

PATIENT PRESENTING CLINICAL SIGNS

Teddy Nevin Collapse episode yesterday - VT and runs of VPCs and heart rate of 325 bpm. Responsive to lidocaine. Referred here for cardiology consult (echocardiogram scheduled for Monday). AUS to investigate possible abdominal causes of arrhythmia. Post prandial for study.

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

7 Years

WEIGHT

36.2 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Angell AMC

REFERRING VET

Dr. Virginia Sinnott

INVOICE

39793

DATE

7/23/22

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 left kidney measured 6.79 cm. The right kidney measured 7.25 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 0.59 cm at the caudal pole and 0.47 cm at the cranial pole. The right adrenal gland measured 0.58 cm at the caudal pole and 0.60 cm at the cranial pole.

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

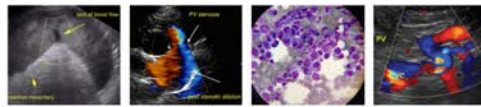
The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls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

Minor ingesta noted in the **stomach** with slight shadowing, consistent with kibble. Largest shadowing structure measured approximately 1.0 cm. The small intestine and colon were unremarkable.

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.



PATIENT

Teddy Nevin

ULTRASONOGRAPHIC FINDINGS

- Post-prandial presentation with ingesta in the stomach

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of pathology to be responsible for the clinical history.

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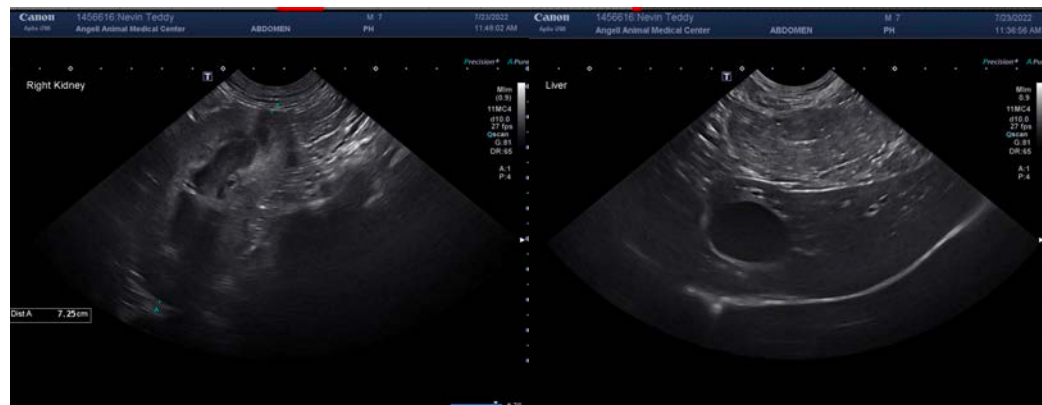
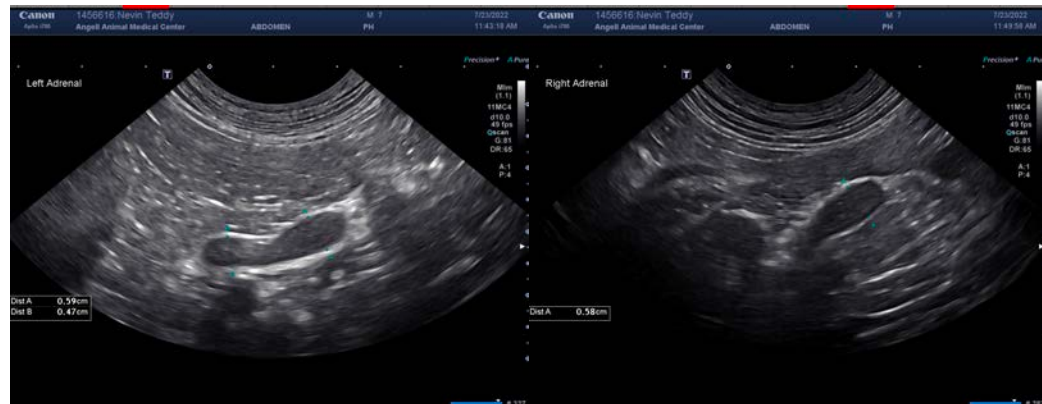
Dr. Virginia Sinnott

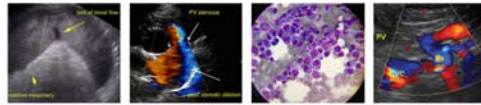
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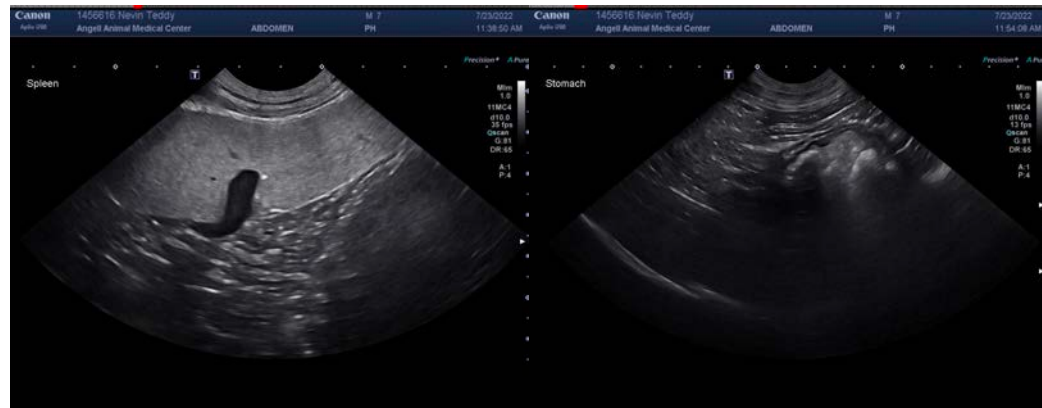
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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