



PATIENT

Myles Hughes

PRESENTING CLINICAL SIGNS

Vomiting/lethargy since 9/16.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Golden Doodle

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.

SEX

Intact male

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.

AGE

1 year

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 right adrenal gland measured 2.8 x 0.84 cm at the cranial pole and 0.79 cm at the caudal pole. The left adrenal gland measured 2.45 x 0.52 cm.

IMAGING PERFORMED BY

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Spleen

HOSPITAL NAME

Franklin Lakes AH

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.

REFERRING VET

Dr. Ward

Liver

INVOICE

91881

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.

DATE

9/21/21



PATIENT

Gastrointestinal

Myles Hughes

The upper **gastrointestinal tract** was hyperperistaltic and edematous with multi-focal, linear luminal structures. This is consistent with wood chips or similar and measured up to 1 inch in length with partial shadowing. Stasis was also noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency respectively. The colon was empty in this patient. The mesenteric lymph node was enlarged and measured 3.0 x 1.0 cm and was reactive.

SPECIES

Canine

BREED

Pancreas

Golden Doodle

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.

SEX

Intact male

ULTRASONOGRAPHIC FINDINGS

AGE

1 year

Gastroenteritis pattern with lymphadenitis and irritating or partially obstructive linear foreign structures within the stomach (wood chips or similar).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Either conservative therapy could be considered in this patient or more directly gastrotomy to evacuate the stomach. Gastric, small intestine and lymph node biopsies and culture would be appropriate for long term management. The foreign matter in the stomach is not overtly obstructive, yet may be irritative. Underlying GI disease is likely an issue in this patient. I recommend a fresh fecal smear and fecal floatation analysis.

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HOSPITAL NAME

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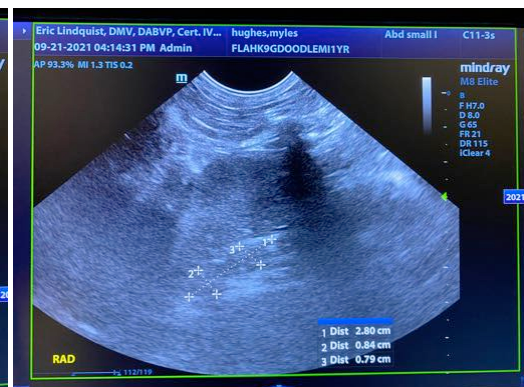
Dr. Ward

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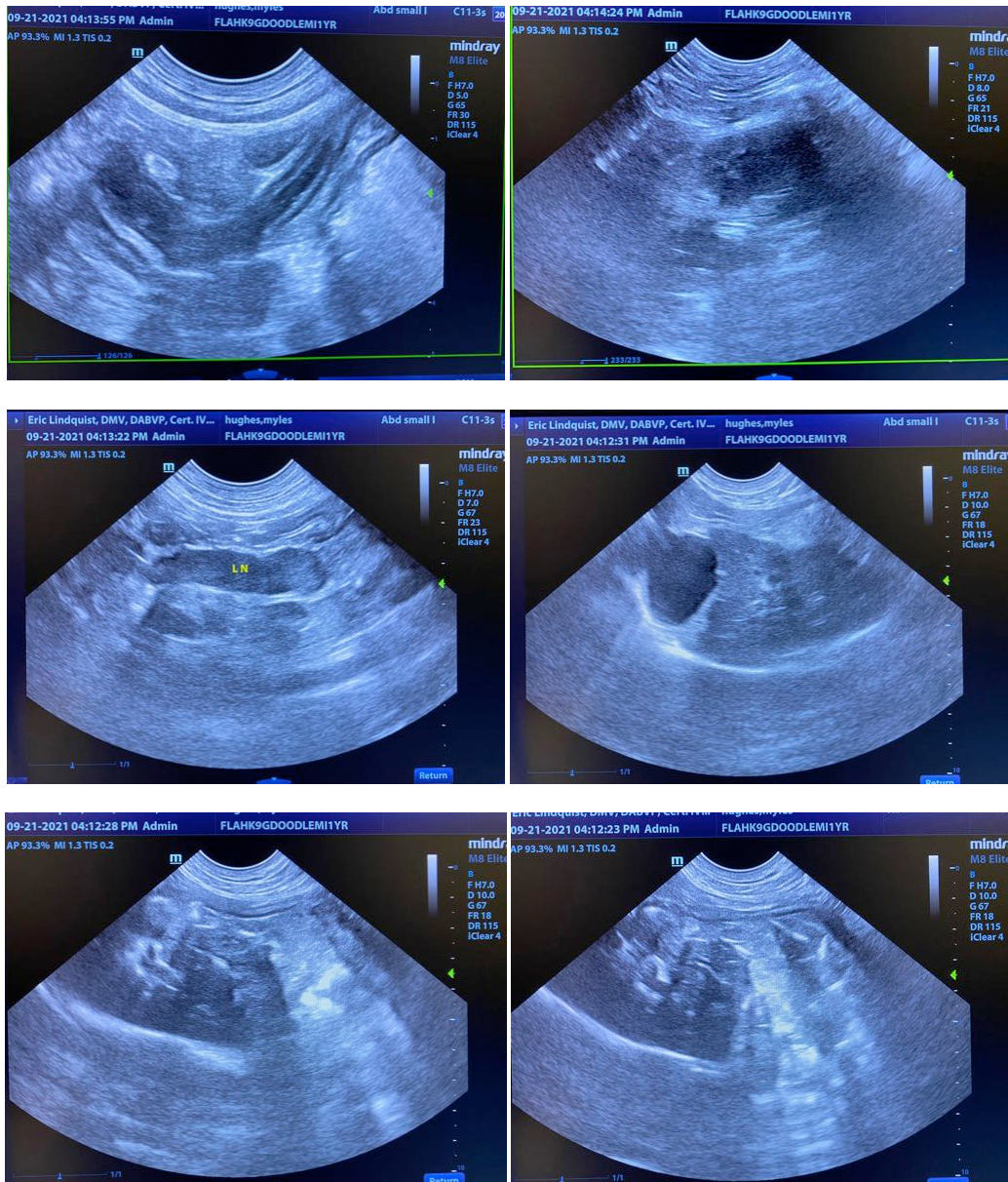
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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