



PATIENT PRESENTING CLINICAL SIGNS

Harley Lang

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 years

WEIGHT

83.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rupley

HOSPITAL NAME

All Pets Medical Center

REFERRING VET

Dr. Rupley

INVOICE

39565

DATE

9/21/22

History: PRESENTED FOR: Semi-annual exam and testing. HISTORY OF: Glaucoma-chronic and stable Atopy-chronic and somewhat stable. Food allergy--chronic and stable Frequent otitis externa. History of some previous orthopedic issues-no current symptoms. REPORTED SYMPTOM: None. VITALS: 835 pounds Temperature: 102.6 (normal range is 99.5 F- 102.0 F) Heart Rate: 115 bpm (normal is 70-80) Respiratory Rate: 96 panting bpm (normal is 15-25) Mucous Membrane Color: pink Capillary Refill Time: <2 sec CURRENT MEDICATIONS: Ivermectin NexGard Biomega (BID) , Cell Advance 880 (BID), Glycoflex 2 (SID), allergenic extract (SID), uc II hydrolyzed protien (SID), canberry comfort (twice weekly), ph-notix (2x weekly), Ivermectin (once monthly, Nexguard (once monthly), Musher's Secret (as needed), Tramadol 50mg (as needed), Trazodone 100mg (as needed), Dorzolamide/Timololol BID, Prednisolone Acetate ophtho (SID), Phytovet CHX bathes (2x monthly) EXAM FINDINGS: Otitis externa Normal body score. Sensitive with deep muscle palpation of the lumbar spine. Possible approx 3x3.6 cm heterogenous mass in the area of the left adrenal on senior abdominal ultrasound. LAB RESULTS: Pending.

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. The left kidney measured 8.9 cm. The right kidney measured 6.75 cm.

Adrenal Glands

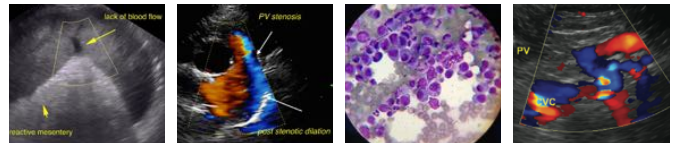
The **adrenal glands** were not visualized.

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 was noted.

Liver

The **liver** revealed lobar biliary mineralization. The gallbladder revealed a minor amount of debris. The parenchyma was largely uniform.



PATIENT

Gastrointestinal

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A minor amount of non-shadowing, non-obstructive ingesta was noted in the stomach. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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 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

Neutered male

ULTRASONOGRAPHIC FINDINGS

AGE

9 years

Lobar biliary mineralization.

Minor gallbladder debris.

WEIGHT

83.5 lbs

Full stomach at the time of the sonogram.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

History of cholangitis is likely in this patient, yet no evidence of obstructive disease. If adrenal disease is suspected full sedation and imaging of the adrenal glands is indicated as the regions were imaged, yet no overt adrenal glands were visible. If the patient has been treated with Prednisone it may be suppressing adrenal glands making them more difficult to image. Ursodiol therapy can be considered in an attempt to dissolve the lobar biliary mineralization. However, this is highly variable in its effectiveness patient to patient.

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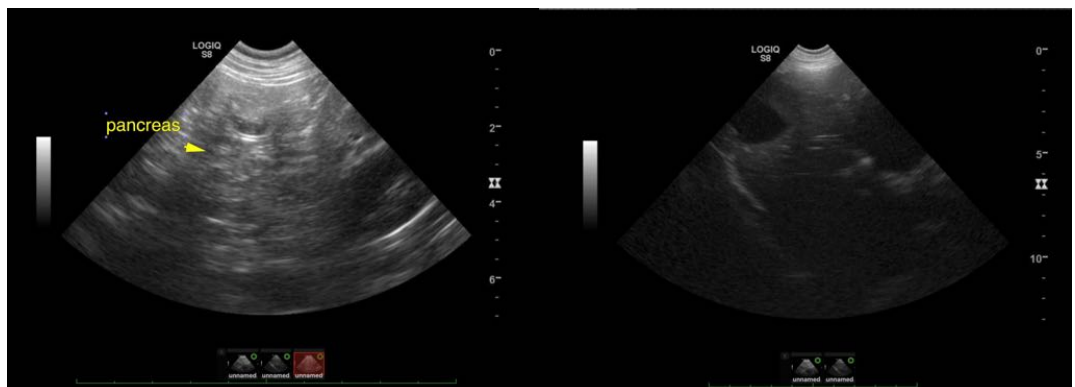
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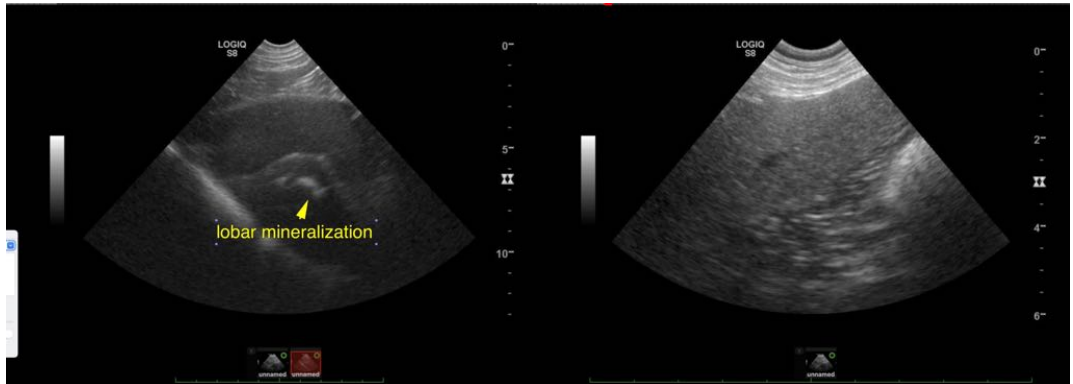
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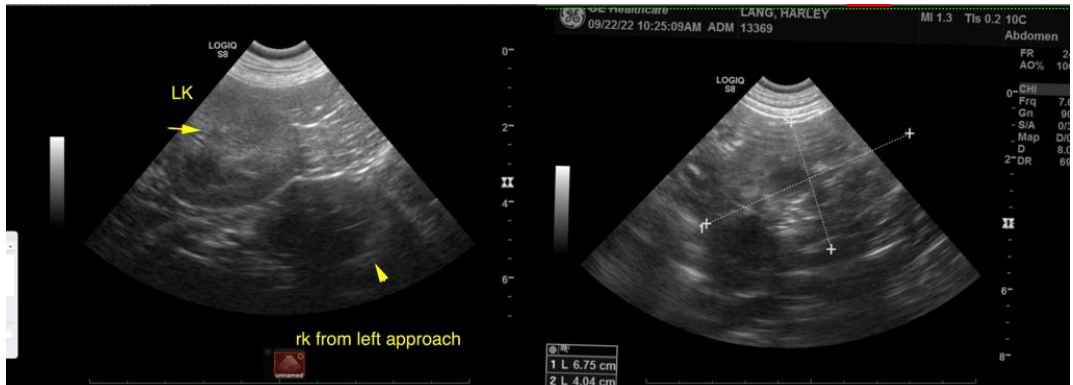
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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