



PATIENT

Hank Ballard

SPECIES

Canine

BREED

Golden Retriever

SEX

Neutered male

AGE

9 ½ years

WEIGHT

61 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Reser

HOSPITAL NAME

Harvest Hills VH

REFERRING VET

Dr. Reser

INVOICE

32747

DATE

9/6/22

PRESENTING CLINICAL SIGNS

History: Dog has had bloody diarrhea past couple of days, no vomiting, seems to be eating okay, but is outdoor dog, has been losing weight for longer period of time
Abnormal PE/Chem/CBC/UA Results: Thin (20# weight loss since last year). Bloody diarrhea, enlarged spleen, otherwise normal. BW showed mild WBC elevation (20,000), all chem and electrolytes normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a minor amount of sand, suspended debris and apical ventral wall thickening measuring up to 0.5 cm.

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 6.0 cm.

Adrenal Glands

The left **adrenal gland** was 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 left adrenal gland measured 0.5 cm. The right adrenal gland was not visualized.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself. This is a positional variant and is not pathological. There was no evidence of significant disease.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.



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Gastrointestinal

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The **stomach** revealed slight shadowing material that was non-obstructive. This may be medication and measured 1.5 cm. The small intestines and colon were unremarkable.

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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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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with slight shadowing gastric material, possible medication or non-obstructive foreign body.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

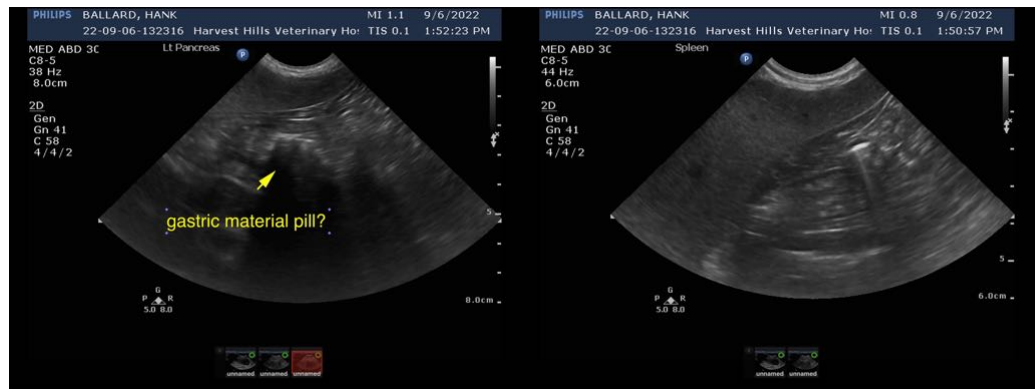
There was no evidence of other structural disease. Dietary intolerance, occult parasitism and dietary indiscretion are all possibilities. Maldigestion is a strong potential, yet given the patient's history there was no evidence of any significant structural disease present.

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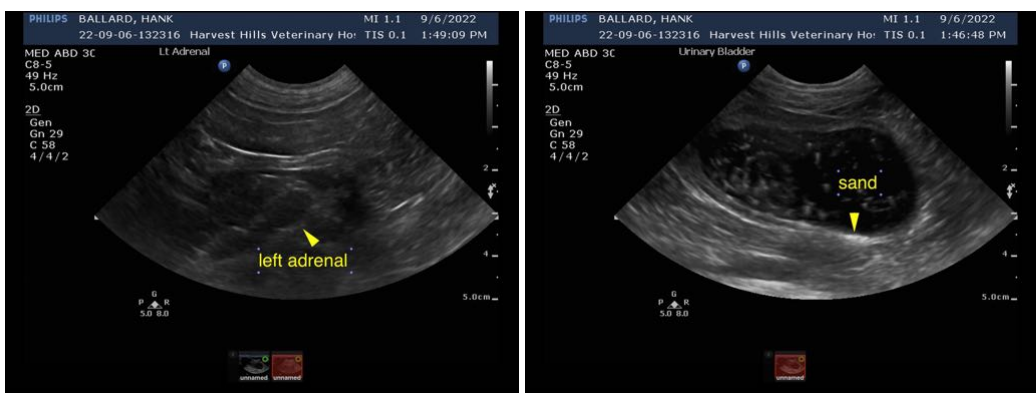
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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