



PATIENT PRESENTING CLINICAL SIGNS

Piper Podolok ADR and hyporexia.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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.

SEX

Spayed Female The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some age-related loss of curvilinear patterns regarding the capsule and C/M junction. The cortices presented largely uniform texture with some increased echogenicity expected for this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.88 cm.

AGE

9 years

INTERPRETED BY Adrenal Glands

Eric Lindquist, DMV DABVP, Cert. IVUSS 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 2.22 x 0.5 cm. The right adrenal gland measured 2.17 x 1.19 cm at the cranial pole and 0.59 cm at the caudal pole.

IMAGING PERFORMED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

HOSPITAL NAME

Basking Ridge AH The **spleen** was slightly enlarged, uniform and folded upon itself cranially and caudally. There was no evidence of masses.

REFERRING VET Liver

Dr. Hollo The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. The liver revealed slight uniform enlargement. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

INVOICE

95110

DATE

1/4/22



PATIENT

Gastrointestinal

Piper Podolok

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. There was no obvious evidence of ulcerative disease.

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

9 years

ULTRASONOGRAPHIC FINDINGS

Minor folded spleen. Minor hypersplenism. Minor reactive spleen, no masses.

Benign hepatopathy.

INTERPRETED BY

Age related abdominal changes.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no obvious evidence of ulcers and no evidence of neoplasia. Hyperplastic spleen owing to anemia is possible. CBC path review +/- bone marrow aspirates are indicated. There was no evidence of significant disease. The changes are expected for this age and breed.

HOSPITAL NAME

Basking Ridge AH

REFERRING VET

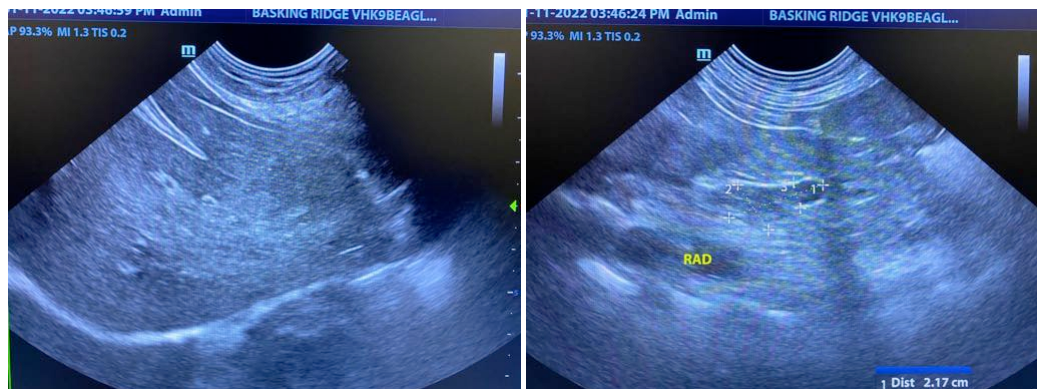
Dr. Hollo

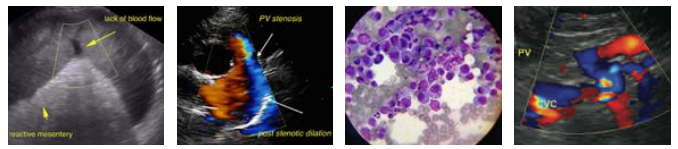
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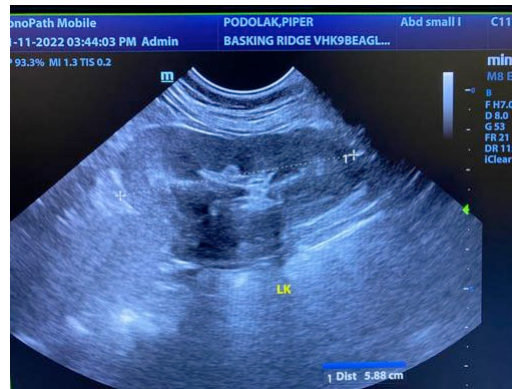
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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