



PATIENT

Max Marrero Rivera

SPECIES

Canine

BREED

Goldendoodle

SEX

Intact Male

AGE

14 Weeks

WEIGHT

17.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ferrer

HOSPITAL NAME

Paseos Vet Center

REFERRING VET

Dr. Jonathan De Jesus
Nazario

INVOICE

39896

DATE

7/28/22

PRESENTING CLINICAL SIGNS

Presented as an urgent referral for an abdominal ultrasound to evaluate for possible foreign body. Presented to rDVM with a history of constant vomiting.
Abnormal PE/Chem/CBC/UA Results: PE: non provided BW: CBC: WBC: 23 (6-17) LYM: 5.7 (1-4.8) Neu: 17 (3-12) PLT: 160 (200-500)

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 measured 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 5.2 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 0.28 cm. The right adrenal gland measured 0.60 cm at the cranial pole and 0.50 cm at the caudal pole.

Spleen

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The spleen was folded upon itself caudally. 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 hypertrophied mucosa and a minor amount of anechoic luminal fluid, yet no obstructive disease. Some suspended, echogenic linear material noted. This may represent parasitic disease. Minor shadowing material noted in the gastric fundus, yet is non-obstructive, likely residual ingesta. Soft, non-obstructive foreign matter possible, yet less likely. The small intestine and colon were unremarkable. Reactive mesenteric lymph nodes noted, example measured 2.0 cm x 0.50 cm.



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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.

SPECIES

Free Abdomen

Canine

Slight free fluid noted in the abdomen, likely physiological, given the patient's age.

BREED

PRIMARY FINDINGS

Goldendoodle

- Gastritis with mucosal hypertrophy, possible concurrent parasites
- Folded spleen
- Slight physiologic free fluid in the abdomen

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intact Male

I recommend a fresh fecal smear and fecal floatation analysis. Supportive care indicated. Recheck sonogram in clinical signs persist.

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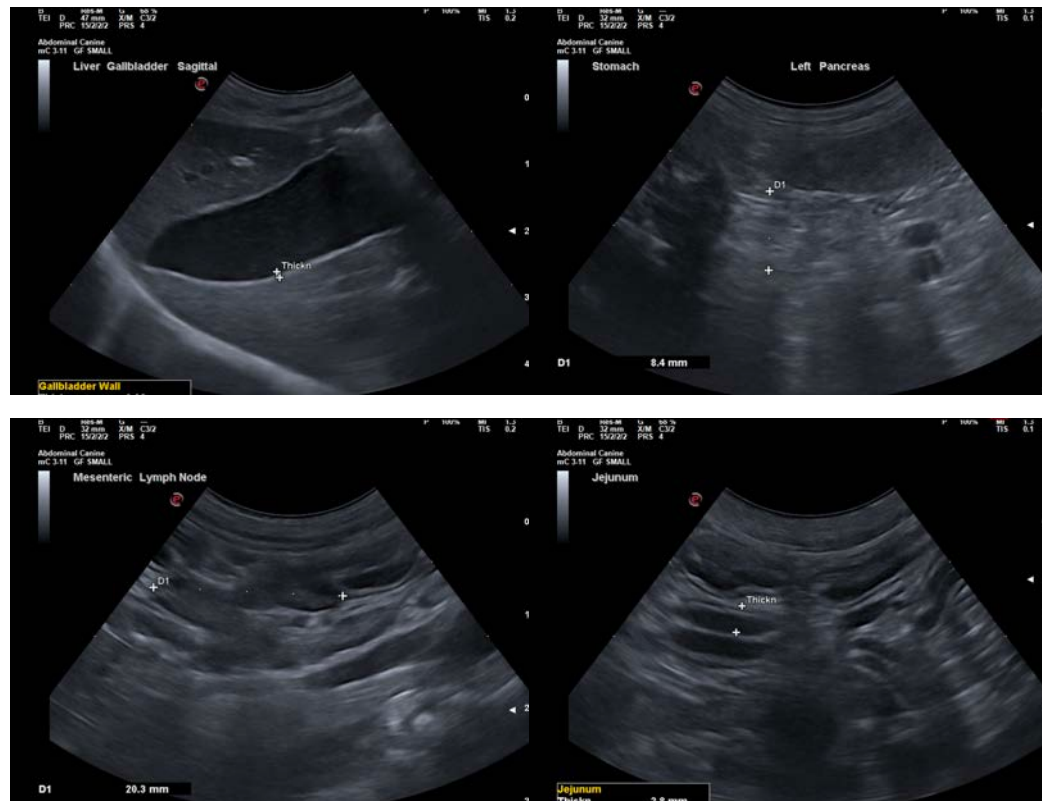
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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