**PATIENT**

Ryder Hitt 138869

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

8 Years

WEIGHT

37.2 kg

INTERPRETED BYEric Lindquist, DMV
DABVP, Cert. IVUSS**IMAGING PERFORMED BY**

Tom McNeill

HOSPITAL NAME

SVS Imaging CT

REFERRING VET

WVRC - Dr. Sevde

INVOICE

39170

DATE

7/1/22

PRESENTING CLINICAL SIGNS

Persistent cough since May. pDVM tried pred, clavamox, doxy, cipro, and TMS and cough has persisted. was boarded at a kennel in april. presented for resp distress and fever yest, has increased w/ oxygen, IVF, and IV abx. fever is waxing/waning. Travel hx to florida from oct - may. Housemate dog was treated for cough w/ doxy and recovered.

Abnormal PE/Chem/CBC/UA Results: 6/28: Neuts 12.35 (H), HGB 10.8 (L), Hct 30.3 (L), Plt 78 (L) 3. Diff- Plt 6.2/HPF (93,000-124,000) 4. Chem- Chol 383 (H), Triglycerides 139 (H) 5. UA (cysto)- USG 1.047, pH 6, RBC 5-7/HPF, 1+ cocci (extracellular, expected stain contaminant) 6. 4dx- neg x 4

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 prostate was uniform at 0.95 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 right kidney measured 8.08 cm. The left kidney measured 8.01 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 right adrenal gland measured 0.66 cm at the caudal pole and 0.68 cm at the cranial pole. The left adrenal gland measured 0.67 cm at the cranial pole and 0.74 cm at the caudal pole.

Spleen

The **spleen** presented multifocal hypoechoic nodules, measuring 0.87 cm and 1.13 cm. The spleen was enlarged and folded upon itself.

Liver

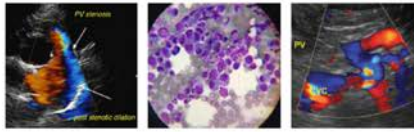
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls 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.

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. Reactive mesenteric lymph nodes noted, measuring 4.6 cm x 0.90 cm. A reactive epigastric lymph node measured 1.86 cm x 0.69 cm.

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fredgromalak@gmail.com



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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

Free Abdomen

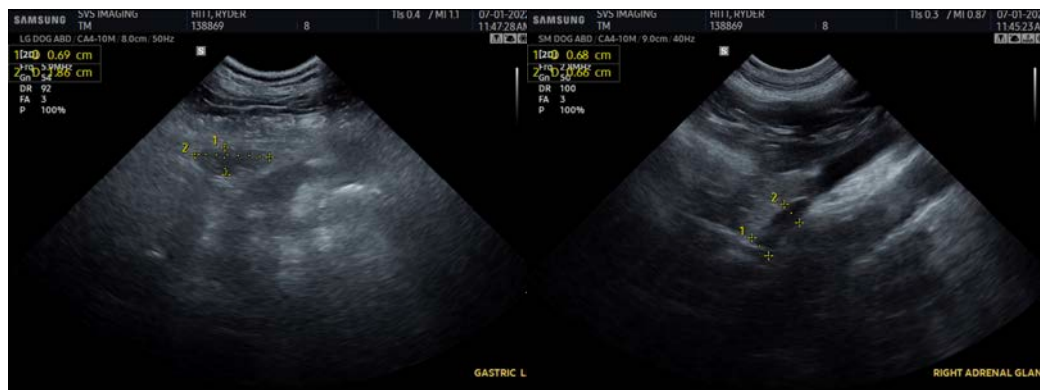
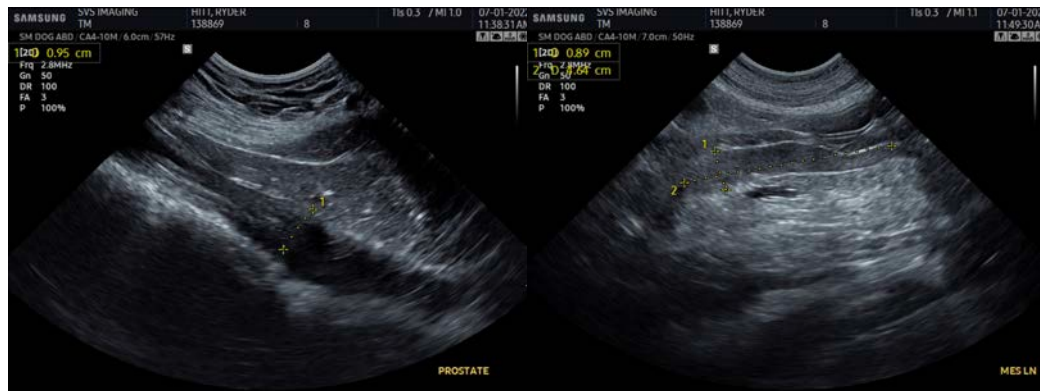
Slight amount of free fluid noted in the abdomen.

ULTRASONOGRAPHIC FINDINGS

- Mesenteric and epigastric minor lymphadenopathy, reactive appearance
- Splenic nodules
- Age related pancreatic changes

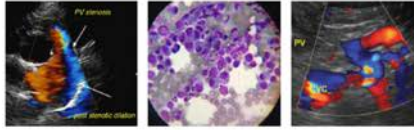
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Free fluid is adjacent to the splenic fold and may be a positional effusion, which can be benign. However, given the splenic enlargement and nodules, 25-gauge FNA indicated, and if possible, guided abdominocentesis of the localized free fluid. However, it is minimal. Sampling of the splenic nodules also recommended. Splenic differentials include reactive spleen with hyperplasia, emerging round cell neoplasia, hemangiosarcoma less likely, splenitis less likely.



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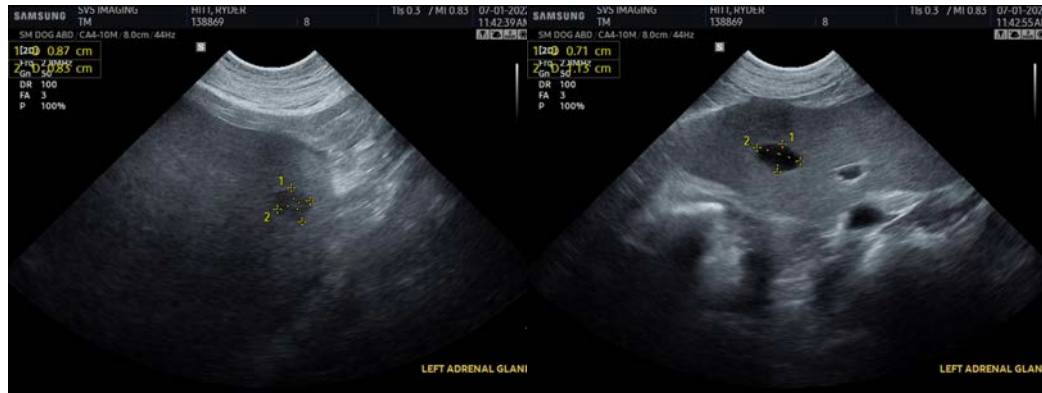
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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