



PATIENT

Trever Brosey

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

12 years

WEIGHT

87 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Reese

HOSPITAL NAME

Willow Run VC

REFERRING VET

Dr. Reese

INVOICE

31537

DATE

7/11/22

PRESENTING CLINICAL SIGNS

Several day history of decreased appetite, ADR symptoms, reluctant to go on walks at home. Presented Friday 7/8/22 and labwork indicated elevated lipase, bacteriuria on cystocentesis sample. Owners started treatment with carprofen, amoxicillin, and Cerenia over weekend with no improvement. Presented today for recheck - very lethargic on exam, growling with abdominal palpation or manipulation of hind end, which is atypical for Trever. Repeated bloodwork today. Abnormal PE/Chem/CBC/UA Results: UA - dilute USG 1.003, mild hematuria, bacteriuria Blood work - HCT 44%, 4dx negative; lipase 2,997 (200 - 1,800 U/L) Significant lethargy T 102.4 F Possible abdominal pain

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 left kidney measured 7.0 cm. The right kidney measured 7.4 cm.

Adrenal Glands

The left **adrenal gland** was uniformly enlarged and measured 1.1 cm at the caudal pole and 0.68 cm at the cranial pole. The right adrenal gland measured 0.9 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** revealed subtle, microcystic nodule in the midbody measuring 1.0 cm. The spleen was folded upon itself cranially. This is a positional variant and not pathological. Occasional, hyperechoic, lipogranuloma was noted in the spleen, not pathological.

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

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There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

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Pancreas

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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

Slightly enlarged left adrenal gland, otherwise, unremarkable abdomen.

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Microcystic splenic nodule.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

The changes are expected for this age patient. The cause of poor appetite is not evident in the abdomen in this patient. The splenic nodule and left adrenal gland should be monitored with a follow-up ultrasound in a month. However, other causes of the clinical signs such as cardiac, thoracic, CNS or orthopedic disease should all be considered.

IMAGING PERFORMED BY

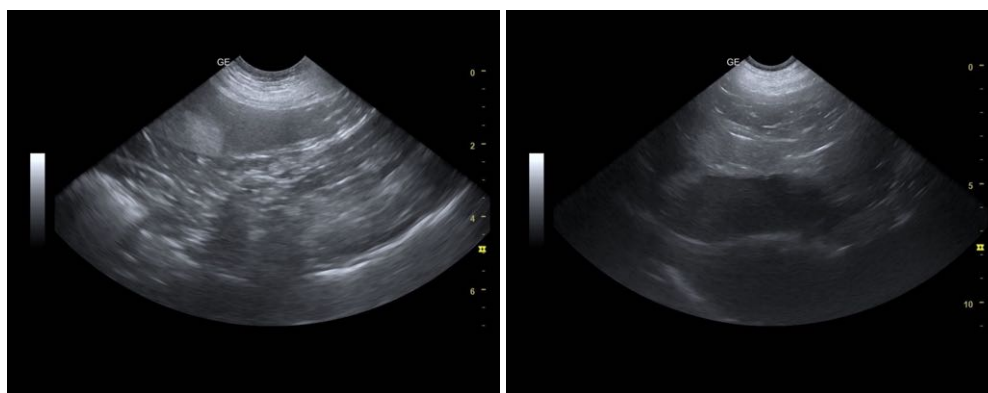
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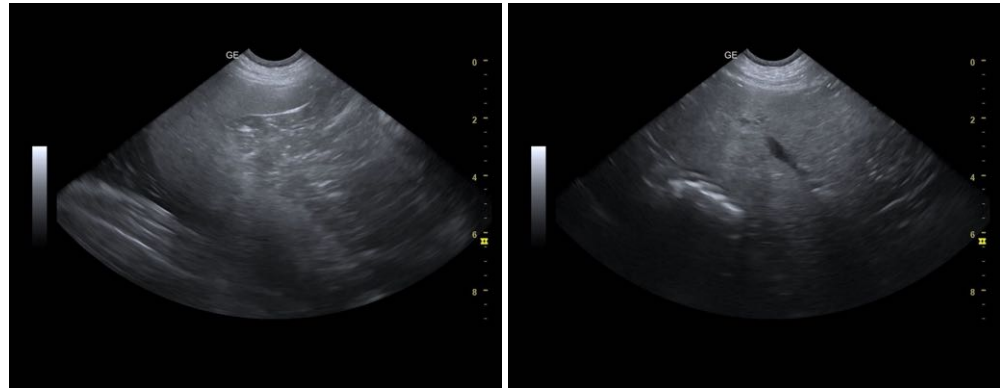
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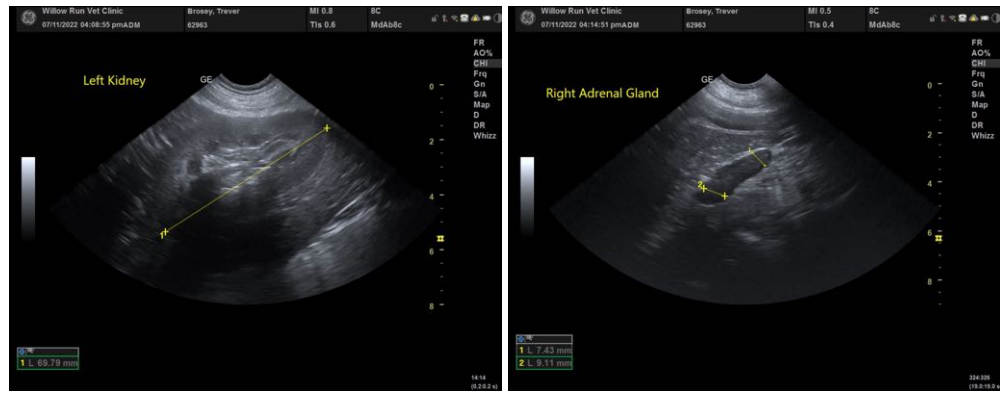
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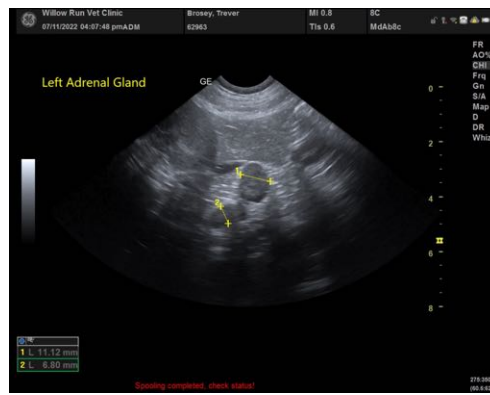
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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