

PATIENT

Tralee O'Connor

SPECIES

Canine

BREED

Mini Golden Doodle

SEX

Intact Female

AGE

1.5 Years

WEIGHT

10.4 kg

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Elyse Hauer

HOSPITAL NAME

Mariposa Vet Hospital

REFERRING VET

Dr. Elyse Hauer

INVOICE

40829

DATE

8/29/22

PRESENTING CLINICAL SIGNS

5 day history of lethargy, vomiting, diarrhea, and poor appetite. Had a few treats this morning 3 hours prior to ultrasound. Mostly vomiting in the morning.

Abnormal PE/Chem/CBC/UA Results: Slightly dehydrated, lethargic, cranial abdominal discomfort and hunched posture on exam. CBC/Chem normal

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 6.0 cm. The right kidney measured 6.0 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 0.50 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.

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 **pylorus** was empty. No evidence of foreign body. However, the stomach revealed a minor amount of soft fundic material such as grass or similar, non-obstructive. No stasis noted behind the material. The material measured approximately 2.8 cm. 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 **pancreas** was slightly heterogeneous in the right limb.

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ULTRASONOGRAPHIC FINDINGS

- Non-obstructive soft shadowing gastric material – may be ingesta, grass accumulation, or similar.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Screening for Addison's warranted to ensure this is not an underlying issue. Endoscopy would be ideal. Given that the patient was not completely NPO, recommend 24-hour NPO and supportive care followed by sonogram prior to any feeding. Otherwise, endoscopy indicated.

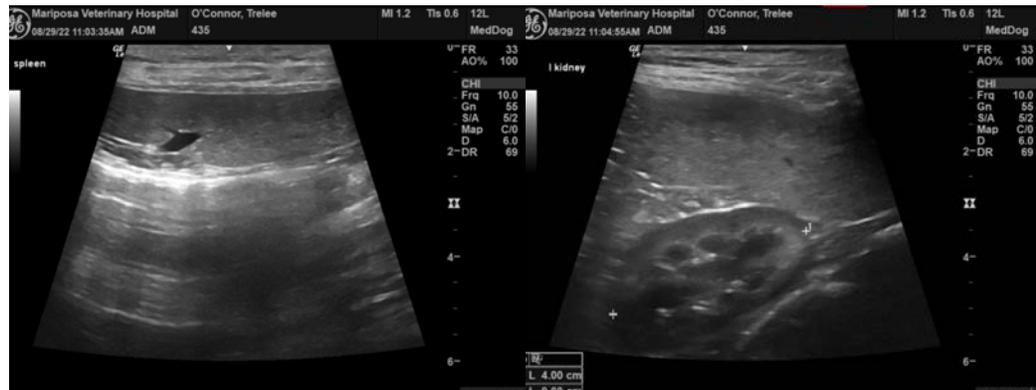
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VD and lateral Radiographs: Mild microhepatica, minor non-specific excessive GI gas in the small intestine and colon, volume contracted spleen.

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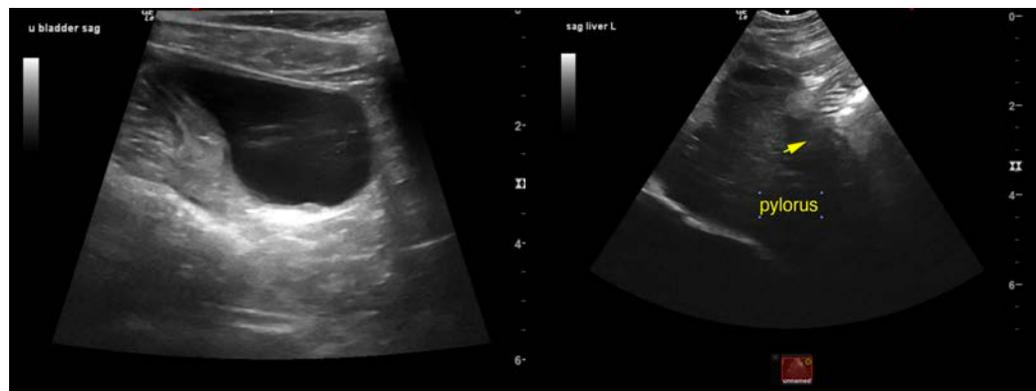
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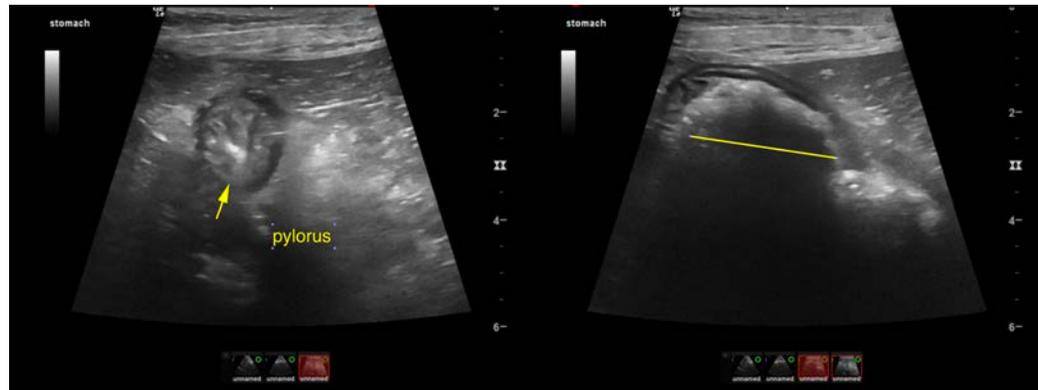
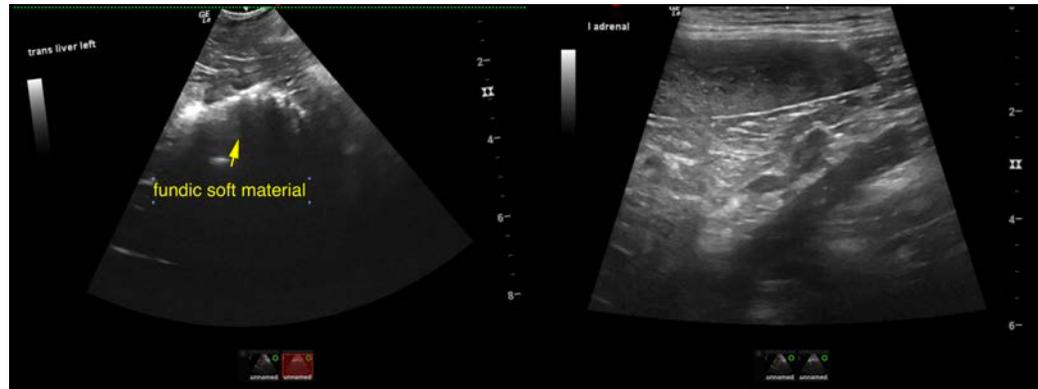
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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