



PATIENT

Soki Goodwin

SPECIES

Canine

BREED

Australian Cattle Dog

SEX

Spayed Female

AGE

15 Years

WEIGHT

57.4 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Neuhaus

HOSPITAL NAME

Willamette VH

REFERRING VET

Dr. Neuhaus

INVOICE

23957

DATE

8/18/23

PRESENTING CLINICAL SIGNS

History: Suspect ingested a portion of a wooden spoon on 8/16. Initial rads: gastric distension without obvious obstruction. P also has a grade 5/6 left systolic murmur. Discussed emesis with concern that a wooden portion could get lodged in esophagus. O elected to not induce emesis but start on IVF and recheck rads. Recheck rads have shown some improvement but concern for persistent material and fluid in stomach. EPOC has shown elevated lactate. P uncomfortable near stomach. Very sensitive to opioids (profound sedation)

Abnormal PE/Chem/CBC/UA Results: 8/16/23 CBC: eos 0.01, plt 533, pdw 8.0, pct 0.51% Chem 10: alt 127, alp 262 EPOC: lac 4.49, pco2 29.9 8/17/23 2 pm: EPOC - hct- 40%, Na - 159 mmol/L (high), LAC- 5.07 (high), PO2 - 58.6 mmHg (high), sO2- 91% (high) 4pm: Recheck rads: Stomach appears smaller in size. Some small gas dilations in small intestines and colon w/ formed stool and small mineral opacities noted. 8/18/23 EPOC - HCT 54%, Bicarb 22.9 (N), Ca 1.22 (N), CREA 0.37 (L), Cl- 129 mmol/L (H), K+ 3.1 mmol/L (L), Na+ 166 mmol/L (H), Glu 125 mg/dL, lactate 5.13 mmol/L (H), pH 7.386, PO2 72.7 (H), BUN 14 (N) Recheck abdominal rads - Material in colon moving through, but slower now. Stomach has some gas and possible fluid, liver & spleen appear wnl. No ascites or masses noted. Mild to moderate loss of serosal detail noted in cranial abdomen.

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 largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm. The right kidney measured 6.7 cm.

Adrenal Glands

The **left adrenal gland** was 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 0.8 cm.

The **right adrenal gland** was 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.



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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 **gastrointestinal tract** revealed slight shadowing material, measuring up to 2.0 cm. This may represent medications or possible foreign matter. If the patient was NPO at the time of the sonogram, then wood foreign matter is a concern given the patient history. I recommend endoscopy or direct gastrotomy with gastric biopsies. The material was nonobstructive at the time of the sonogram. The gastric wall does not appear overtly healthy. 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.

ULTRASONOGRAPHIC FINDINGS

- Shadowing gastric material- nonobstructive. Unhealthy gastric wall.
- Age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Endoscopy and mucosal biopsies would be ideal. Gastrotomy would be appropriate if the patient continues to have clinical signs.



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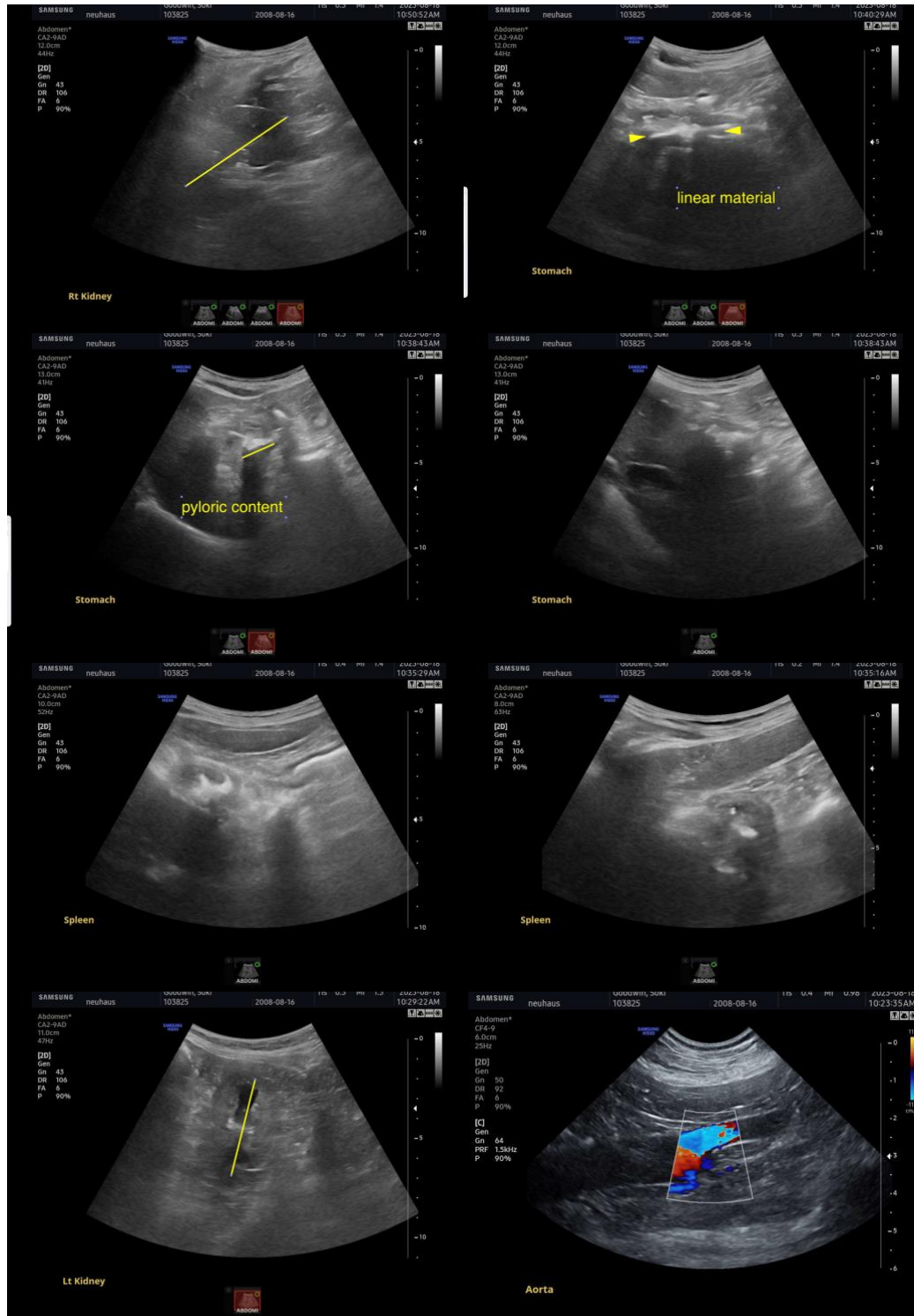
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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