



PATIENT

Belle Williams

SPECIES

Canine

BREED

Labrador Retriever

SEX

FS

AGE

7yr

WEIGHT

77.2lb

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Rupley

HOSPITAL NAME

All Pets Medical
Center

REFERRING VET

Dr. Rupley

INVOICE

11703ag

DATE

09/26/2022

PRESENTING CLINICAL SIGNS

PRESENTED FOR: not eating for seven days and vomiting this morning. REPORTED SYMPTOM: Lethargic for the last few days, hasn't been drinking water normally for about 3-4 days. Belle is fed dog food, however also chicken, ribs, brisket VITALS: 77.2 pounds. CURRENT MEDICATIONS: None (not on heartworm prevention). EXAM FINDINGS: Pain is apparent on abdominal palpation. Rectal exam reveals soft stool with no blood or mucous. B/s 7 Dental disease Otitis externa. LAB RESULTS: CBC and chemistry panel reveals evidence of dehydration, with normal other results.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone. A minimal amount of urine was present at the time of the sonogram. 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 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 8.25 cm in length. The right kidney measured 7.3 cm in length.

Adrenal Glands

The left and right 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 were 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 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.

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



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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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Canine

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal free fluid present.

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ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable abdomen

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A GI support protocol and screening for Addison's disease are indicated. A baseline cortisol or ACTH stim is recommended. Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials. No evidence of GI foreign body was observed.

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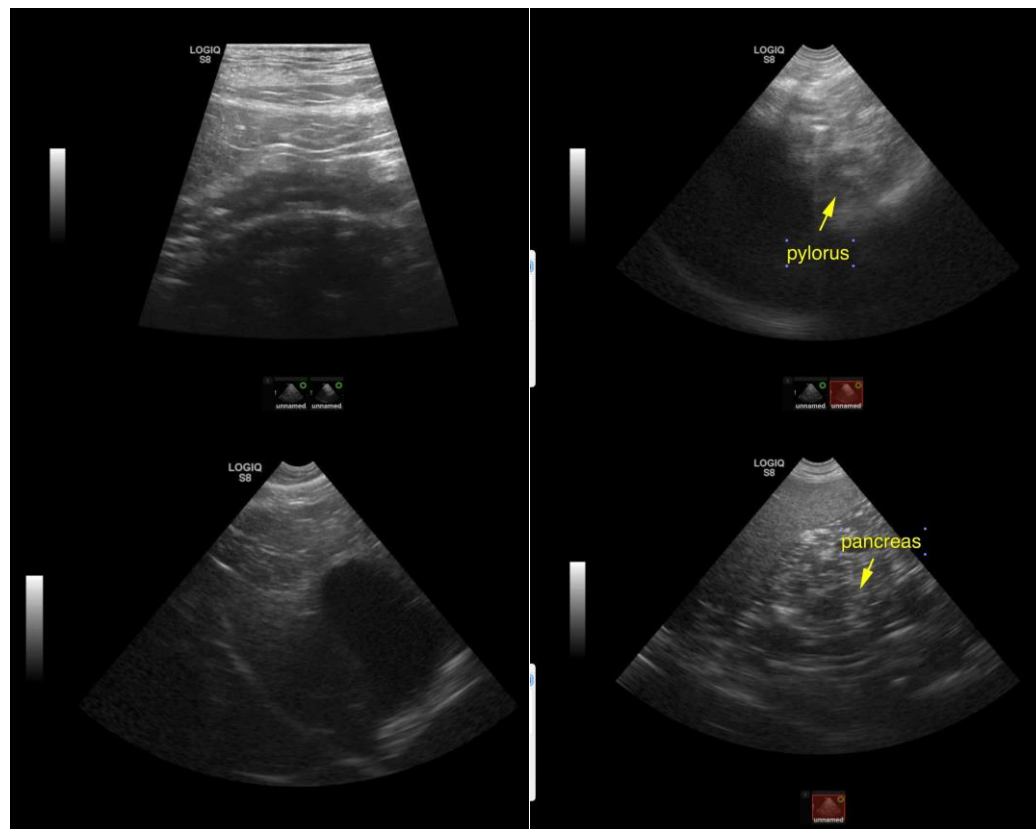
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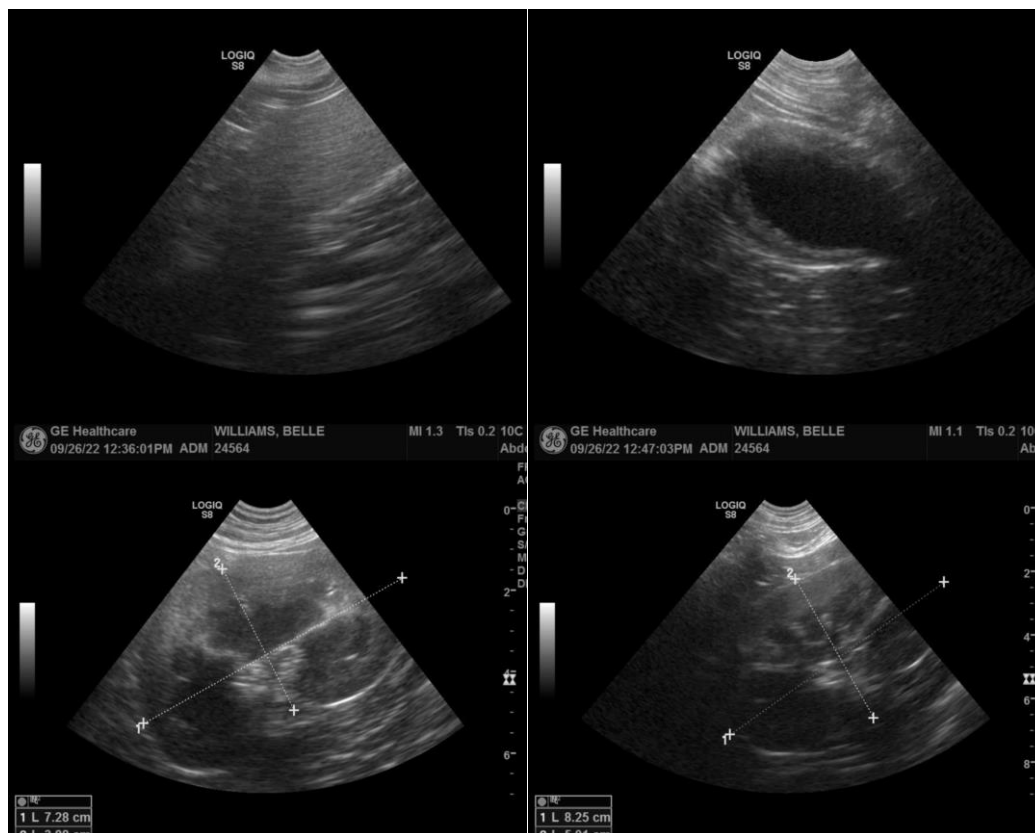
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Dr. Rupley

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