



**PATIENT**

Puppy Grote

**SPECIES**

Canine

**BREED**

Golden Retriever

**SEX**

Female

**AGE**

7 weeks

**WEIGHT**

12.75 lbs

**PRESENTING CLINICAL SIGNS**

History: history of 1 day duration of lethargy and inappetence. She vomited twice last night. A mushroom stem was noted in the vomit. The owner also pulled part of a mushroom out of her mouth the day before yesterday

Abnormal PE/Chem/CBC/UA Results: pale pink MM/tacky HR - 200 RR - 72 T - 103.8 CBC - inflammatory leukogram of 21K with neutrophilia 19.3. HCT 30% CHem glucose 31 K+ - 3.3 TP - 4.5 ALB - 2.4 Globulin - 2.2 ALT - 728 GGT - 5 started dextrose, ampicillin, cerenia, IV fluid therapy UA - pyuria, hematuria, some casts

**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 left kidney measured 5.71 cm. The right kidney measured 6.42 cm.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Torch River Veterinary  
Mobile Services

**HOSPITAL NAME**

Torch Lake VC

**REFERRING VET**

Dr. Waffle

**INVOICE**

46518

**DATE**

8/10/23

**Adrenal Glands**

The right **adrenal gland** was flattened, isoechoic and measured 2.0 x 0.37 cm at the caudal pole and 0.31 cm at the cranial pole. The left adrenal gland was flattened and subnormal in size measuring 1.31 x 0.27 cm.

**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 increased portal markings and coarse architecture. The gallbladder and common bile duct were unremarkable. This is most consistent with non-specific inflammatory hepatopathy. Given the age of the patient underlying infectious agents should be considered such as Salmonella.



## PATIENT

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## Gastrointestinal

Minor **gastric** stasis was noted. The small intestines and colon were unremarkable with soft stool in the colon.

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## 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.

## BREED

Golden Retriever

## Free Abdomen

A minor amount of physiologic free fluid was noted.

## SEX

Female

## ULTRASONOGRAPHIC FINDINGS

## AGE

7 weeks

Flattened adrenal glands.

Non-specific cholangitis pattern.

## WEIGHT

12.75 lbs

Otherwise, structurally the abdomen was unremarkable.

## INTERPRETED BY

Eric Lindquist, DMV  
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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Infectious agents such as Salmonella should be considered. Screening for congenital Addison's is warranted given the flat adrenal glands and vague clinical signs.

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## REFERRING VET

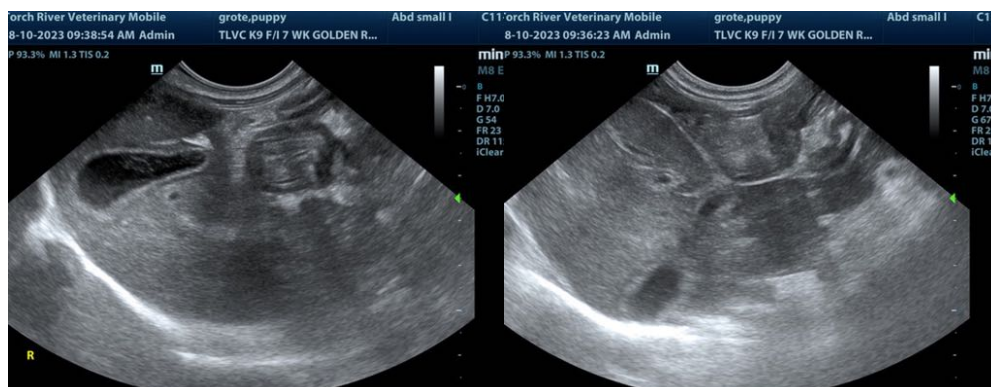
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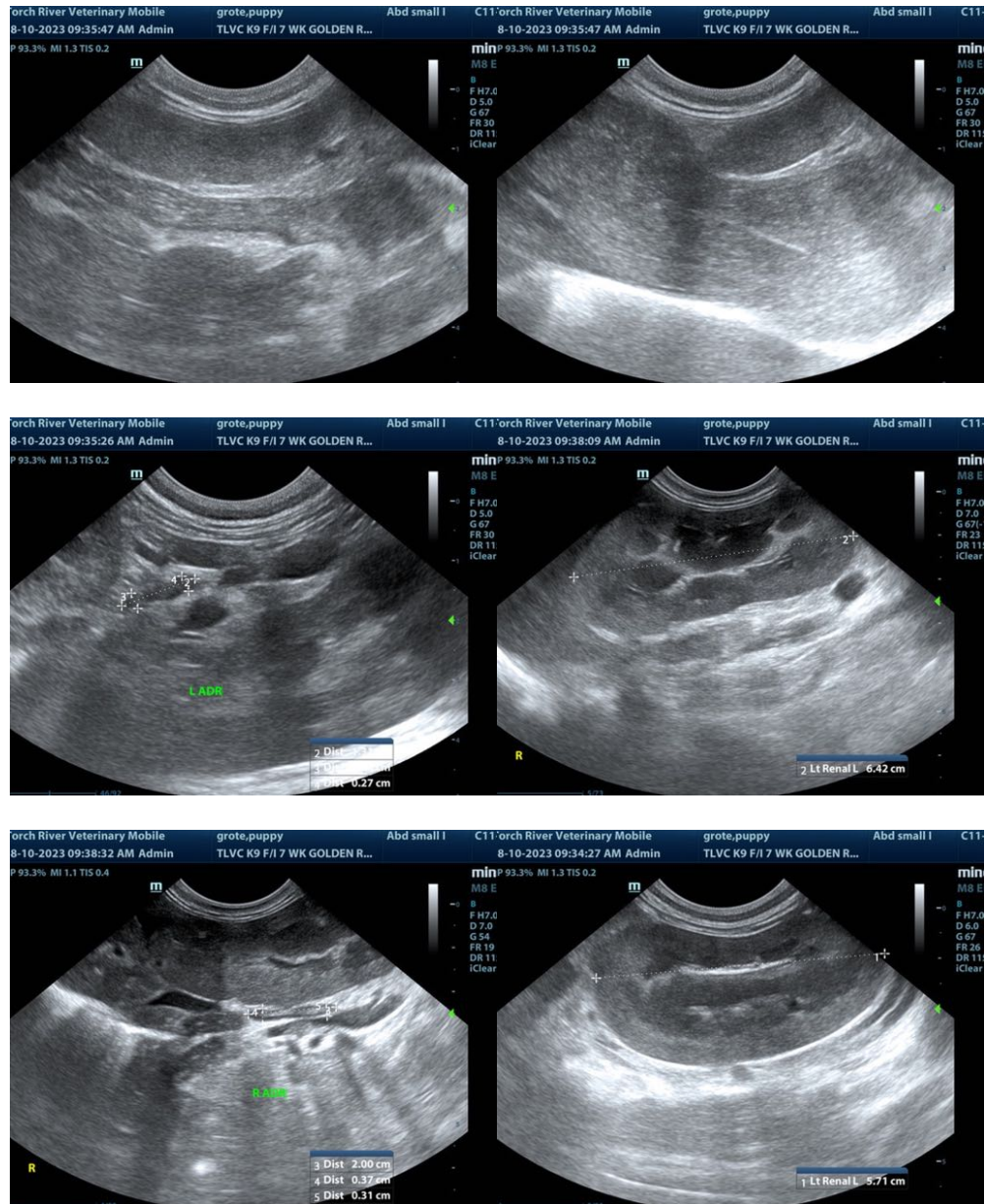
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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