



PATIENT

Ellie Peterson

SPECIES

Canine

BREED

Goldendoodle

SEX

Spayed Female

AGE

1 Year 7 Months

WEIGHT

35 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Wymard

HOSPITAL NAME

Brookwood AC

REFERRING VET

Dr. Wymard

INVOICE

38435

DATE

6/6/22

PRESENTING CLINICAL SIGNS

P seen at ER on 6-1-22 for vomiting (~7x in one day) of unknown cause., inappetence, grass eating, and minimal drinking. Rads at that time were normal and P was treated supportively. P was rechecked at our hospital the following day (6-2) - no vomiting but lethargy and inappetence persisted. Istat BW was WNL. Treated w/ fluids and cerenia. Returned the following day (6/3) - had eaten some chicken/rice and mild improvement in energy. Repeat rads showed diffuse gas pattern that repeat rads showed was moving through. On 6-5 P returned (ate well yesterday morning and evening. but was retching this am and declined food this am; was uncomfortable overnight and had a soft BM). Fecal was sent out on 6-5 but results have not returned yet. DVM on 6-5 reported P to be BAR. Today 6-6-22: P is BAR, non painful on abdominal palpation, normal mm/CRT. Ate 2.5 c rice/chicken divided between two meals last evening (430 pm and 715 pm). P is on omeprazole and cerenia. O started transiting from RCV golden retriever formula diet to FROMM last Monday. She did follow a slow transition schedule. P started having CS on Wednesday.

Abnormal PE/Chem/CBC/UA Results: Istat WNL on 6-2-22

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 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 5.0 cm each.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself cranially. 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 were noted.

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

A minor amount of luminal chyme presented in the **stomach**. The pylorus was free of evident pathology. The small intestine was unremarkable. Colon presented normal stool. Reactive mesenteric lymph nodes noted.

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Pancreas

The **pancreas** was mildly heterogeneous in the right limb. Subxiphoid palpation is recommended to assess for pain or discomfort associated with the pancreas.

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ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable GI tract with possible minor pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary indiscretion, food intolerance, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Supportive care should prove effective.

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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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