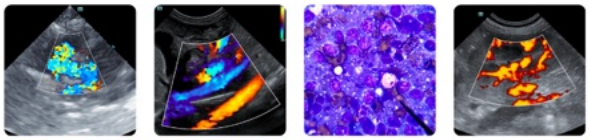

PATIENT

Bubbles Smothers

SPECIES

Canine

BREED

Golden Doodle

SEX

Spayed female

AGE

12 years

WEIGHT

49 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Nikki Kollman, RVT

HOSPITAL NAME

Airpark AH

REFERRING VET

Dr. Marciszewski

INVOICE

69991

DATE

1/12/26

PRESENTING CLINICAL SIGNS

History: Presented for senior wellness exam Has hx of chronic hypercholesterolemia on labwork, PU/PD seen at home Suspected progressive DJD with possible emerging neuro component-see abnormal PE notes
PE: Periodontal disease Immature cataracts OU Multiple SQ and cutaneous masses/growths Osteoarthritis-hips, stifles CP delay in both hindlimbs-mild CBC: HCT 41.4% Hemoglobin 13.9 WBC 5.5 Platelets 493 CHEM: Cholesterol: 424- chronic U/A: usG 1.053 pH 5 TT4, FT4: WNL 4DX: NEG FECAL: NEG

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 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 4.35 cm. The right kidney measured 4.7 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 1.3 x 0.5 cm. The right adrenal gland measured 0.6 cm at the cranial pole and 0.48 cm at the caudal pole.

Spleen

The **spleen** revealed subtle, heterogenous, micronodular changes that were ill-defined. This is most consistent with hyperplasia. FNA can be considered for further definition.

Liver

The **liver** revealed hyperechoic lipid plaques/nodules measuring up to 1.0 cm. These are subjectively benign. A larger, hypoechoic nodule was noted in the left liver and measured 1.9 cm. Other, ill-defined, hypoechoic, non-disruptive nodular changes were noted throughout the liver. The gallbladder

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presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident.

Gastrointestinal

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. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity 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.

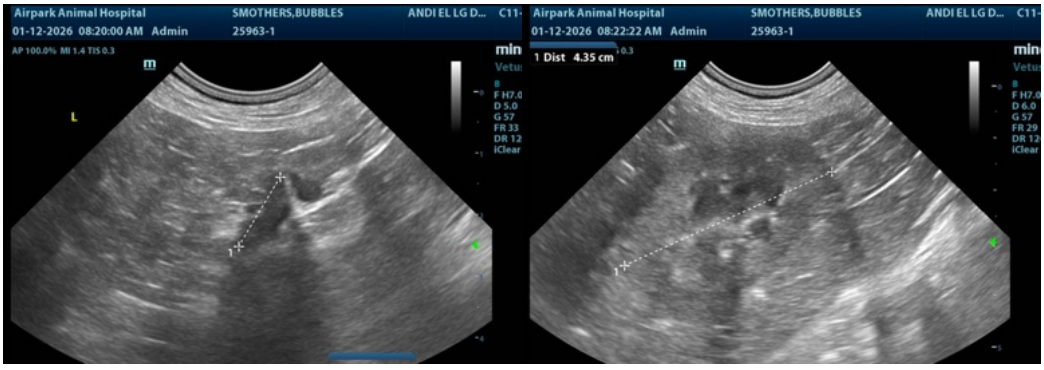
ULTRASONOGRAPHIC FINDINGS

Subtle, micronodular hyperplasia hepatic pattern.

Minor, heterogenous splenic changes, likely benign.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen and liver is indicated. The changes in the spleen and liver are likely geriatric changes; however, given the breed predisposition to splenohepatic pathology screening FNA of both organs is indicated.



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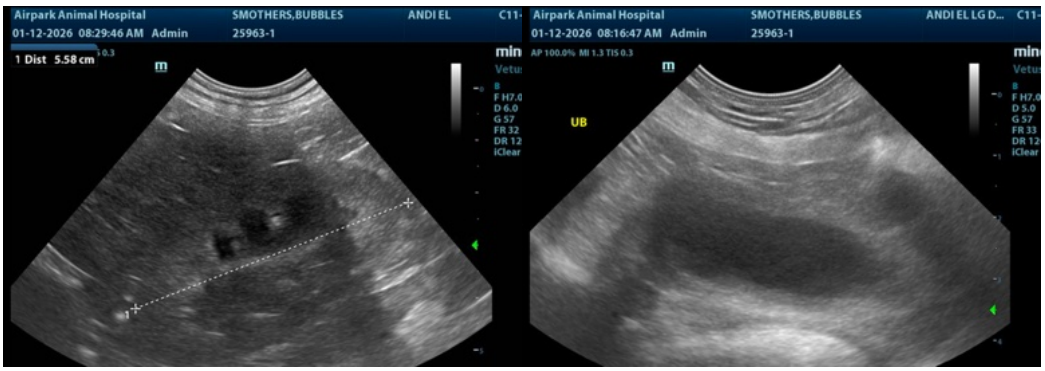

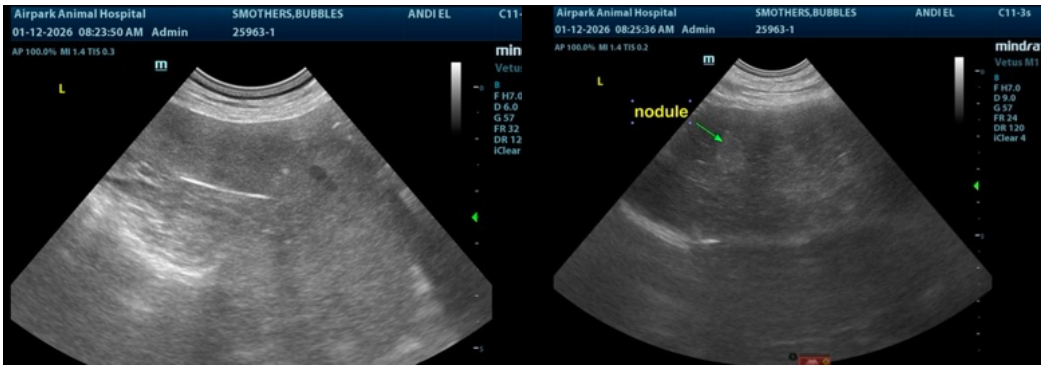

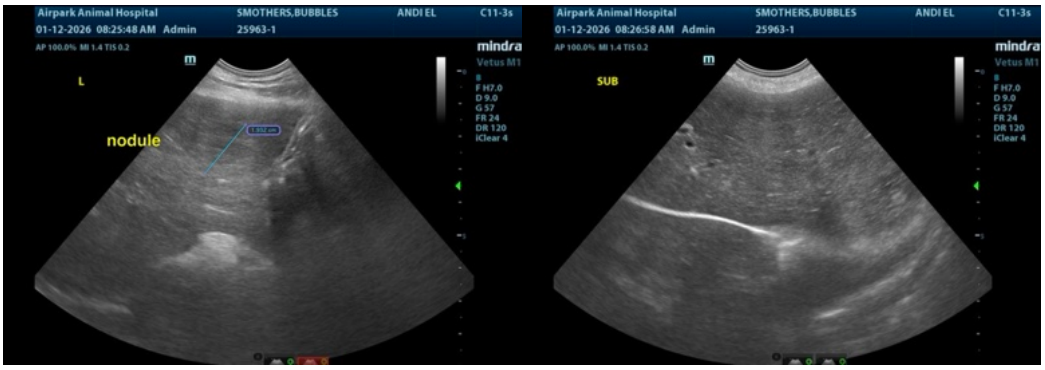

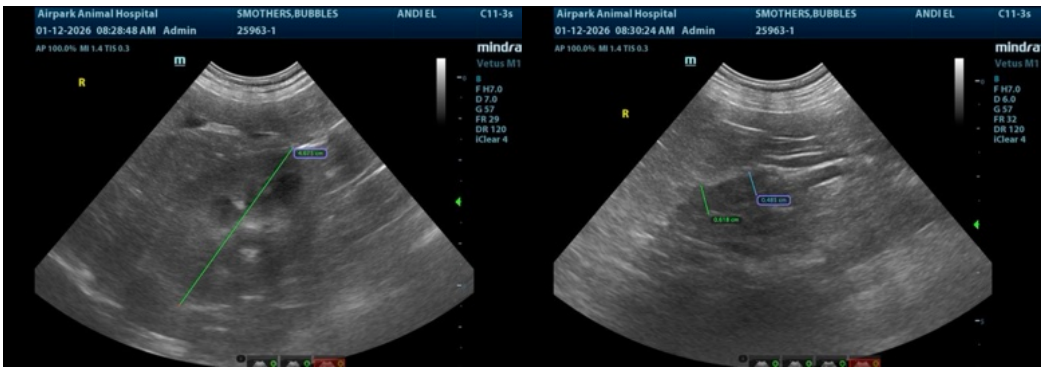

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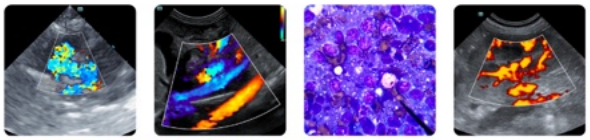

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Educational Teleconsultation Services™

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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 (CFM), Cert. IVUSS, CEO of SonoPath.com

info@SonoPath.com