



PATIENT

Georgie Devine

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

10 Years 2 Months

WEIGHT

80.2 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Katie Buss, DVM

HOSPITAL NAME

Kings VH

REFERRING VET

Katie Buss, DVM

INVOICE

23220

DATE

7/7/23

PRESENTING CLINICAL SIGNS

History: Georgie presented for vomiting and diarrhea. Has been slowing down over the last 6 months.

Abnormal PE/Chem/CBC/UA Results: Increased WBC & decreased T4

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 5.5 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The **adrenal glands** were 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 were noted.

Liver

The **liver** revealed minor heterogenous parenchymal changes and minor increased portal markings. The gallbladder and common bile duct were unremarkable. This is a largely age-related sonographic appearance.

Gastrointestinal

The **stomach** itself was unremarkable. Mid abdominal intestinal thickening was noted with wall thickness measuring up to 0.87 cm. The resolution was not optimal and the intestinal thickening could not be differentiated from small intestine or large intestine.

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.

Free Abdomen



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The mesenteric **lymph nodes** presented normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

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ULTRASONOGRAPHIC FINDINGS

- Intestinal thickening of unknown location
- Reactive mesenteric lymph nodes
- Minor heterogenous parenchymal changes and minor increased portal markings in the liver.
- Unremarkable abdomen otherwise

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Ultrasound guided FNA of the intestinal thickness is warranted, or surgical exploratory for biopsies. Intraoperative ultrasound would be ideal. Prognosis is guarded Further imaging around the intestinal thickening would be helpful to identify the exact position.

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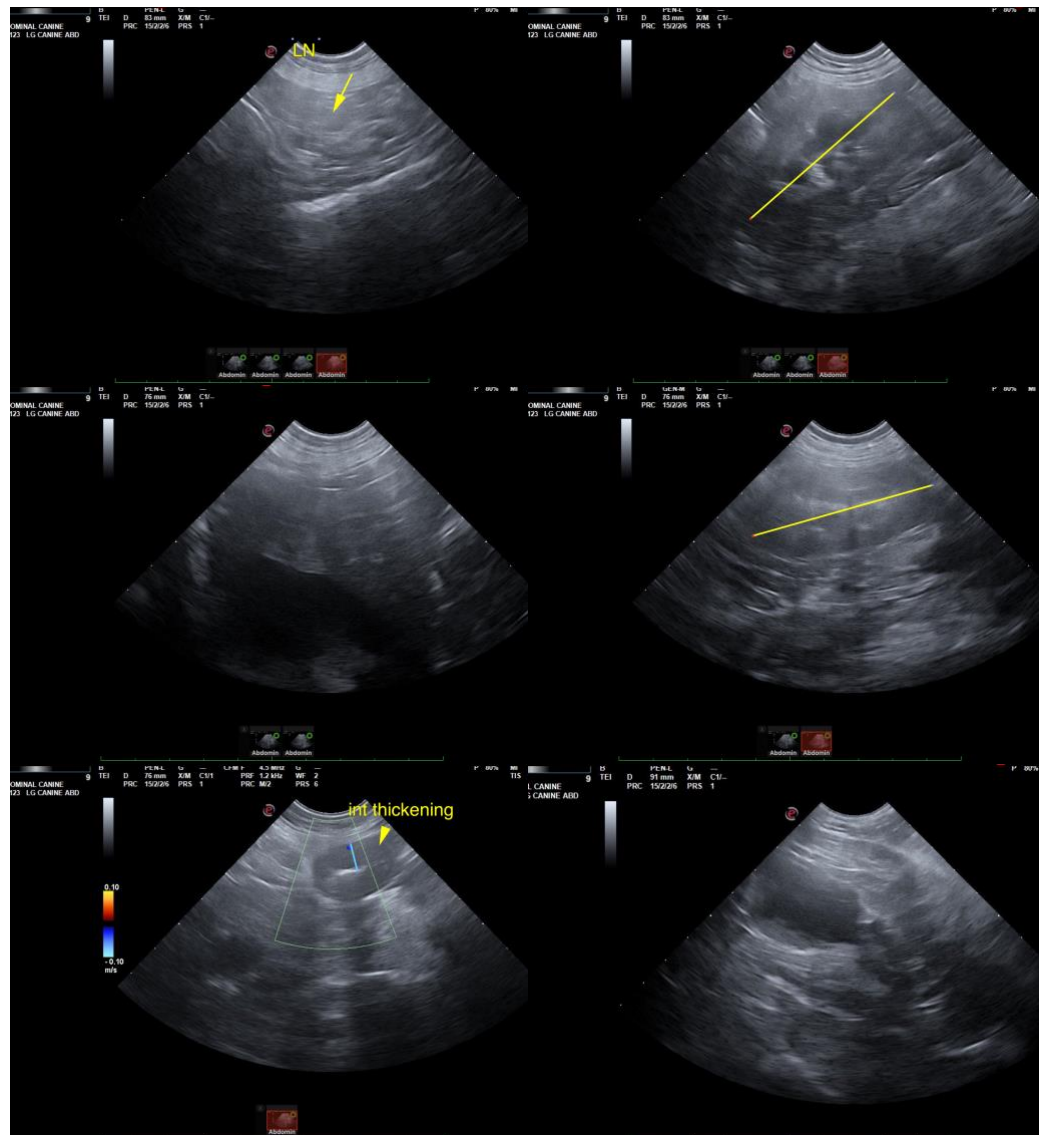
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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