



PATIENT

Zoey Turner

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

89 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Bucha

HOSPITAL NAME

Harvey's Lake VC

REFERRING VET

Dr. Bucha

INVOICE

46438

DATE

8/3/23

PRESENTING CLINICAL SIGNS

History: Patient presented 7/28/23 for intermittent vomiting for the past month. Patient is eating and drinking but owner stated she is slower than she used to be. (Owner also lives in FL for half the year). Patient history per owner: Vomits approximately once a week mainly at night (vomits approximately 1/3 to 1/4 cup of food). No Diarrhea has been noted. Owner also stated that patient pants a lot at home and sometimes will cough. Owner did state that patient had a mass removed from the right thigh - approximately 2 yrs ago in FL and was a low-grade cancer - owner unsure of diagnosis at this time - owner looking for records. Physical Exam Findings: Weight: 89 lbs BCS: 7 /9 Desire: 75 lbs T: 102.7 F P: 100 R: Panting -Slight otitis present in both ears -Moderate calculus present on teeth Patient's Current Medications: -Nexgard: 1 x m -Heartgard: 1 x m -Galliprant 100mg: 1 SID -Cerenia 160mg (1/2 tablet) SID when needed for vomiting / GI upset -Malmetazone for both ears
Abnormal PE/Chem/CBC/UA Results: Lab Work Performed 7/28/23: -CBC: Baso: 0.12 Norm: 0.00 to 0.10 MPV: 13.5 Norm: 8.7 to 13.2 All Else WNL -Chem Panel All Values WNL -CpL Snap: Normal - Urinalysis: Spec Gravity: 1.011 pH: 8.0 LEU: 100 All Else WNL -Intestinal Parasite Screen: No parasites seen -Radiographs (left and right lateral - v/d - d/v thorax): No evidence of metastatic disease noted - included with ultrasound just so you have a global overall view. Patient presented today 8/3/23 for an Abdominal Ultrasound. When patient was admitted into the clinic we gave her a Gabapentin 800mg (1 tablet) and a Trazodone 100mg (1 tablet) at 8:30am.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction and appeared normal. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 6.22 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 glands measured 0.5 cm. The right adrenal gland measured 1.17 cm at the cranial pole and 0.86 cm at the caudal pole.

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



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congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

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Liver

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The **liver** revealed multi-focal, hyperechoic nodular changes without loss of structural detail. Increased portal markings were noted along with coarse hepatic architecture. The gallbladder and common bile duct 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

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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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ULTRASONOGRAPHIC FINDINGS

Age related renal changes.

Multi-focal, hyperechoic hepatic nodular changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile is warranted as well as an ultrasound-guided FNA. The cause of vomiting is unclear. There is no overt evidence of suspicion of neoplasia.

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Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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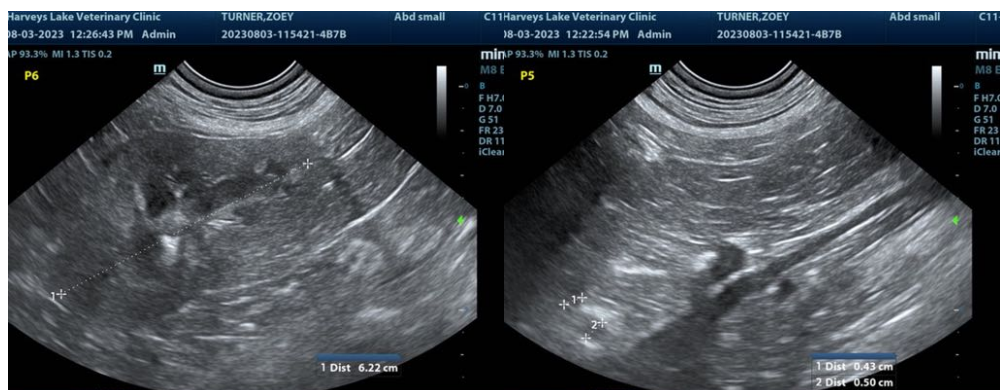
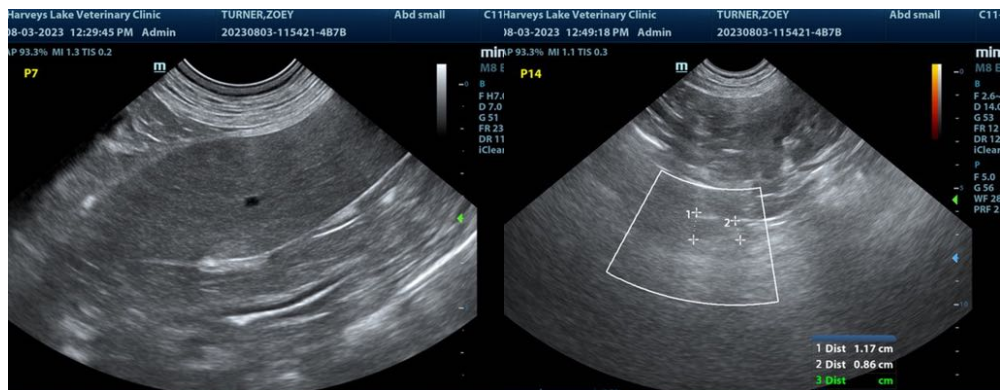
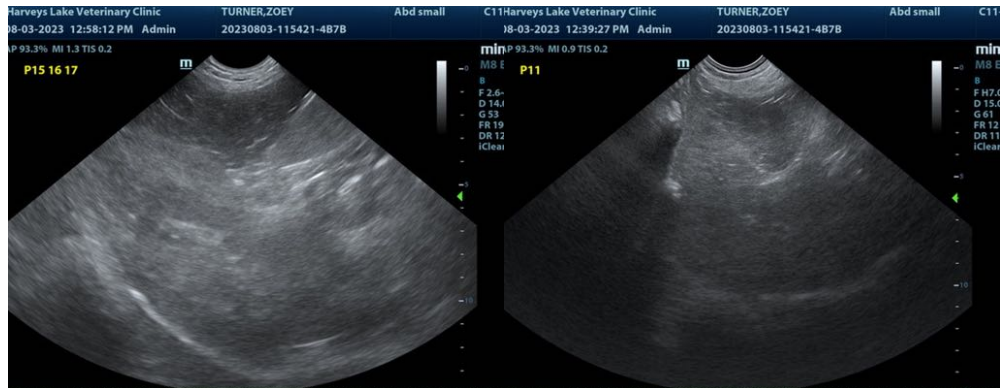
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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