



**PATIENT**

Asia McCarty

**SPECIES**

Canine

**BREED**

Doberman Pinscher

**SEX**

Spayed female

**AGE**

13 years

**WEIGHT**

61.6 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Jack Reese

**HOSPITAL NAME**

Willow Run VC

**REFERRING VET**

Dr. Brubaker

**INVOICE**

32238

**DATE**

8/9/22

**PRESENTING CLINICAL SIGNS**

**History:** Decreased appetite, vomiting after eating for 1 week, history of recurrent vomiting in past. Increased water intake and urination at home. Currently taking gabapentin, carprofen, amitriptyline, proin at home. Evaluated on Friday, supportive care administered. Owner reports minimal appetite over weekend.

**Abnormal PE/Chem/CBC/UA Results:** Radiographs - pulmonary mass right mid chest (previously present), mid abdomen - dilated small intestinal loop vs. mass Blood work - neutrophilia, otherwise NSF Neutrophils 18.29 (2.95 - 11.64 K/ $\mu$ L)

**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. Slight pinpoint mineralization was noted in the renal cortices and were not pathological. The right kidney measured 5.8 cm. The left kidney measured 6.8 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 0.66 cm at the cranial pole and 0.63 cm at the caudal pole. The right adrenal gland measured 0.5 cm at the caudal pole and 1.3 cm at the cranial 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 congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was 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



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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**

The **stomach** revealed minor slightly fluid filled lumen and minor gastric hypertrophy. The upper duodenum presented a minor amount of stasis. The distal small intestine was unremarkable. The cecum and colon were dilated with fluid.

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Doberman Pinscher

**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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**ULTRASONOGRAPHIC FINDINGS**

Non-specific gastroenteritis and colitis presentation.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials. Plasma expanders and treatment for enterotoxins and parasites are all indicated. Recheck sonogram is recommended if clinical signs persist.

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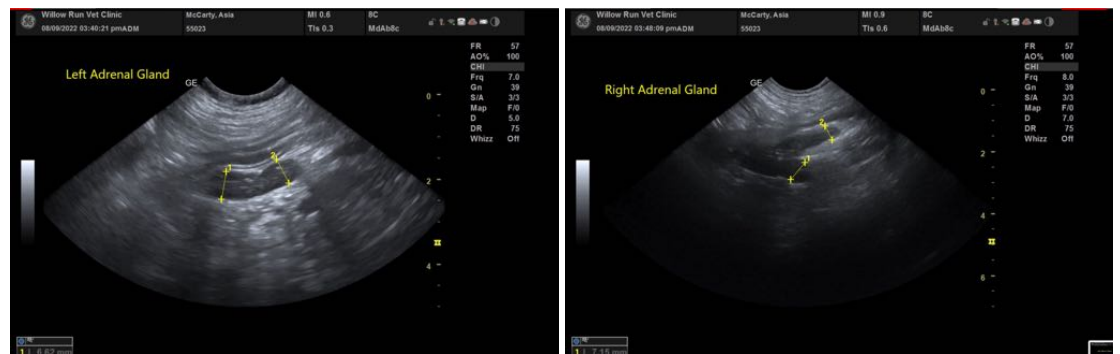
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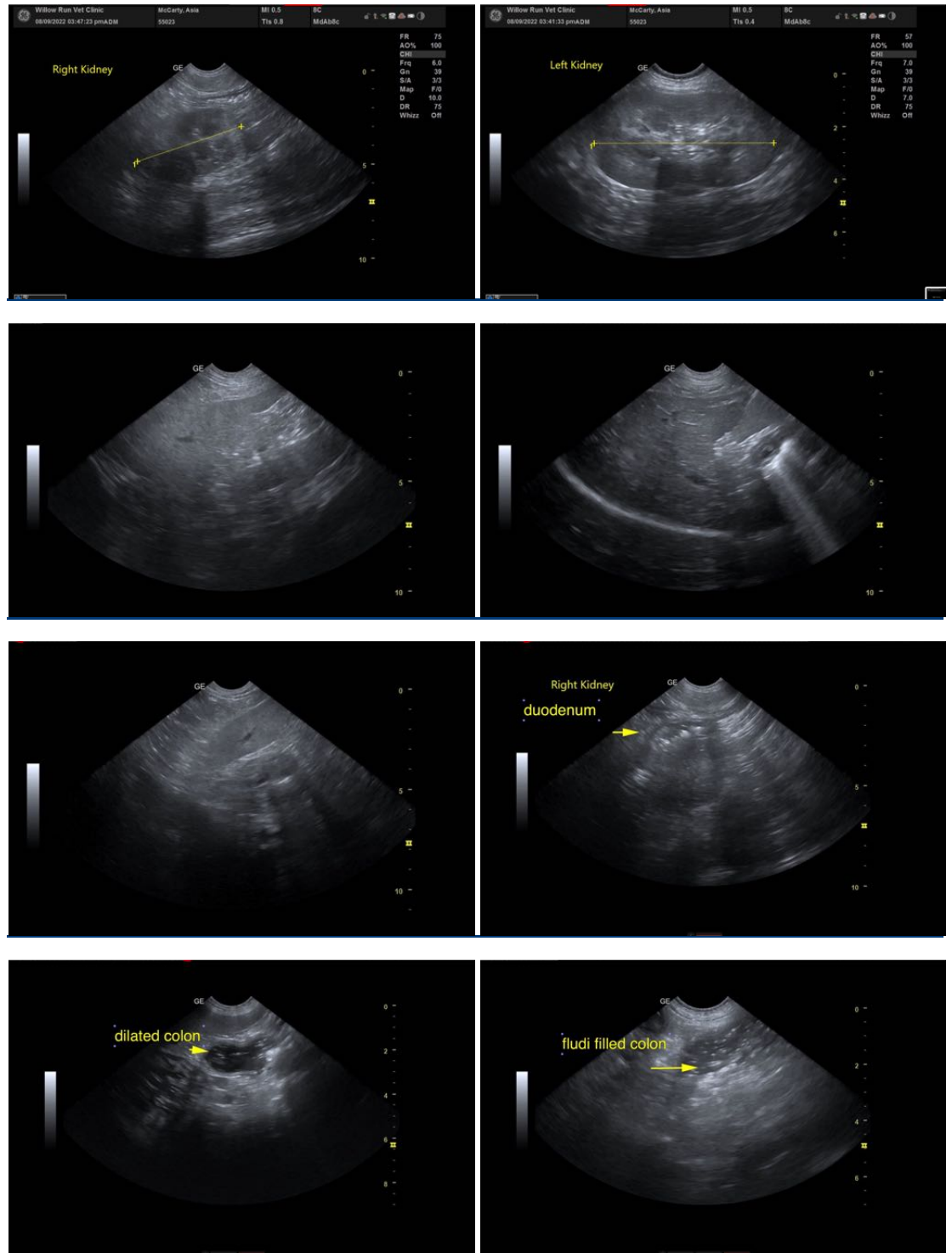
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
info@SonoPath.com

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