



PATIENT

Booker Smalley

SPECIES

Canine

BREED

Labrador Retriever

SEX

Intact male

AGE

11 months

WEIGHT

87 lbs

INTERPRETED BY

Eric Lindquist, DMV,
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Whalen

DATE

12/22/21

Invoice
94840

PRESENTING CLINICAL SIGNS

Owner called yesterday - suspects foreign body. Vomiting since last Tuesday and owner is missing an eyeglasses case.
Current Medications Cerenia

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a ventral polyp that measured 1.0 cm. The cystourethral junction in this patient revealed a polypoid area with echogenic remodeling. This may be inflammatory. Underlying emerging neoplastic event cannot be ruled out, but would be odd for this age patient.

The prostate is uniform and measured 2.62 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 left kidney measured 7.26 cm. The right kidney measured 7.43 cm.

Adrenal Glands

Both **adrenal glands** were 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 right adrenal gland measured 2.22 x 0.51 cm at the cranial pole and 0.48 cm at the caudal pole. The left adrenal gland measured 3.14 x 0.34 cm at the cranial pole and 0.34 cm at the caudal pole.

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 minor heterogenous hepatic changes. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.



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Gastrointestinal

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Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. A minor amount of luminal fluid was noted. 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

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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

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Undefined ventral cystourethral junction bladder polyp.

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cystourethral junction thickening is likely a post ectopic ureter surgical sequelae but should be monitored for any related pollakuria. Recheck in 1 month is recommended unless obstructive clinical signs occur. If the patient is straining to urinate then traumatic catheterization is recommended with ultrasound guidance. Full urinary work up is warranted. Supportive care for GI upset should prove effective.

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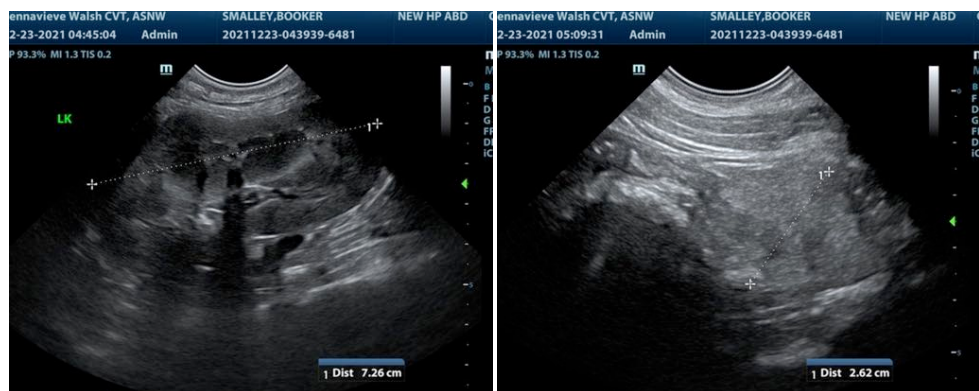
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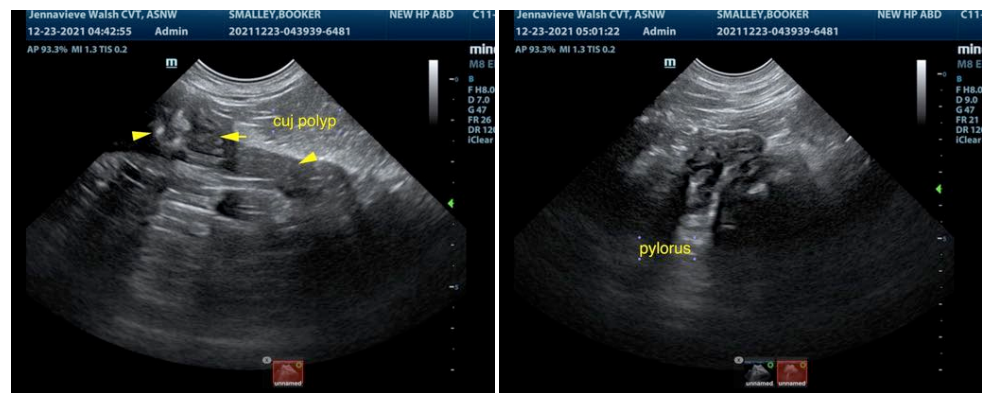
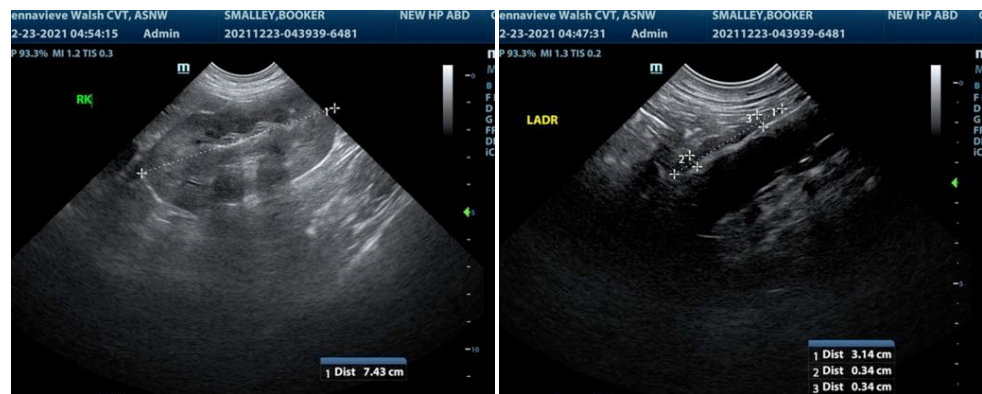
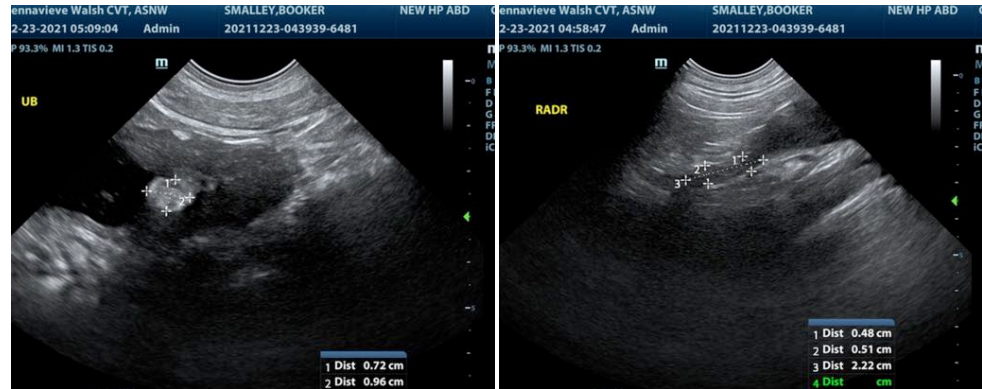
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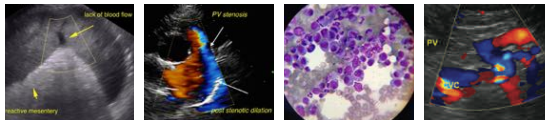
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Eric Lindquist, DMV, DABVP, Cert. IVUSS

CEO of Sonopath.com

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