



PATIENT

Migo Rodgers

SPECIES

Canine

BREED

Labrador Retriever

SEX

Neutered Male

AGE

3 Years

WEIGHT

41 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lisa Lomsnes

HOSPITAL NAME

Lomsnes Vet Hospital

REFERRING VET

Dr. Lisa Lomsnes

INVOICE

38381

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Vomiting only fluid frequently for the last 12 hours. Eating boiled rice and hamburger and does not vomit this. Normal bowel movement. Started coughing/gag 2 days and now vomit fluid. No bones given and never saw eaten any garbage. Xray from previous vet: chest normal and NSF on abdomen xray. No obvious gas pattern present.

Abnormal PE/Chem/CBC/UA Results: Bloodwork attached Exam: BAR, TPR = Normal. Nothing underneath the tongue. Mouth/tonsils normal. No coughing in clinic. NSF on abdomen. No pain and abdomen soft.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

****25 stills and 13 videos submitted.**

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 **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 kidneys measured 6.0 cm each.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** revealed multifocal hyperechoic nodular changes up to 1.0 cm. FNA indicated to ensure these are benign hyperplastic nodules.

Liver

The **liver** that was visible revealed minor increased portal markings. However, the deep cranial liver was not visualized. The gallbladder was not visualized.

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.



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ULTRASONOGRAPHIC FINDINGS

- Non-specific inflammatory hepatopathy
- Non-specific splenic nodular changes
- Unremarkable abdomen otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further imaging of the dorsal cranial liver and FNA of the splenic nodules recommended. Supportive care for GI upset indicated. Screening for Addison's may be appropriate. Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.



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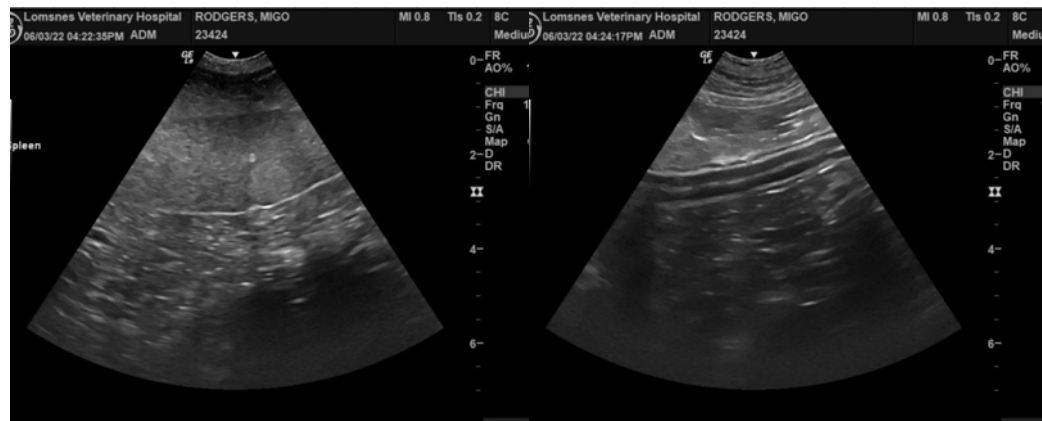
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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