



PATIENT

Chopper Yinger

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

5 ½ years

WEIGHT

87 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Columbia AC

REFERRING VET

Dr. Engel

INVOICE

91505

DATE

8/25/21

PRESENTING CLINICAL SIGNS

History: Lethargic and lame for his first visit on Monday, also febrile. Sent out labwork to the lab which came back with a lot of abnormalities. He's still lethargic and on exam today his pre-scapular and popliteal lymph nodes are swollen. No fever. Got 2 doses of carprofen Monday, Tuesday.
Abnormal PE/Chem/CBC/UA Results: WBC = 22.8 RBC = 3.72 HCT = 27.0 Hemoglobin = 8.5 Reticulocytes = 7 Neutrophils = 2.05 Lymphocytes = 19.15 Platlets: 24 Pathology reviewed slide: Reactive lymphocytes, toxic neutrophils, Dohle bodies seen Glucose: 61 SDMA = 26 Albumin = 2.2 ALP = 505

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 was 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 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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 7.1 cm. The right kidney measured 6.76 cm.

Adrenal Glands

The region of the left adrenal gland was unremarkable.

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 was noted.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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Neutered male

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen. With largely age related renal and hepatic changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

87 lbs

The cause of anemia is unclear. Bone marrow aspirate may be appropriate. Screening for Addison's would be warranted as the adrenal glands were not overtly visible, low albumin and unexplained anemia.

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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
info@SonoPath.com