



PATIENT

Zoe Jordhal

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed Female

AGE

11 Years

WEIGHT

65 Pounds

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Fischer

DATE

9/16/22

Invoice

17326

PRESENTING CLINICAL SIGNS

History: intermittent vomiting for 3 days, painful abdominal palpation Current Medications maropitant
Primary Question/Differential to Be Answered in This Exam possible abdominal mass?

Abnormal PE/Chem/CBC/UA Results: Pending BW

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 **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 7.17 cm. The left kidney measured 7.17 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 2.74 cm x 0.47 cm at the cranial pole and 0.6 cm at the caudal pole. The right adrenal gland measured 2.42 cm x 0.99 cm at the cranial pole and 0.9 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged and slightly granular. Cranial folding of the spleen was noted. No evidence of thrombosis in the splenic hilus.

Liver

The **liver** revealed slight increased portal markings and swollen contour. The gallbladder and common bile duct were unremarkable.

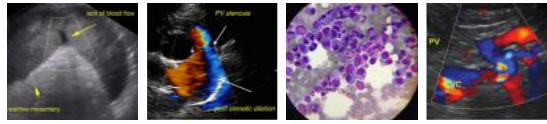
Gastrointestinal

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.

Pancreas

The **pancreas** was mildly heterogeneous as well.

Free Abdomen



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Slight **free fluid** was noted in the cranial abdomen. Enhanced mesentery was noted around the liver, portal hilus, pancreas and pyloric outflow.

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Other

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A rapid view of the **heart** revealed no evident pathology.

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

- Splenic enlargement
- Undefined free fluid and inflammation around the pyloric outflow and portal hilus
- Heterogeneous pancreas
- Slight increased portal markings and swollen contour in the liver

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

I do not visualize any overt ulcerative disease, however, gastric ulcer/gastritis is a potential, as well as potential splenic and hepatic neoplasia. GI protectant protocol and supportive care is warranted with recheck sonogram in 48 hours with FNA of the spleen and liver, as well as sampling of the free fluid if possible.

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This is a fairly nebulous presentation and nondefinitive, however the source of free fluid and inflammation is concerning around the pyloric outflow. Pairing the sonographic findings with CBC/Chem/UA is important in this patient.

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If the patient continues to decline, then exploratory surgery would be indicated, focusing on the potential for underlying gastric ulcer, however, it's not overtly visible. Some acoustic windows were obscured owing to the enhanced mesentery.

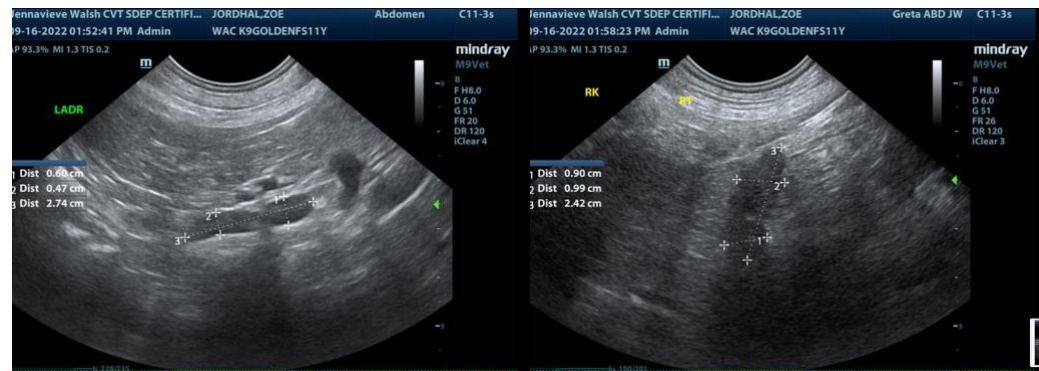
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Diagnosis is open. No overt evidence of neoplasia present and no overt masses, however, mast cell disease or similar, deriving from the spleen +/- liver is a potential in this case, hence the necessity for FNA.

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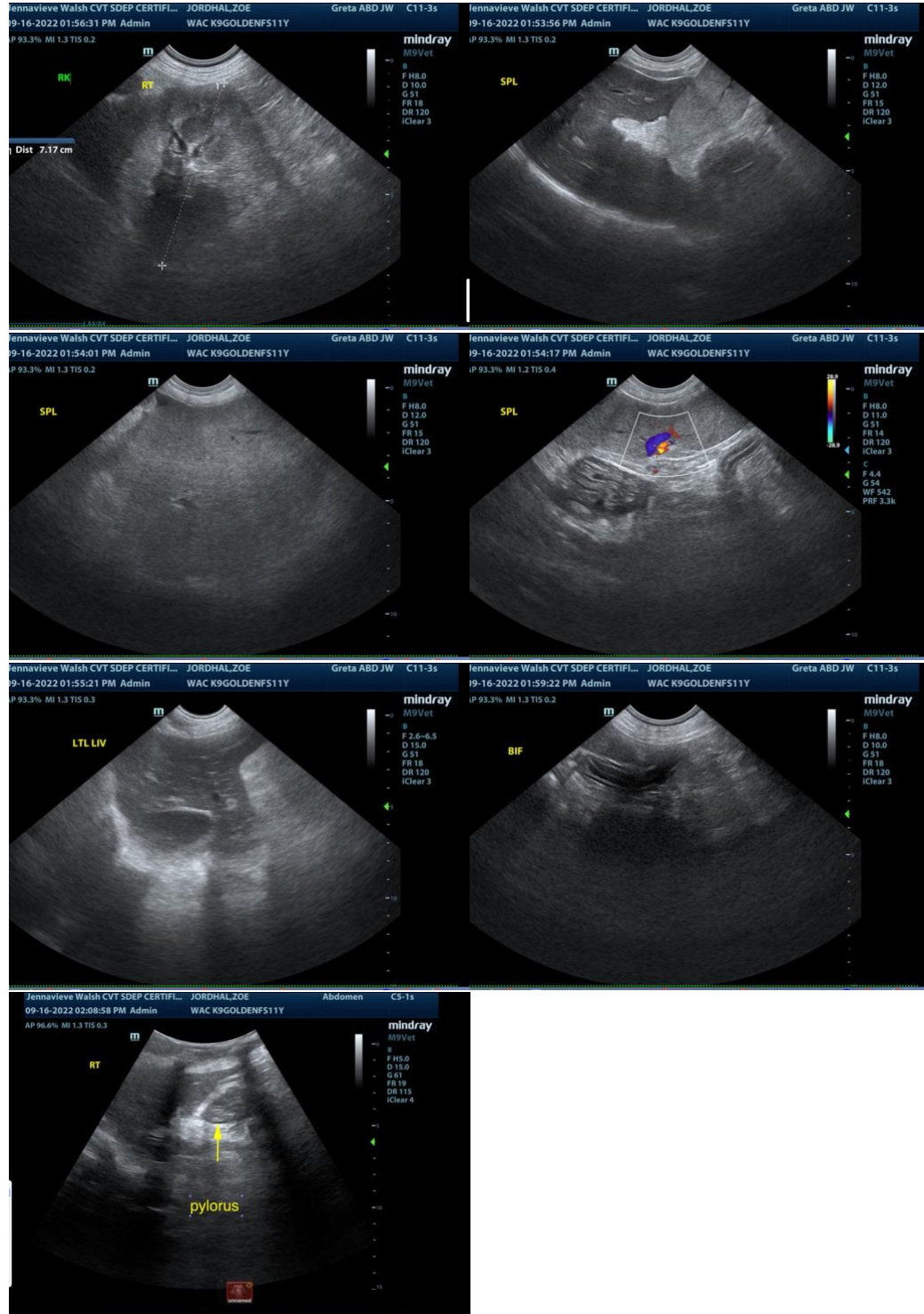
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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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