



**PATIENT**

Hunter McDermott

**SPECIES**

Canine

**BREED**

Rhodesian Ridgeback

**SEX**

Neutered Male

**AGE**

7.5 Years

**WEIGHT**

135 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Tam Mengine

**HOSPITAL NAME**

Stoney Creek VH

**REFERRING VET**

Dr. Mandy Becker

**INVOICE**

41780

**DATE**

9/30/22

**PRESENTING CLINICAL SIGNS**

Patient is normally a bit of a challenge but required no sedation and was not reactive even to significant probe pressure. 36 hour history of vomiting repeatedly and coughing - vomiting persists through cerenia injection. Long history of IBD but usually presents as diarrhea - controlled with budesonide. Decreased detail on abdominal rads, otherwise unremarkable. Thoracic rads unremarkable. CBC / Chem / CPL unremarkable.

**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 **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 8.6 cm. The left kidney measured 9.04 cm.

**Adrenal Glands**

The **left adrenal gland** appeared subjectively flattened. The left adrenal gland measured 0.49 cm at the caudal pole and 0.42 cm at the cranial pole.

The region of the **right adrenal gland** was imaged, no obvious pathology.

**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**

The **stomach** itself was unremarkable. Some hyperperistalsis was noted in the small intestine.

**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.



**PATIENT**

*Other*

Hunter McDermott

Some subcutaneous fat remodeling noted in this patient.

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**ULTRASONOGRAPHIC FINDINGS**

- Subjectively flattened left adrenal gland
- Hyperperistaltic small intestine
- Structurally unremarkable abdomen otherwise

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant disease on the image set.

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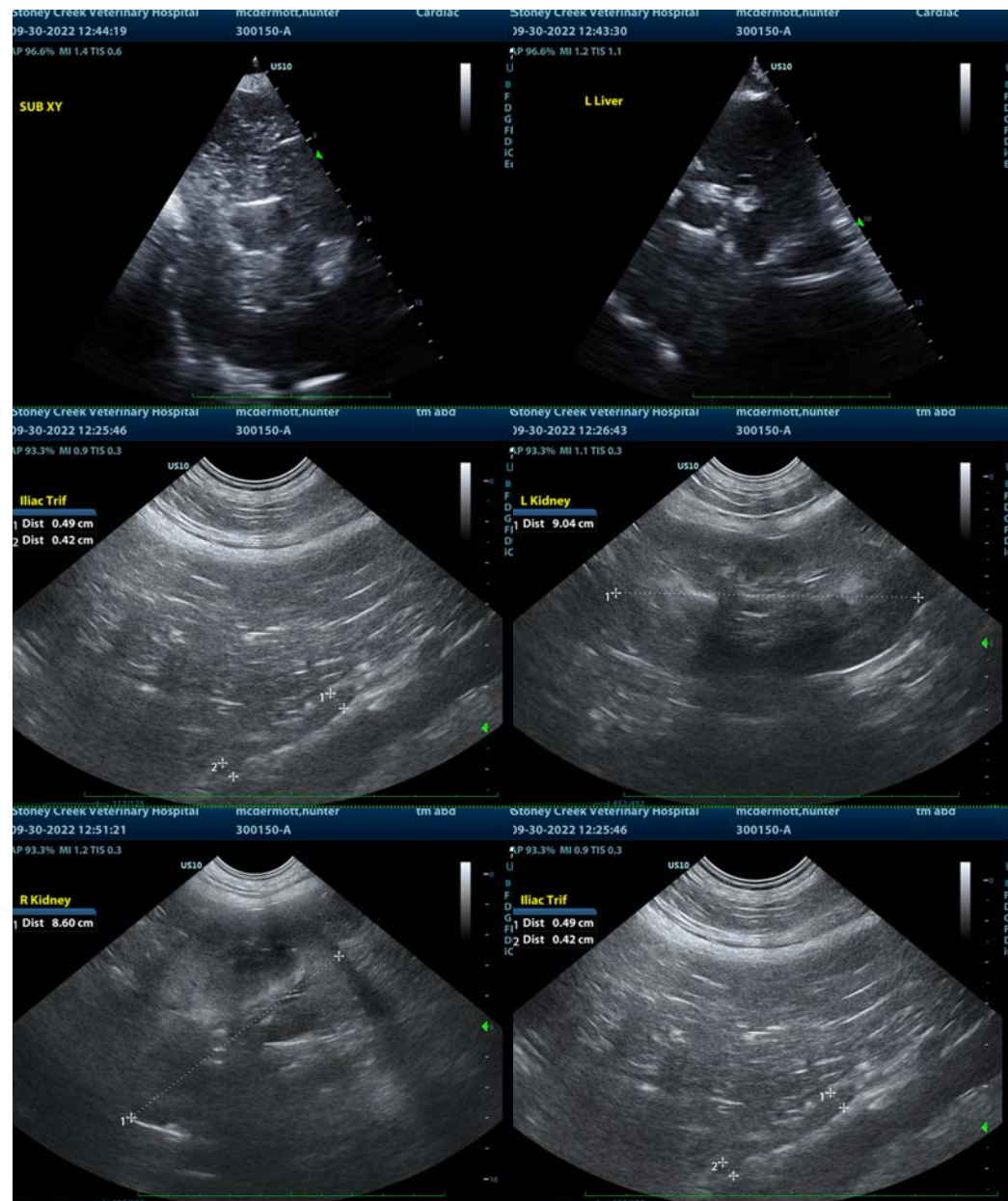
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Canine

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](mailto:info@SonoPath.com)

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