



PATIENT PRESENTING CLINICAL SIGNS

Roux Finn Presented due to pollakuria, anorexic today, no v/d/pu/pd
Abnormal PE/Chem/CBC/UA Results: CBC: lymphocytes=600 (1000-4800) /uL CHEMISTRY:
ALP>2400 (20-150) U/L, ALT>2000 (10-118) U/L, Tbili=1.5 (0.1-0.6) mg/dL

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Border Collie 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. The bladder revealed a large calculus that measured 3.0 cm. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

SEX

Spayed Female

AGE

11 years

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 5.0 cm. The right kidney measured 5.0 cm. Slight, pericapsular fatty enhancement was noted around the right kidney. This is suggestive of nephritis.

WEIGHT

66.1 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

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 0.5 cm. The region of the right adrenal gland was unremarkable, yet not overtly visualized.

IMAGING PERFORMED BY

Dr. Green

Spleen

HOSPITAL NAME

Healing Spirit AW

The **spleen** revealed micronodular hyperplasia pattern.

REFERRING VET

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Liver

The **liver** revealed multi-centric, minor, hypoechoic nodular changes with slightly increased portal markings. The gallbladder revealed a minor amount of debris.

INVOICE

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Gastrointestinal

DATE

1/26/22

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. There was retention of ingesta in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency



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

Roux Finn

Pancreas

SPECIES 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.

Canine

BREED

Border Collie

ULTRASONOGRAPHIC FINDINGS

Undefined splenohepatic nodular changes.

SEX

Cholangitis liver pattern.

Spayed Female

Large bladder calculus.

AGE

11 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the liver profile ultrasound-guided FNA is warranted to ensure that round cell neoplasia is not an issue versus cholangitis, cholangiohepatitis. Leptospirosis titers are indicated. If the liver presentation can be stabilized then cystotomy +/- liver biopsy is indicated. Guarded prognosis depending on cytology results and response to therapy.

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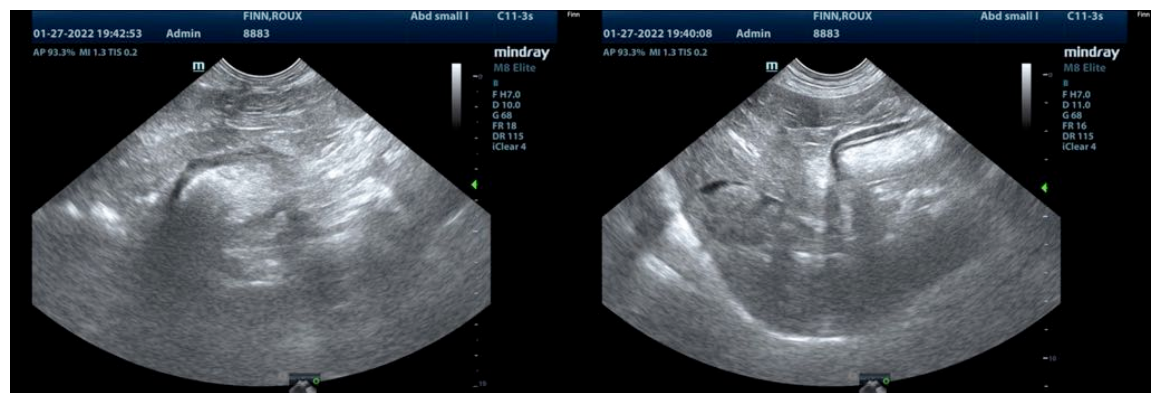
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Roux Finn

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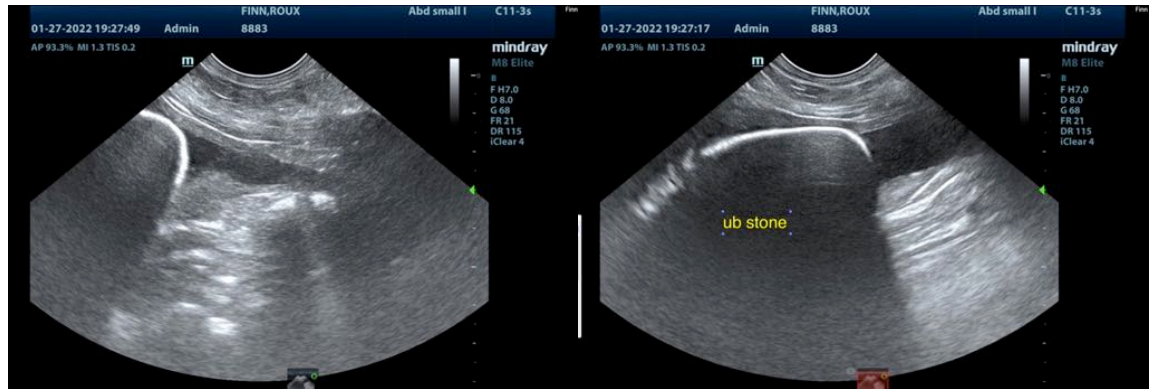
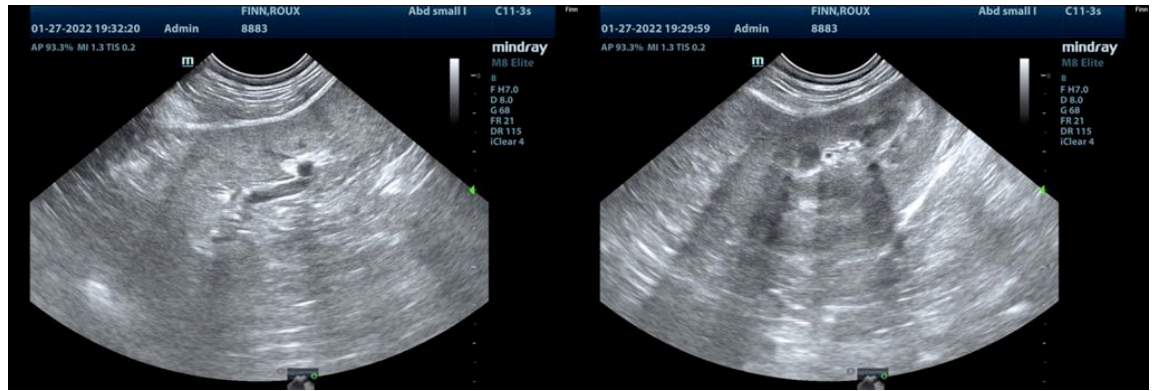
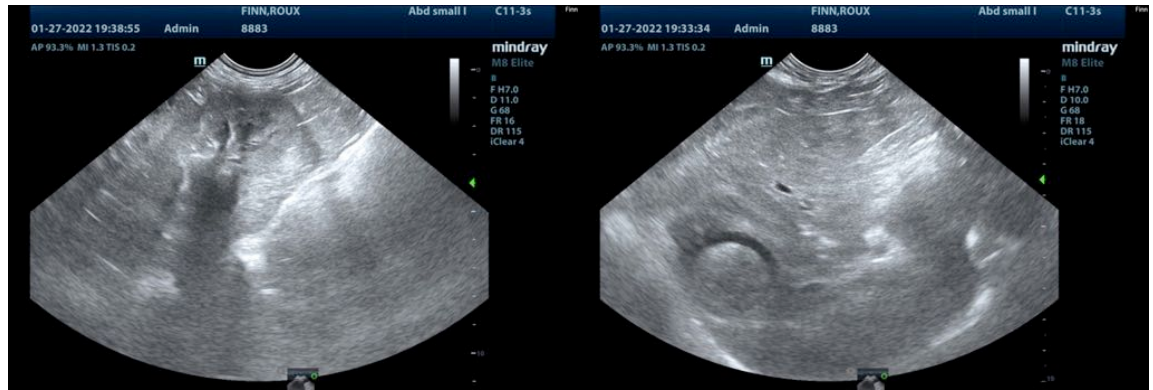
Dr. Green

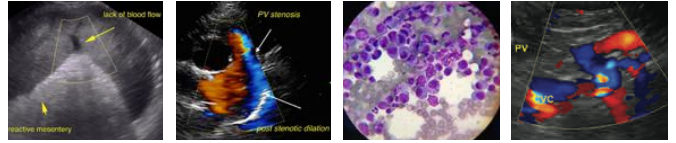
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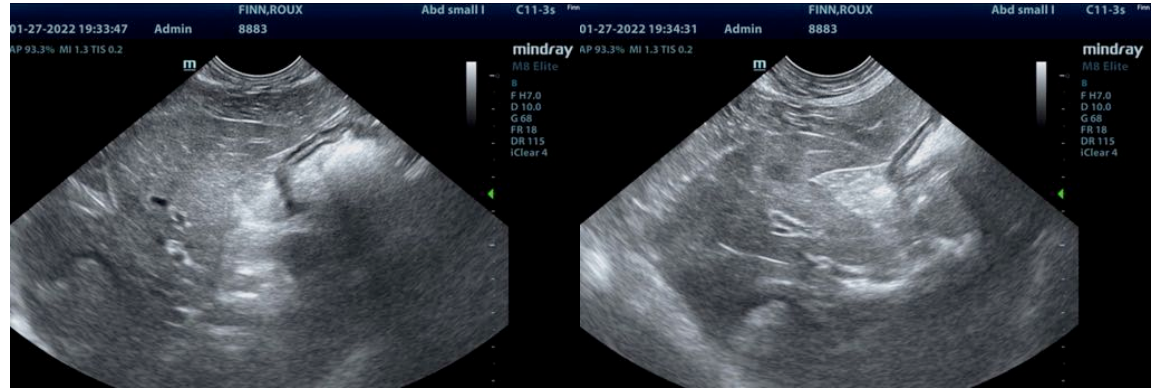
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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