



**PATIENT**

Finn Wilke

**SPECIES**

Canine

**BREED**

Golden Doodle

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

64 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Griffin

**INVOICE**

16737

**DATE**

7/22/22

**PRESENTING CLINICAL SIGNS**

History: Patient has history of eating underwear and allergic skin disease He has lost about 6 lbs in the past few weeks and is not eating or drinking normally. Patient is up to date on vaccines. Currently patient is on ciprofloxacin and ketoconazole for dermatitis

Abnormal PE/Chem/CBC/UA Results: PE: Poor hair coat 4DX: Negative CBC: WNL CHEM: ALT 355

**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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

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 5.0 cm. The right kidney measured 5.5 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 left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.8 cm.

**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 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.

**Gastrointestinal**

The **stomach** revealed some shadowing material in the pyloric outflow, nonobstructive. Given the patient history, this would fit with fabric, however, assuming if the patient was not fully NPO, then recheck sonogram on complete NPO status is warranted. This appears to me amenable to potential endoscopy. The small intestine and colon were unremarkable.



**PATIENT**

**Pancreas**

Finn Wilke

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.

**SPECIES**

Canine

**ULTRASONOGRAPHIC FINDINGS**

- Soft shadowing gastric material, possible residual foreign matter

**BREED**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Golden Doodle

No structural evidence of disease to be responsible for the weight loss, unless hyporexia is induced by the pyloric material. However, the changes were minor and if intervention is to occur, rapid sonogram (SDEP 13) of the pyloric outflow to ensure that the material is persistently present prior to intervening through endoscopy or surgery. Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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\*\*Regarding the question of leptospirosis, the liver can be highly variable in active leptospirosis. If liver enzymes are elevated, then FNA is indicated, however, structurally the liver appears unremarkable.

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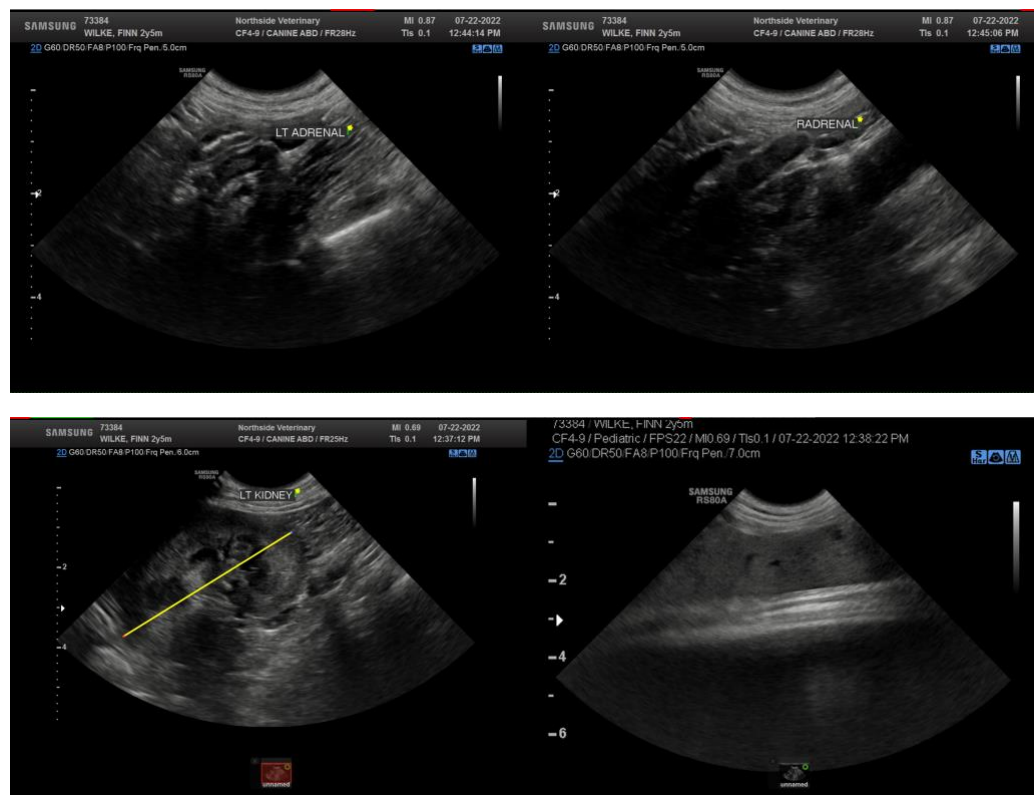
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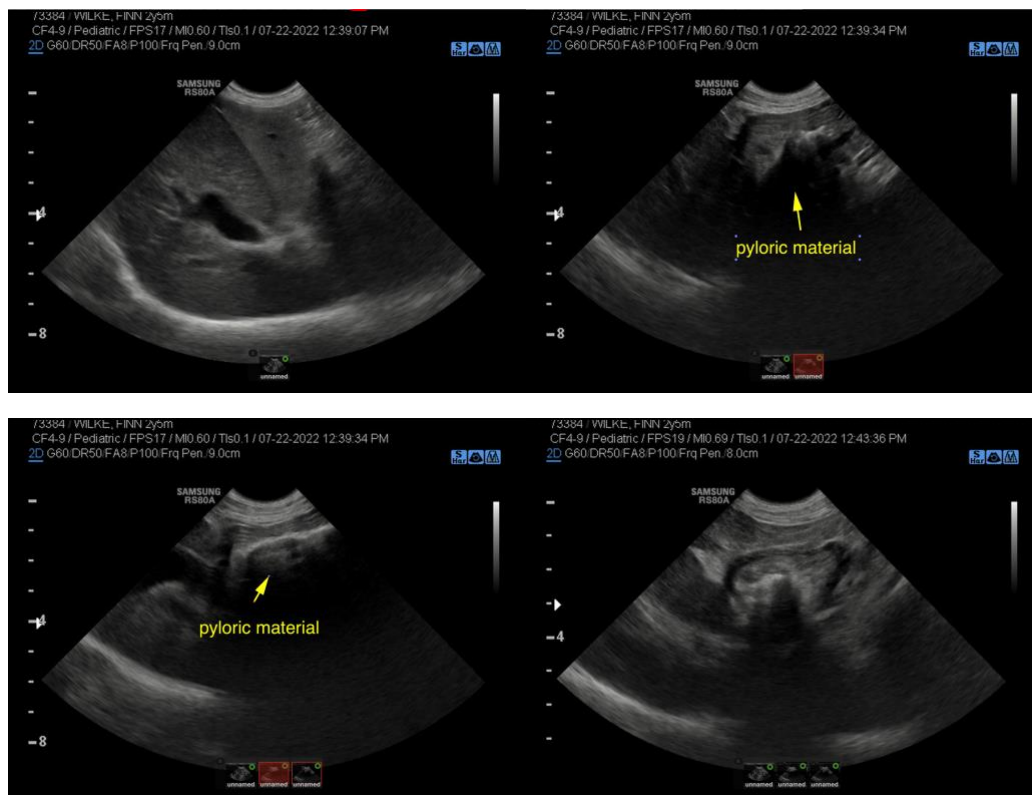
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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