



PATIENT

Nicki Vaughn

SPECIES

Canine

BREED

Golden Retriever

SEX

Spayed female

AGE

11 years

WEIGHT

59 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Lanz

HOSPITAL NAME

New Holland VH

REFERRING VET

Dr. Lanz

INVOICE

39812

DATE

9/29/22

PRESENTING CLINICAL SIGNS

History: 3wk history of hyporexia, 10lb weight loss in 1 month. No diarrhea, vomiting, still acting normal otherwise.

Abnormal PE/Chem/CBC/UA Results: CBC/chem pending. BW from 1month ago was all WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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 largely normal structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for his age patient. Medullary structure differed distinctly from that of the cortex. The left kidney was subnormal in size and measured 4.8 cm with slight pyelectasia. The right kidney measured 7.1 cm.

Adrenal Glands

The left **adrenal gland** from the right approach was visualized and measured 0.7 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

Liver

The **liver** revealed increased portal markings with nodular changes. The liver was subnormal in size. The gallbladder was unremarkable.

Gastrointestinal

The visible **gastrointestinal tract** was unremarkable. Curvilinear patterns were maintained in the GI tract.

Pancreas



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Heterogenous parenchymal changes were noted around the pancreas; however, resolution was poor.

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ULTRASONOGRAPHIC FINDINGS

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Geriatric abdomen with hepatic remodeling and pancreatic remodeling. However, resolution was marginal.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Golden Retriever

There was no overt evidence of neoplasia; however, emerging neoplasia in the cranial abdomen cannot be completely ruled out. Dietary indiscretion, food intolerance, structurally significant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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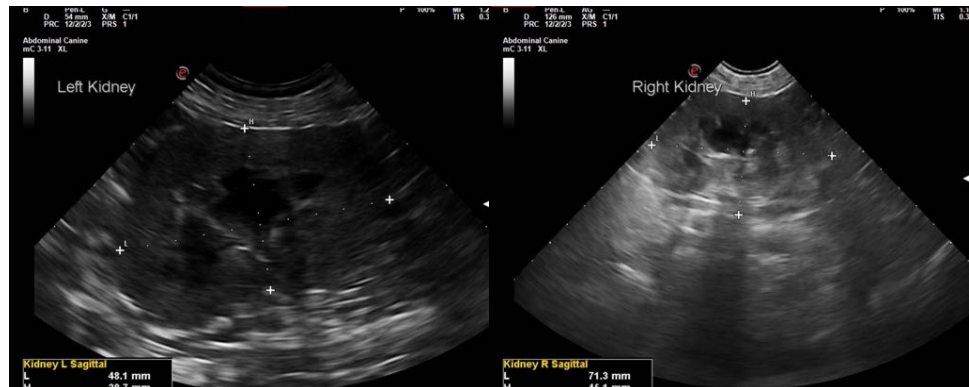
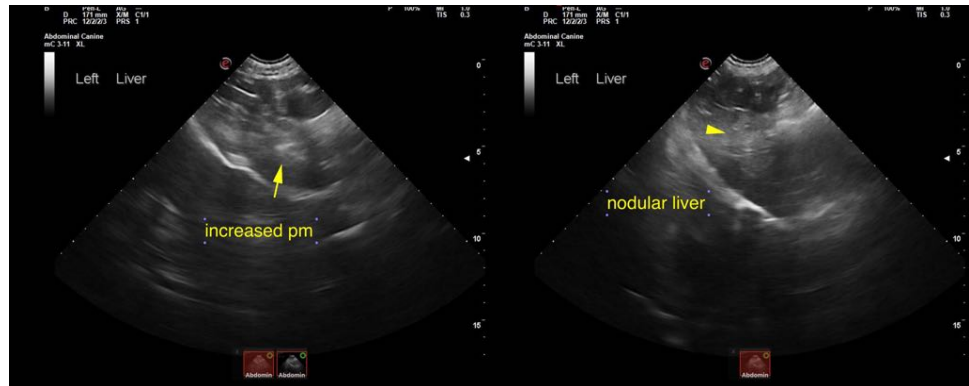
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

IMAGING PERFORMED BY

Dr. Lanz

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.

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

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