



PATIENT

Harvey Peters

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered male

AGE

2 years

WEIGHT

77 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Harris

HOSPITAL NAME

TotalBond VH

REFERRING VET

Dr. Harris

INVOICE

76003

DATE

7/10/23

PRESENTING CLINICAL SIGNS

History: 2yo MN Goldendoodle with a history of intermittent vomiting bile and inappetence. He will go several days eating GI food well, but then will become inappetent, have diarrhea and vomit bile. Bloodwork has been normal and cortisol was normal (8.2).

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 **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 7.3 cm. The left kidney measured 7.02 cm.

Adrenal Glands

The left **adrenal gland** was 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 0.55 cm. The right adrenal gland was not visualized.

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.

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

The stomach revealed minor amount of gas accumulation without evidence of foreign matter. Transit of chyme appeared to be present in the small intestine. There was no evidence of obstruction. A large amount of gastric gas was noted obscuring some visibility of the lumen. The small intestines and colon were unremarkable. The mesenteric lymph nodes were reactive and measured up to 1.0 cm in width.

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.

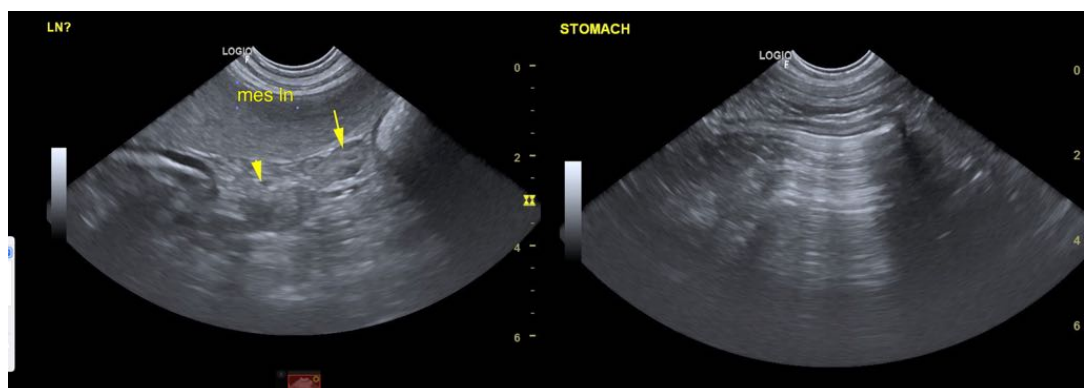
ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

Gastritis pattern, no obvious foreign matter.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Gas interference in the stomach is somewhat problematic and interfering. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. If clinical signs persist over the next 24-48 hours a recheck sonogram at complete n.p.o. status is indicated. Screening for Addison's is indicated.





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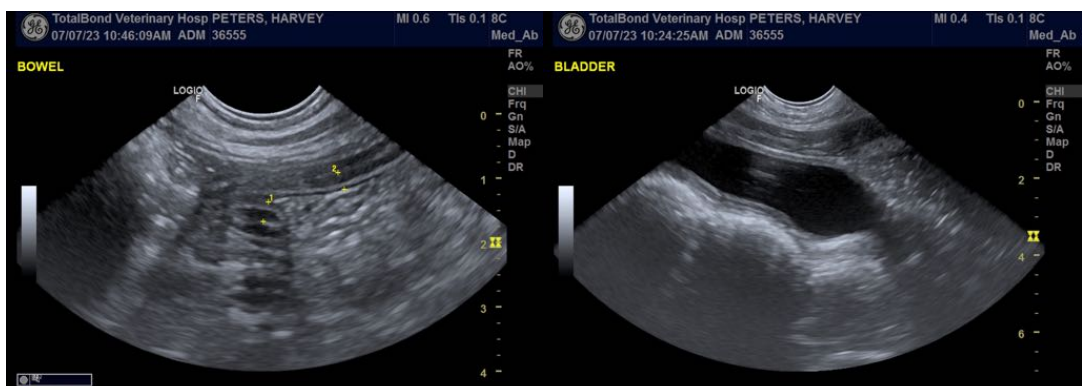
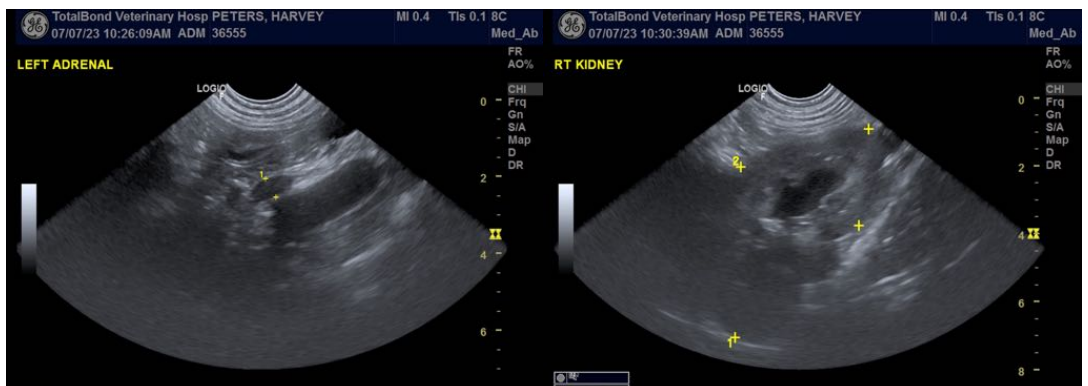
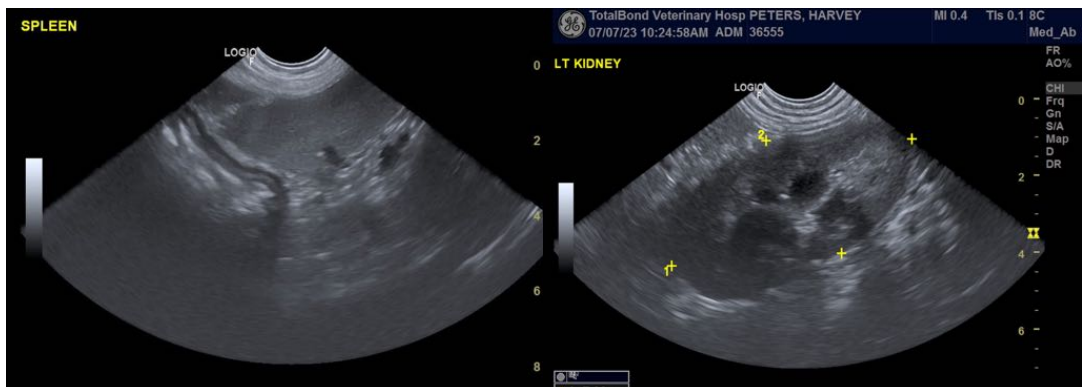
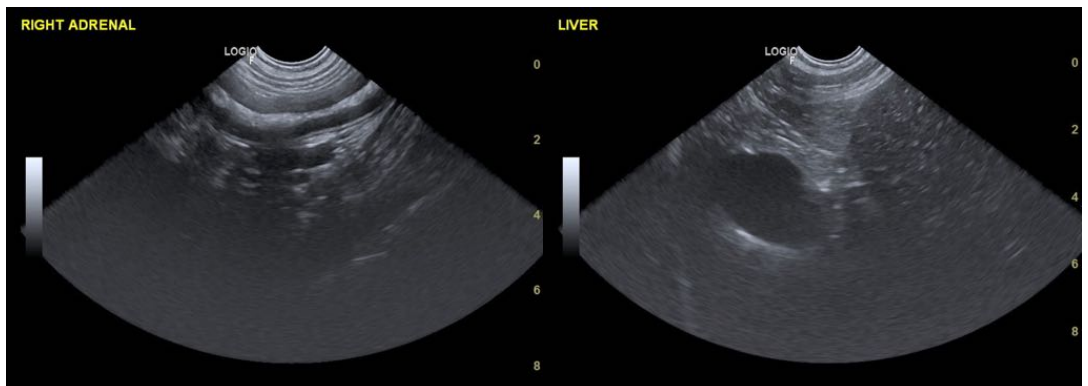
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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