



PATIENT PRESENTING CLINICAL SIGNS

PATIENT
Lucy Gine

SPECIES
Canine

BREED
Beagle

SEX
Spayed female

AGE
12 years

WEIGHT
36 lbs

INTERPRETED BY
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY
Dr. Sorbo

HOSPITAL NAME
Mill Brook Animal
Clinic

REFERRING VET
Dr. Sorbo

INVOICE
42243

DATE
1/19/23

History: Recheck AUS. Main point of interest in this study is GI health. P has refractory loose stool for months. Problem list: -Hypothyroidism -Reported PUPD per O (confirmed) -Reportedly has atypical Cushing's, not on Vetoryl. MRI in 2021 reportedly normal appearing pituitary gland. -Proteinuria. - Splenectomy in 2018 due to stromal sarcoma of the spleen. Hx of supraspinatous tendinopathy. - Excessive panting per O. -Known benign liver nodule in the liver. Current meds: - Gabapentin 100mg SID -Benazepril 5mg SID -Thyrotab 0.3mg BID Since last scan P was placed on a high fiber diet (Biome) due to refractory diarrhea on Hill's k/d. Stool is still loose, but improved.

Abnormal PE/Chem/CBC/UA Results: Sending GI panel, large chem, CBC, UA out today. Culture not ordered, but can be considered. Historic labs from Nov 2022: -Reticulocytosis of 157k/uL - Thrombocytosis of 700k/uL, plateletcrit 0.84 -BUN 34, Crea 0.7 -ALT 240 U/L -AlkP 1,136 U/L -Rest of 17chem wnl. A normal c-reactive protein was run at the time. -Fecal screen negative.

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. Small calculus was noted in the bladder. 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The kidneys each measured 5.0 cm with non-obstructive mineralization.

Adrenal Glands

The left **adrenal gland** was slightly irregular at the cranial pole and measured 0.86 cm at the cranial pole and 0.56 cm at the caudal pole. The right adrenal gland was uniform and measured 0.85 cm at the caudal pole and 0.87 cm at the cranial 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** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Subtle, hypoechoic nodular changes are noted. The largest of which was in the left



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cranial lobe. The nodule measured 2.15 cm. An isoechoic, expansive right medial liver nodule was noted and impinged upon the gallbladder. The nodule measured 3.0 cm. A separate left lateral liver nodule was noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

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.

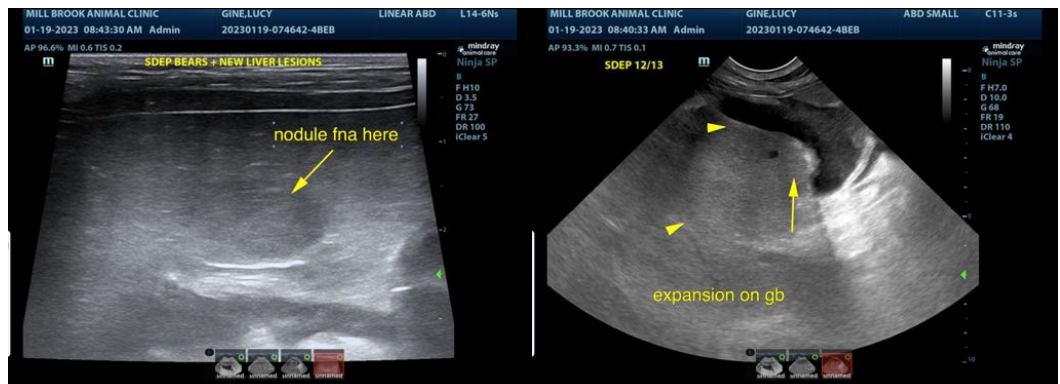
ULTRASONOGRAPHIC FINDINGS

Irregular left adrenal gland.

Undefined, hepatic nodular changes. Multi-focal nodular hyperplasia versus metastatic or primary neoplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated for further definition. Impingement upon the gallbladder by right medial liver swelling.





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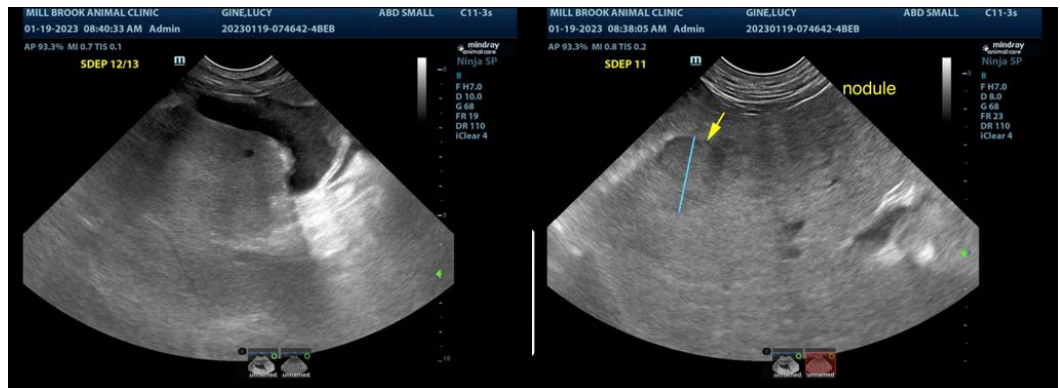
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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