



PATIENT

Myles Gehlsen

SPECIES

Canine

BREED

Goldendoodle

SEX

Neutered Male

AGE

7 Years

WEIGHT

84 Pounds

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

24945

DATE

8/26/21

PRESENTING CLINICAL SIGNS

Vomiting for 4 days, inappetence
Abnormal PE/Chem/CBC/UA Results: CBC/Chem unremarkable Radiographs: concern for gastric outflow obstruction

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 pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

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 7.33 cm. The left kidney measured 6.67 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 2.08 cm x 0.48 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 2.2 cm x 1.4 cm at the cranial pole and 0.7 cm at the caudal pole.

Spleen

The **spleen** was folded upon itself cranially, yet 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** 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 retention of chyme and minor soft shadowing material, yet does not appear overtly obstructive. Some of the material has an echotexture of grass or possible roundworms. The pylorus was patent, as was the upper duodenum, though hyperperistalsis and duodenal spasming noted. The small intestine was unremarkable. The colon revealed normal stool.



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Pancreas

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Slight heterogeneous **pancreatic** changes noted in the right limb.

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ULTRASONOGRAPHIC FINDINGS

- Gastric retention and gastroduodenitis
- Heterogeneous right pancreatic limb

BREED

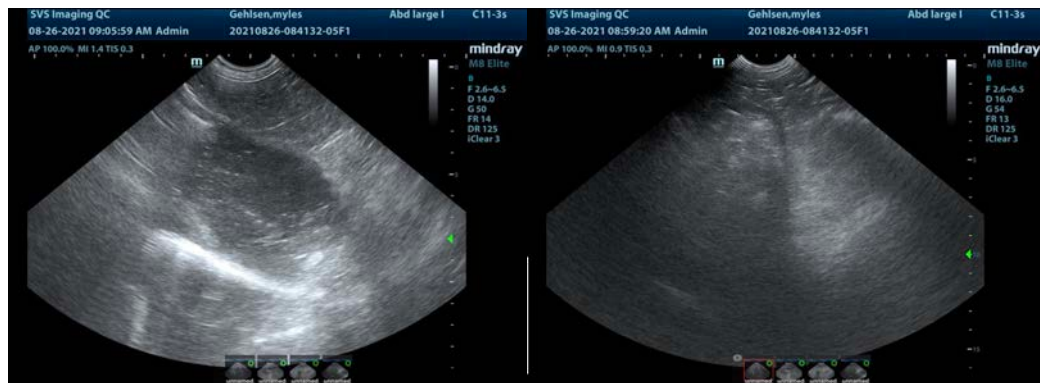
Goldendoodle

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt obstruction, though delayed outflow is an issue. Recommend medical therapy over the next 24 hours in this patient, NPO, IV fluid support, and GI protectants. Recheck sonogram if the patient is still clinical.

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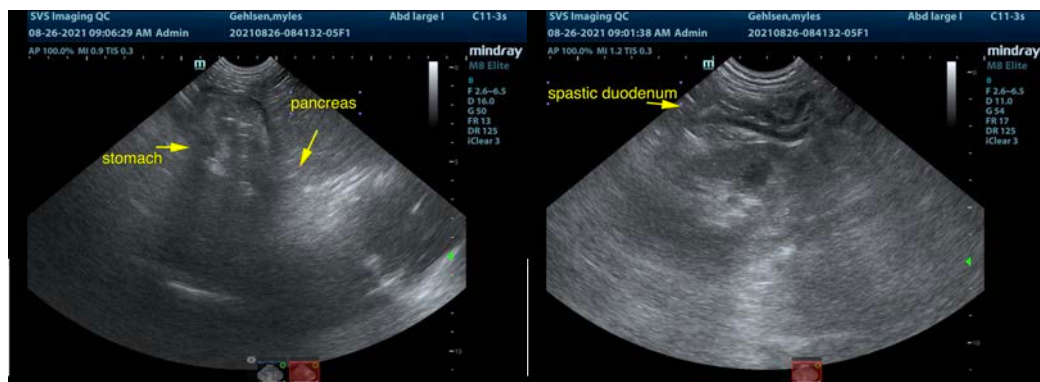


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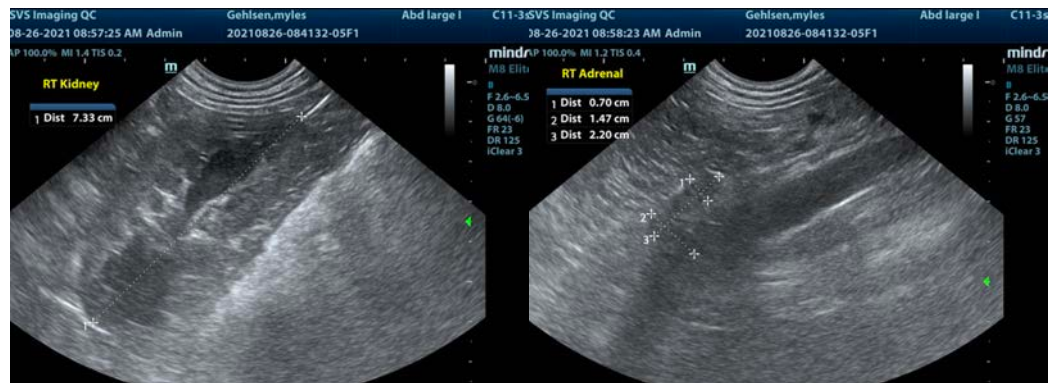
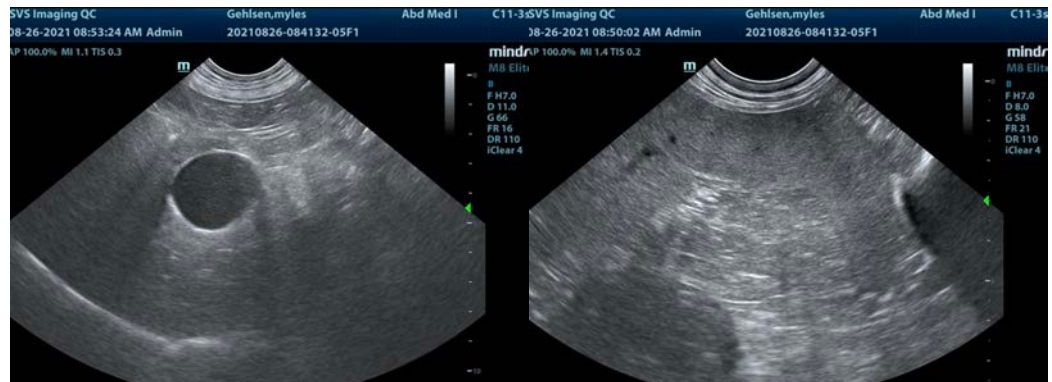
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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