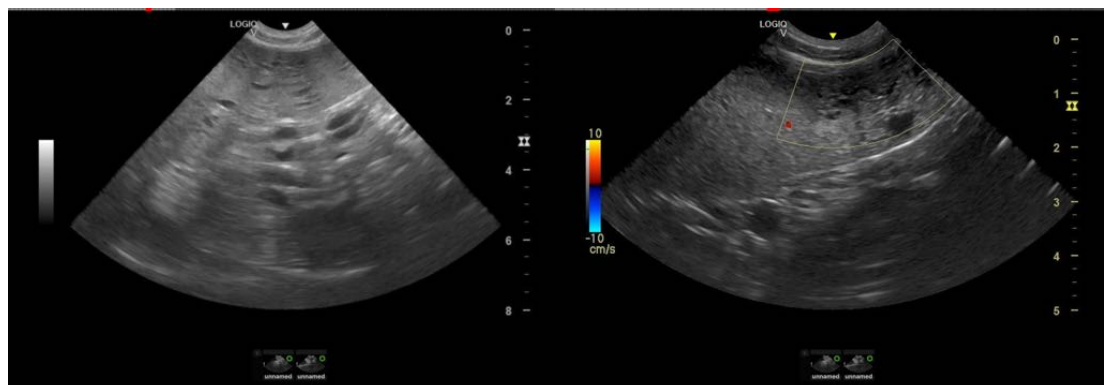
ULTRASONOGRAPHIC FINDINGS

Intraabdominal cryptorchids adjacent to the body wall, level of the urinary bladder and cystourethral junction/iliac trifurcation.

Sinusoidal malformation of the spleen, likely benign, yet minor potential for splenic neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Proactive splenectomy can be considered given the necessity for laparotomy.





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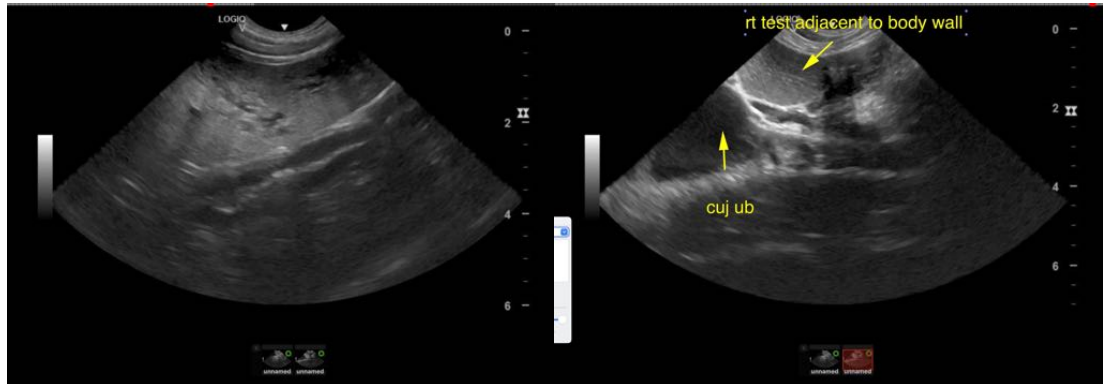
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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