

PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Leo Reale

SPECIES
Canine

BREED
Goldendoodle

SEX
Neutered male

AGE
6 years

WEIGHT
17.6 kg

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Crystal Hill, RVT

HOSPITAL NAME
Mohawk AC

REFERRING VET
Dr. Rice

INVOICE
42684

DATE
11/24/22

History: Presented for mild lethargy, anorexia, one episode of vomiting 3 days ago. O primary concern is anorexia. Dog is drinking No abnormal findings aside from mild pyrexia 39.7 Cerenia SID, meloxicam injection once

Abnormal PE/Chem/CBC/UA Results: I dont have the values with me as it was done at different clinic however there was Moderate severe lymphopenia and neutropenia, low platelets - I have sent out a repeat CBC to IDEXX and results will be in tomorrow Rads - three views showed nothing unusual.

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 was 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 5.9 cm. The left kidney measured 6.04 cm.

Adrenal Glands

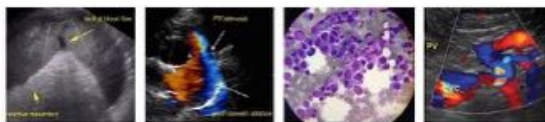
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 2.54 x 0.73 cm at the caudal pole and 0.7 cm at the cranial pole. The right adrenal gland measured 2.36 x 1.34 cm at the cranial pole and 0.91 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** 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



PATIENT lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Leo Reale

SPECIES *Gastrointestinal*

Canine 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. Some soft stool was noted in the colon. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

Neutered male

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.

AGE

6 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

Structurally unremarkable abdomen.

17.6 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

There was no evidence of specific pathology. No evidence of structural disease. The cause of anorexia is not evident. Systemic infection is suspected. Broad spectrum anti-parasitic protocol is recommended. Assessment for other cause of anorexia such as pain related disease should also be considered.

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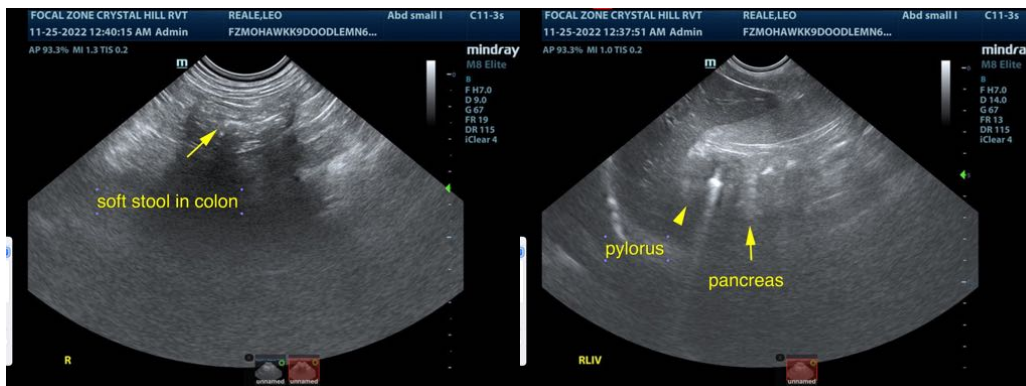
Dr. Rice

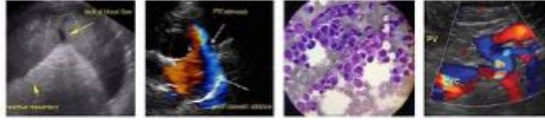
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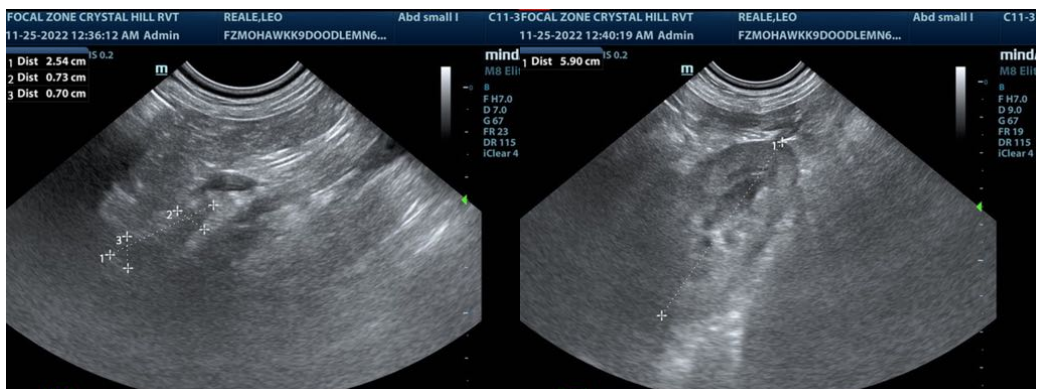
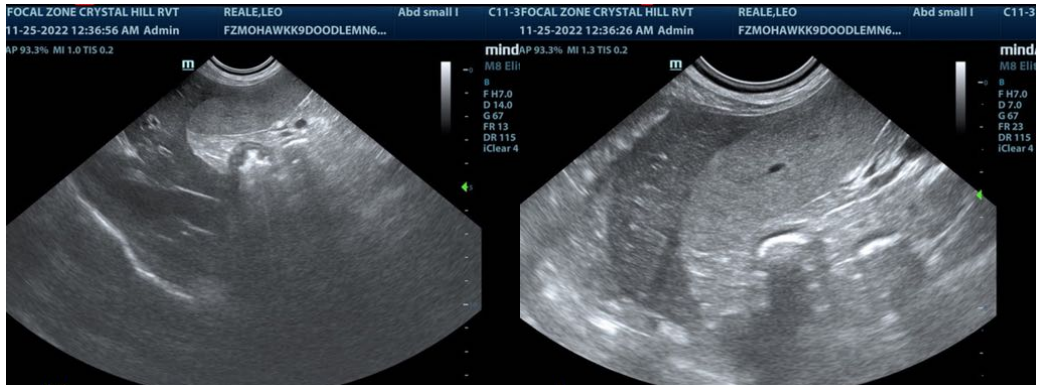
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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