



PATIENT

Mango McDevitt

SPECIES

Canine

BREED

Golden Retriever

SEX

Intact female

AGE

1 year

WEIGHT

58.7 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez, CVT

HOSPITAL NAME

Franklin Lakes AH

REFERRING VET

-

INVOICE

42386

DATE

11/8/22

PRESENTING CLINICAL SIGNS

History: Patient presents for eating less. No vomiting or diarrhea, no reported history of dietary indiscretion. No current meds, CBC/Chem: WNL.

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 right ovary was isoechoic and subjectively flattened, yet technically within normal limits and measured 2.18 x 0.5 cm at the caudal pole and 0.37 cm at the cranial pole. The left ovary was uniform and measured 1.07 x 1.3 cm. The uterus was uniform and normal in size measuring 0.63 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 5.4 cm. The left kidney measured 6.02 cm.

Adrenal Glands

The left **adrenal gland** was isoechoic and subjectively flattened, yet technically within normal limits at 2.18 x 0.5 cm at the caudal pole and 0.37 cm at the cranial pole. The right adrenal gland was normal in size and contour measuring 2.35 x 1.2 cm at the cranial pole and 0.51 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 lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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Gastrointestinal

The **stomach** revealed a minor amount of ingesta with a slight shadowing structure that measured 1.0 cm. This may represent oral medications. Medication history should be evaluated. Retention of ingesta was noted.. Transit of chyme into the small intestine was present; however, some spastic bowel was noted.

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.

ULTRASONOGRAPHIC FINDINGS

Retention of ingesta and 1.0 cm shadowing structure in the pyloric outflow.

Minor spastic bowel, yet transit of chyme was normal.

Subjectively flattened left adrenal gland, normal right.

No evident visceral pathology.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of obstruction. Given the vague clinical signs I recommend screening for Addison's with baseline cortisol if not already performed. Assessment for orthopedic pain and empirical GI protectant protocol can be considered even though structurally the GI tract is unremarkable.





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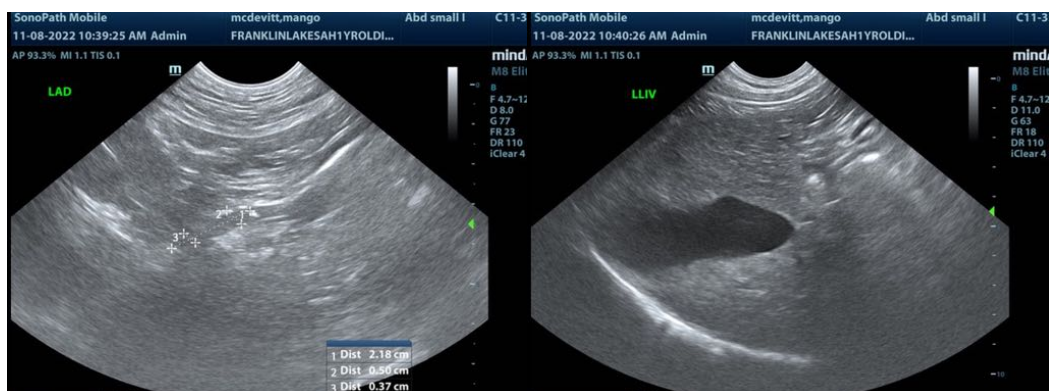
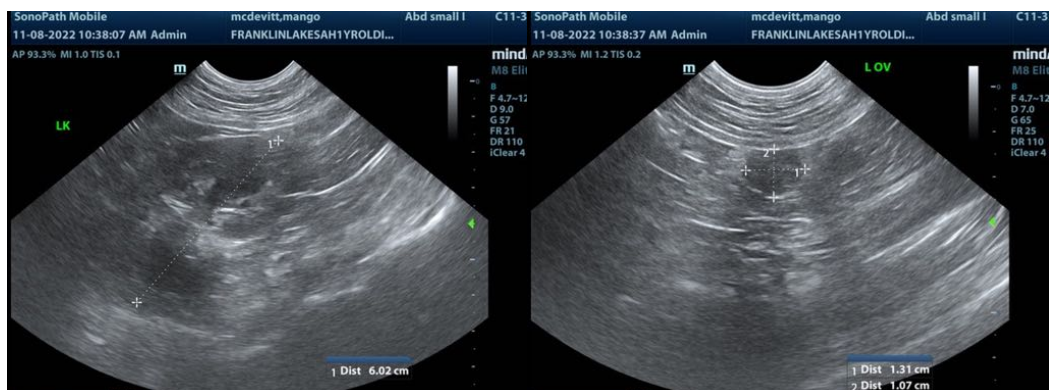
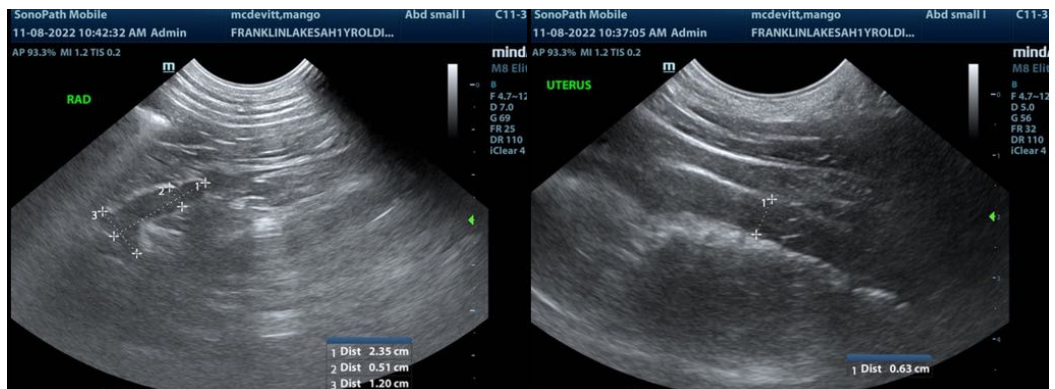
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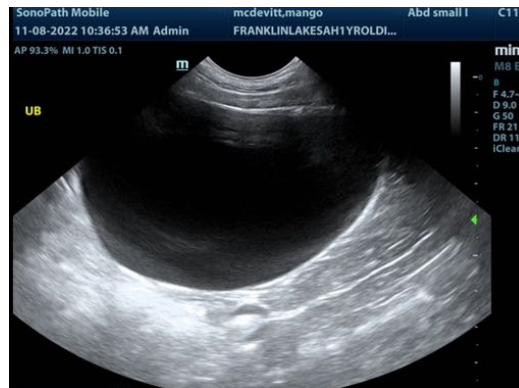
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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