

**PATIENT PRESENTING CLINICAL SIGNS**

Bean Fox

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

Spayed female

**AGE**

6 years

**WEIGHT**

54.1 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Schneck

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Schneck

**INVOICE**

32545

**DATE**

8/25/22

History: Pt V+ a large amount after breakfast yesterday, has not eaten since then. Pt drinking a little bit of water throughout the day. Pt seemed hot to the touch, eyes are red, restless and leth. Throughout the day pt had V+ at least a dozen times, hardly and U/BM. Pt does get into things, likes to go outside and eat poop. O gave pepcid today around 3pm. Pt is bird dog and normally very active. Possible exposure to fish through swimming in creeks and rivers.  
Abnormal PE/Chem/CBC/UA Results: CBC/Chem 17: stress leukogram, HCT WNL 43%; mild high normal ALT (131); cPL WNL; otherwise WNL; Radiographs: abnormally dilated small intestine noted on V/D and lateral views; Some gas and stool in distal colon but dilated bowel is not colon; on V/D stomach appears to be collecting fluids

**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 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 6.5 cm. The right kidney measured 6.3 cm.

**Adrenal Glands**

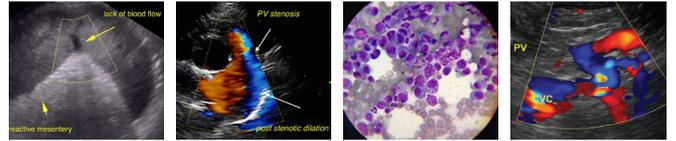
The left **adrenal gland** was subjectively subnormal in size and measured 0.37 cm in width. The right adrenal gland was not visualized.

**Spleen**

The **spleen** was uniformly enlarged and folded upon itself cranially with summation effect upon the liver. There was no evidence of masses.

**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.



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**Gastrointestinal**

Examination of the **gastrointestinal tract** revealed a stomach free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Minor excessive small intestinal gas was noted. 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.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

Structurally unremarkable abdomen other than uniform splenic enlargement.

**AGE**

6 years

Minor excessive intestinal gas. No evidence of obstruction.

Subnormal left adrenal gland and non-visible right adrenal.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Screening for Addison's is indicated with ACTH stimulation.

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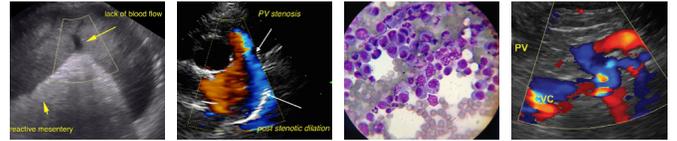


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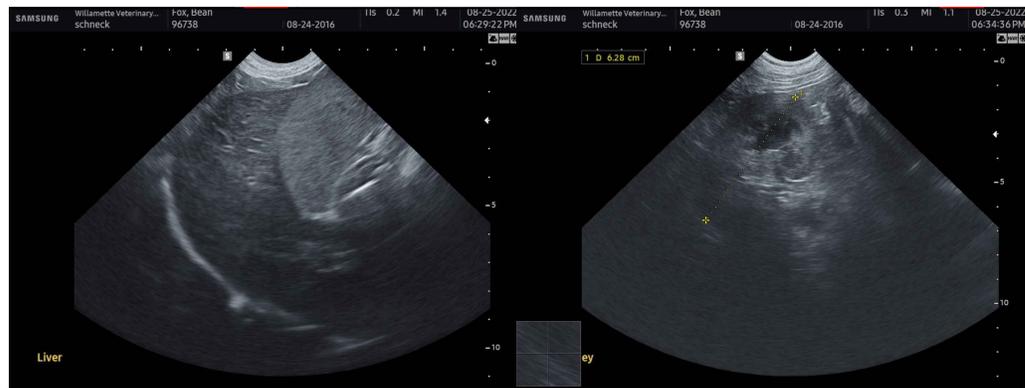
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
info@SonoPath.com