



**PATIENT PRESENTING CLINICAL SIGNS**

Murphy Robson

Hyporexia.

**SPECIES**

Abnormal PE/Chem/CBC/UA Results: WBC: 4, neut: 0.14 with suspected bands. lymph: 1.72, Mono: 1.97. chem WNL

Canine

**BREED**

Golden Doodle

**SEX**

Neutered Male

**AGE**

3 Years

**WEIGHT**

39 Pounds

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. A. Rodriguez

**HOSPITAL NAME**

Foxfield Vet Services

**REFERRING VET**

Dr. A. Rodriguez

**INVOICE**

44644

**DATE**

8/14/23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was subnormal in size owing to lack of urine distention, which prohibited full evaluation of the urinary bladder walls. No overt urinary bladder mural pathology or tumors. Mild anechoic urine. No sediment, mineral or calculi. The urethra was normal to a depth of 3.0 cm.

No evidence of medial iliac or sublumbar lymphadenopathy.

The residual prostate was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 5.0 cm. The right kidney measured 5.3 cm.

**Adrenal Glands**

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 2.4 cm length x 0.49 cm at the caudal pole. The right adrenal gland measured 2.4 cm length x 0.50 cm at the caudal pole.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**Liver**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented normal intact visualized wall layering. The lumen of the stomach was primarily empty with mild luminal and pyloric gas. No evidence of gastric distention retained ingesta, fluid or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.



**PATIENT**

Normal visible colon wall layers were present with apparent formed feces in lumen.

Murphy Robson

**Pancreas**

**SPECIES**

The pancreas base and proximal right limb were normal in size. Subjective mild non-homogeneous hyperechoic pancreatic parenchyma. No evidence of peripancreatic inflammatory criteria.

Canine

**Free Abdomen**

**BREED**

No omental masses, lymphadenopathy, or evidence of peritoneal effusion.

Golden Doodle

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Sonographically unremarkable gastrointestinal tract with mild gastric luminal gas
- Mildly heterogeneous, hyperechoic pancreas base/right pancreatic limb

Neutered Male

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

3 Years

Overall, no evidence of significant visceral pathology as an obvious cause of the patient's clinical signs and CBC abnormalities. Potential for low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with spec cPL could be considered. Patient may be at potential risk for sepsis, given severe neutropenia. CBC pathology review may be considered. 3-view chest radiographs suggested if not done to rule out occult intrathoracic pathology as a contributing factor.

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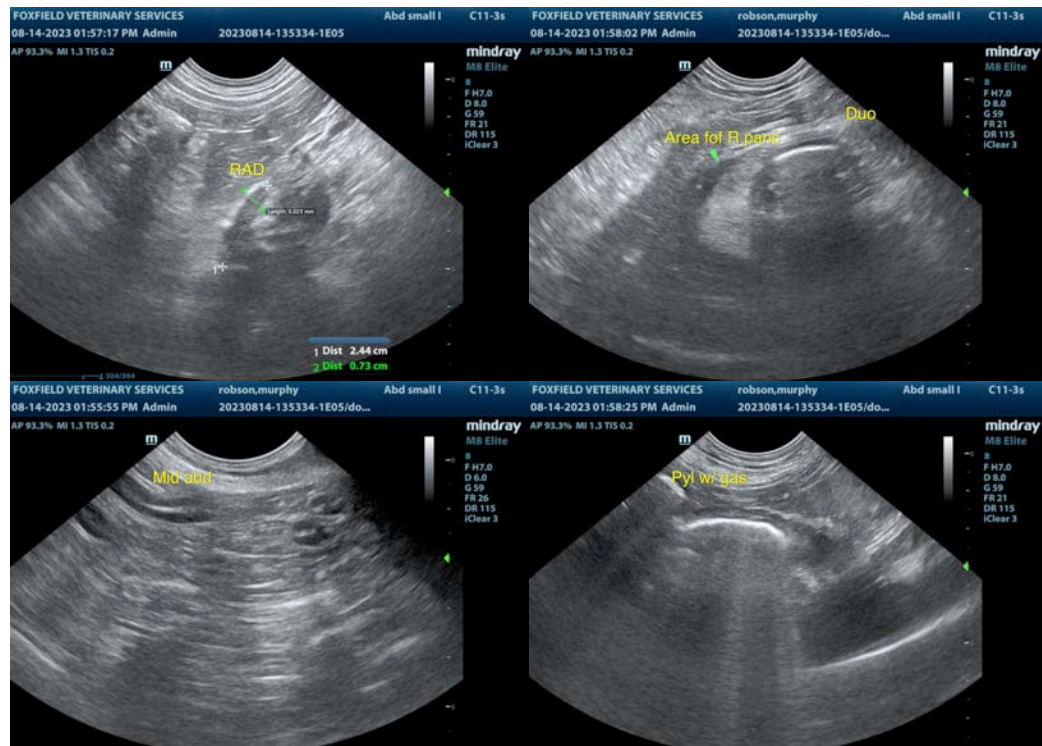
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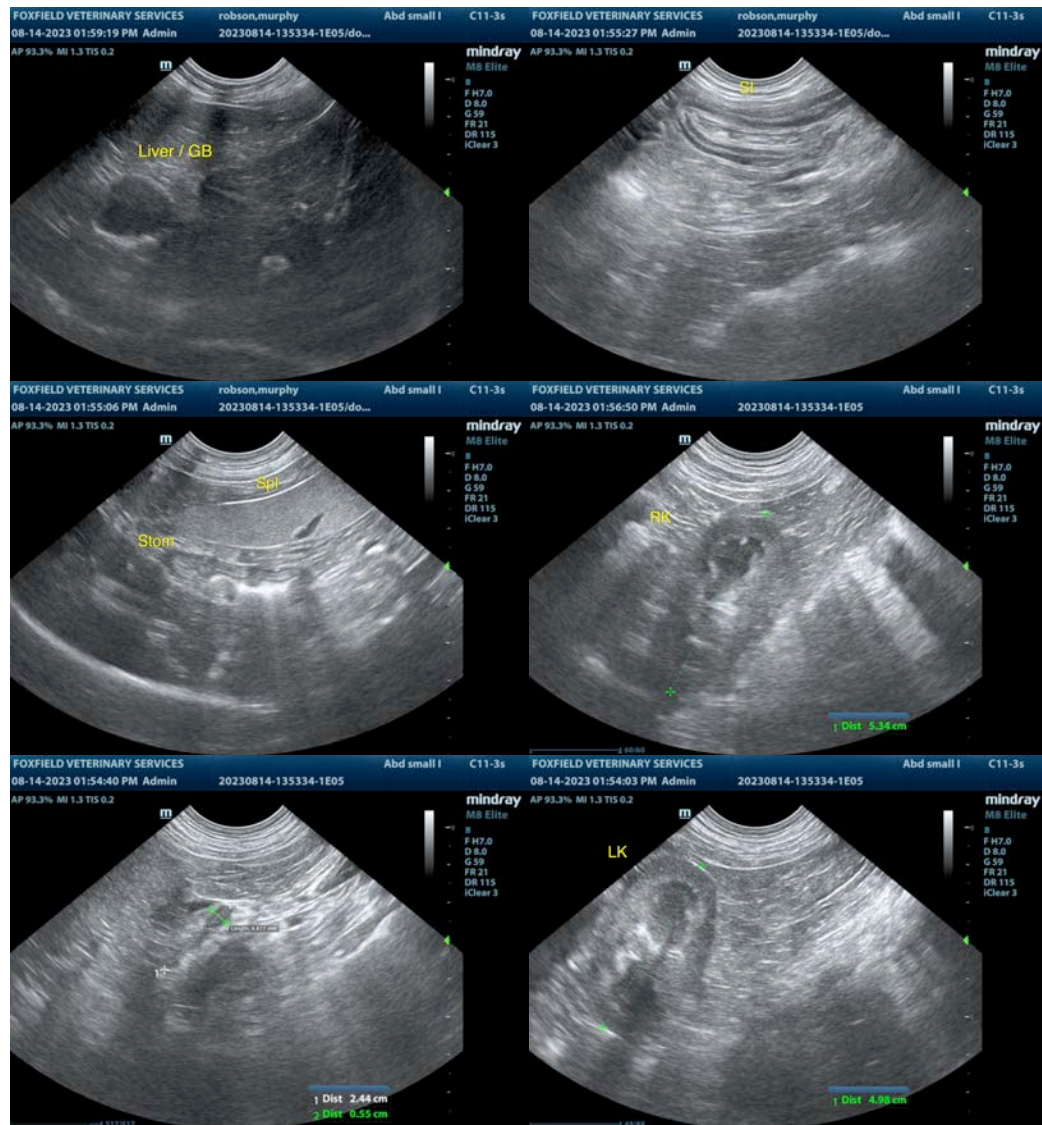
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

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