



PATIENT	PRESENTING CLINICAL SIGNS
Lily Munster Trujillo	History: bloody, foul smelling diarrhea, tried Metronidazole, Aminopentamide, Provioble, Famotidine and Sucralfate - did not help
SPECIES	Abnormal PE/Chem/CBC/UA Results: n/a
Canine	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Mixed	The urinary bladder presented minor micropolypoid changes. Anechoic urine was present. No evidence of calculi. A minimal amount of urine was present causing recoil appearance to the bladder walls- not clinically significant. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.
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 mild 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 left kidney measured 6.39 cm. The right kidney measured 7.37 cm.
AGE	
12 Years	
WEIGHT	Adrenal Glands
64 Lbs.	The left adrenal gland was 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 0.51 cm.
INTERPRETED BY	The right adrenal gland was subjectively flattened. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.
Eric Lindquist, DMV DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	Spleen
Adrienne Ligenza	The spleen revealed multifocal micronodular changes with mild disruption of architecture. Cranial folding of the spleen was noted- this is a positional variant. However, the nodular changes are concerning. Screening FNA indicated, using a 25-gauge needle.
HOSPITAL NAME	Liver
Rush VUC	The liver images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some mild 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.
REFERRING VET	
Dr. Taylor Urban	
INVOICE	Gastrointestinal
13572	
DATE	
1/23/22	



PATIENT

Lily Munster Trujillo

The **gastrointestinal tract** presented chronic thickening, particularly the gastric walls, with areas of hypertrophied muscularis. No loss of mural detail and no evidence of neoplasia. Minor anechoic fluid and gas were noted in the stomach. The epigastric lymph nodes were slightly enlarged, measuring 4.0 mm.

SPECIES

Pancreas

Canine

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

Mixed

ULTRASONOGRAPHIC FINDINGS

SEX

Spayed Female

- Variable intestinal thickening with hypertrophied muscularis. Acute on chronic inflammatory bowel likely. No loss of mural detail and no evidence of neoplasia.
- Concurrent micronodular spleen. Emerging round cell neoplasia, splenitis, pronounced hyperplasia all possible.
- Flattened right adrenal gland
- Geriatric abdominal changes otherwise

AGE

12 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

64 Lbs.

Broad spectrum antiparasitic protocol and enrofloxacin/metronidazole to treat for enterotoxins could be considered. Hydrolyzed diet and nutraceuticals recommended. Otherwise, full thickness gastrointestinal biopsies or endoscopy warranted. Screening FNA of the spleen warranted prior to any surgical intervention for biopsies, as underlying emerging round cell neoplasia is a potential, and the GI tract may represent a transitional state.

INTERPRETED BY

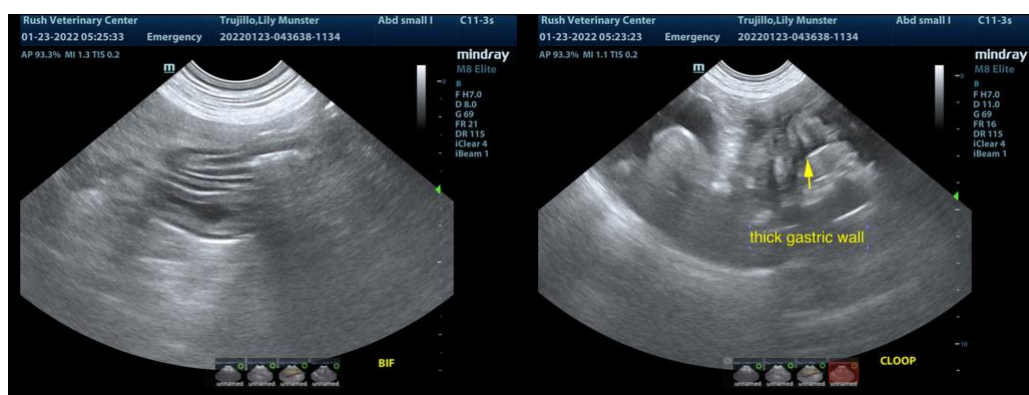
Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Adrienne Ligenza

HOSPITAL NAME

Rush VUC



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Canine

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Spayed Female

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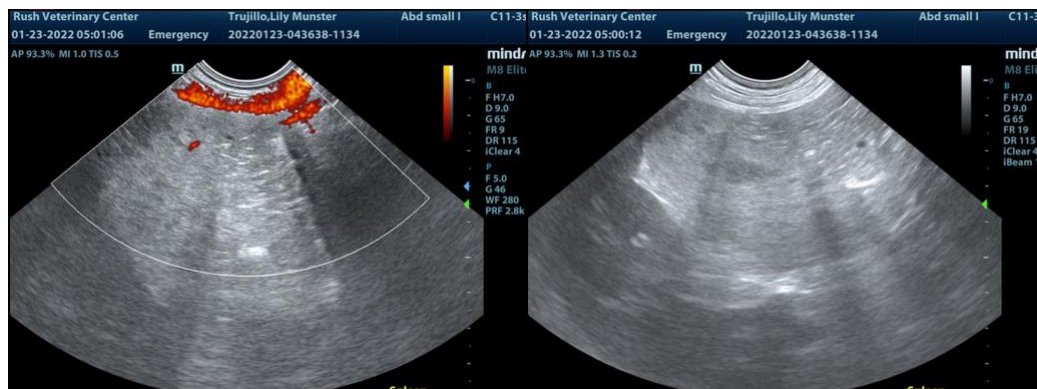
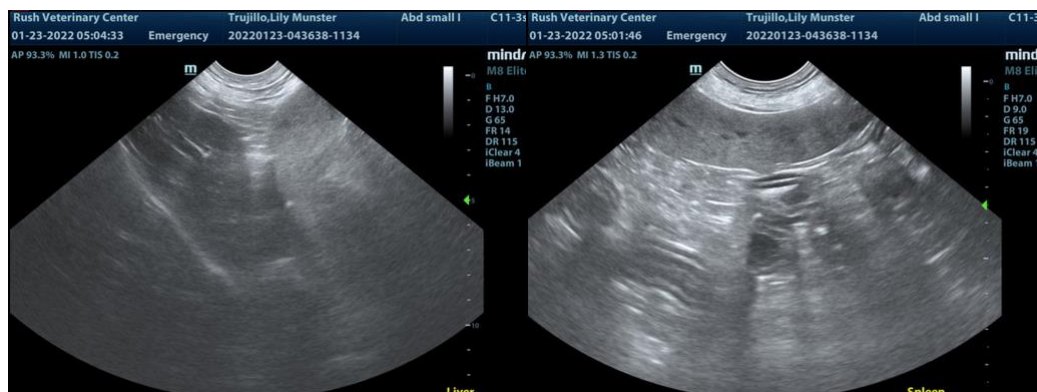
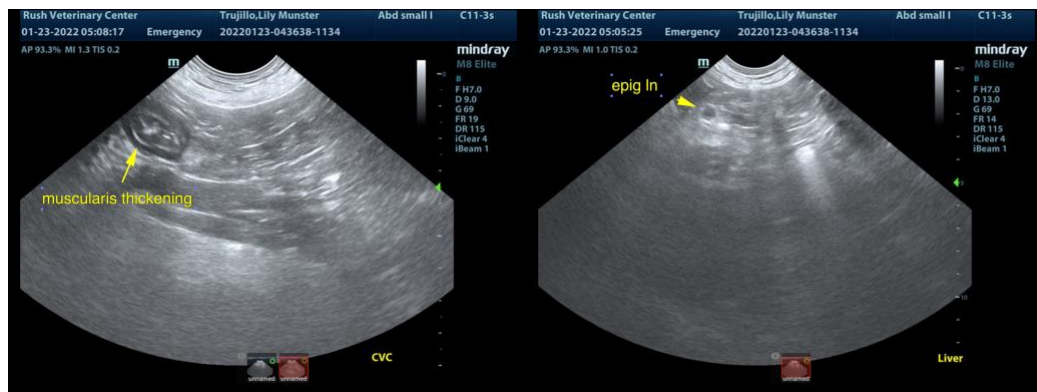
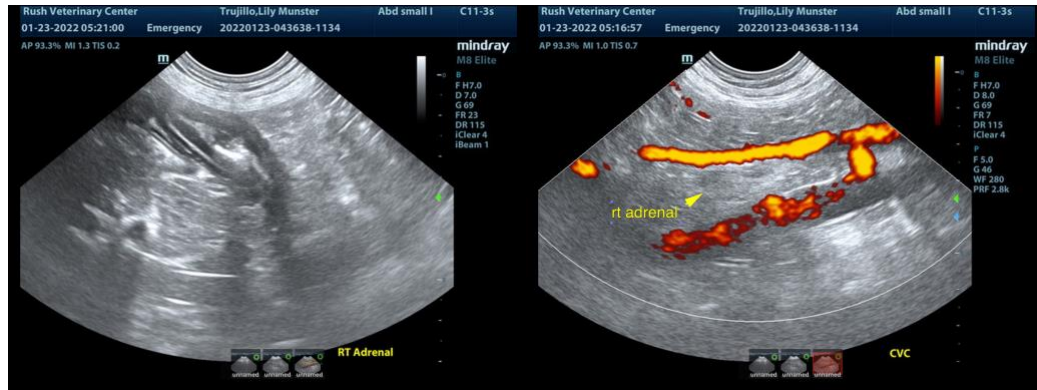
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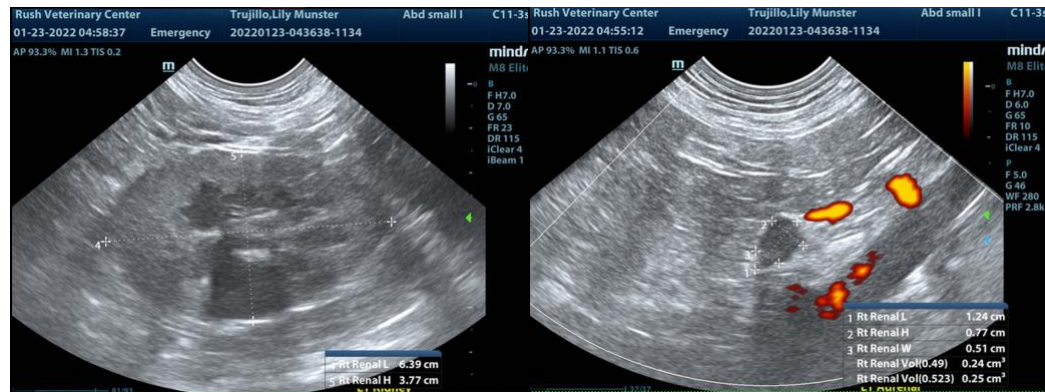
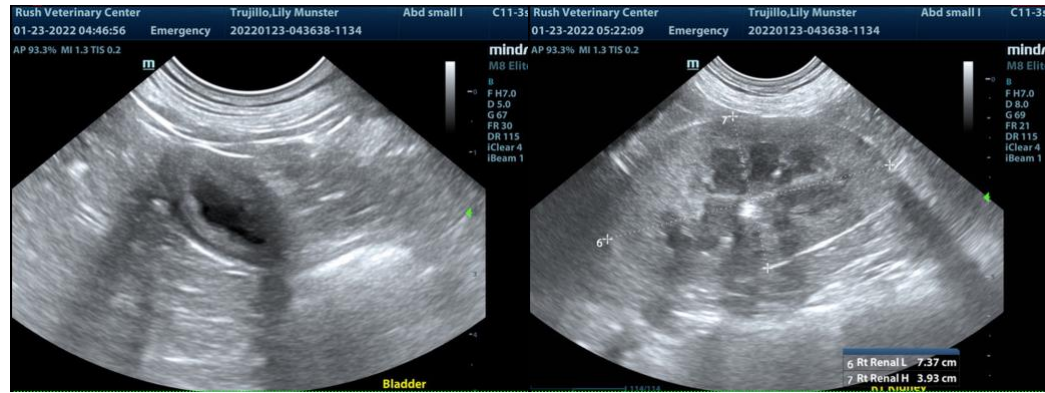
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
info@SonoPath.com