



PATIENT

Mya Redmond

PRESENTING CLINICAL SIGNS

ate back pack, book bag strap vomited carpet

SPECIES

Canine

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

BREED

Shepherd X

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 right kidney measured 5.6 cm. The left kidney measured 7.51 cm.

SEX

Spayed Female

AGE

10 Years

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 right adrenal gland measured 2.94 cm x 1.85 cm at the cranial pole and 0.62 cm at the caudal pole. The left adrenal gland measured 2.55 cm x 0.73 cm at the caudal pole and 0.58 cm at the cranial pole.

WEIGHT

80 Pounds

Spleen

INTERPRETED BY

Eric Lindquist, DMV

The **spleen** presented a focal hypoechoic nodule measuring 1.0 cm. Slight irregular contour noted. FNA indicated. Generalized splenic enlargement present with minor heterogeneous changes.

DABVP, Cert. IVUSS

Liver

IMAGING PERFORMED BY

Jenn

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. 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.

HOSPITAL NAME

Rockaway AH

Gastrointestinal

REFERRING VET

Dr. Maniar

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.

INVOICE

35125

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.

DATE

1/27/22



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ULTRASONOGRAPHIC FINDINGS

- Geriatric abdomen with splenic nodule
- Mild hepatic remodeling

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the splenic nodule indicated. No evidence of foreign bodies. Nodular hyperplasia, round cell neoplasia, emerging hemangiosarcoma possible. Proactive splenectomy could be considered. However, the lesion is fairly small and should be monitored for any growth. Recheck sonogram in 3-4 weeks. If growing, FNA or direct splenectomy indicated.

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REFERRING VET

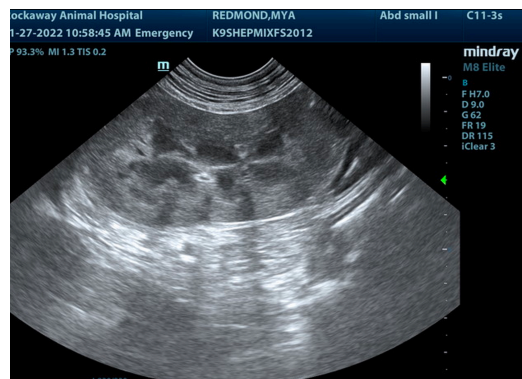
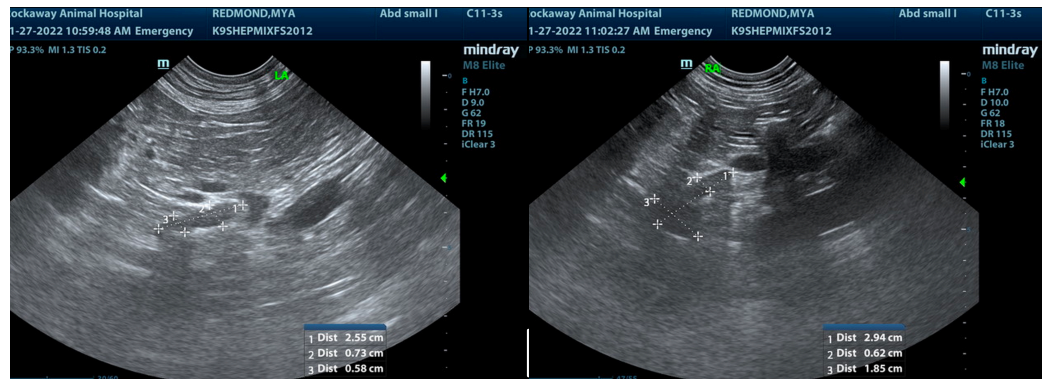
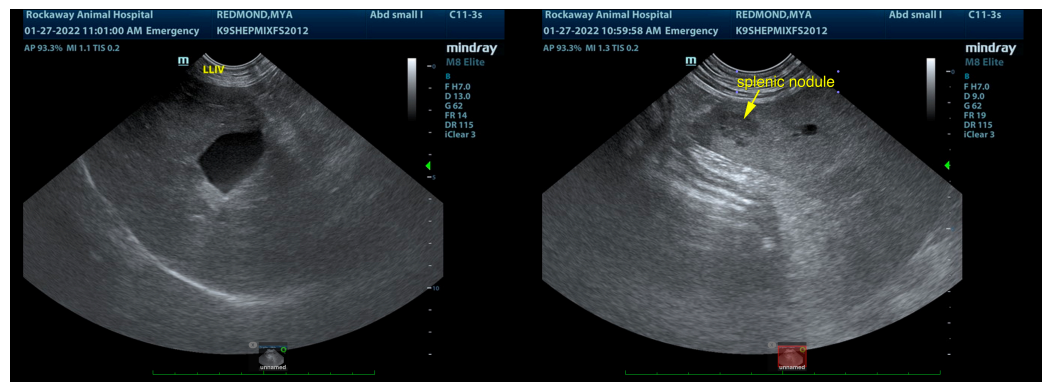
Dr. Maniar

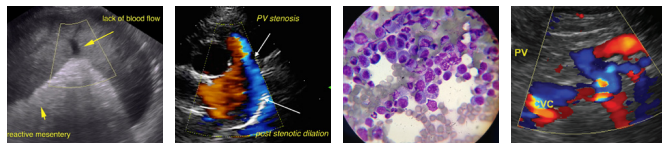
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Canine

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

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