

PATIENT PRESENTING CLINICAL SIGNS

Molly Bowers Here today for dental and elevated liver values on pre-anes bloodwork . Chronically eats socks and vomits them up, last one was yesterday. No GI issues otherwise, no weight loss
SPECIES Abnormal PE/Chem/CBC/UA Results: Grade 2 dd with chipped canine. Chem- Elevated Tbili (3.0), ALT 151 (10-125), Alb 4.6 2.3-4.0), TP 8.9 (5.2-8.2) CBC-nsf U/A- USG 1.027, RBC: Occasional WBC: Occasional Bacteria: Few Rare Calcium Oxalate crystals Squamous epithelial cell: Occasional Transitional Epithelial cell: +2
 Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Lab X **Urinary System**

The **urinary bladder** presented multiple calculi, the largest of which measured approximately 1.0 cm. 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 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 measured approximately 6.0 cm.

AGE

7 Years

Adrenal Glands

WEIGHT

17.7 kg

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 0.5 cm. The right adrenal gland measured 0.6 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 were noted.

IMAGING PERFORMED BY

Dr. Hayley Biederbeck

Liver

HOSPITAL NAME

Lomsnes Vet Hospital

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.

REFERRING VET

Dr. Hayley Biederbeck

Gastrointestinal

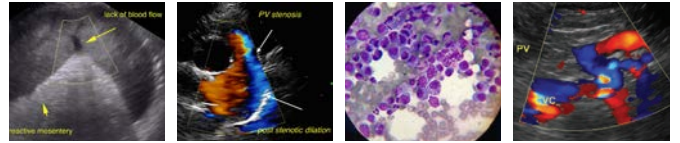
INVOICE

26214

The **stomach** was filled with shadowing material. Pyloric thickening noted with mucosal remodeling. No overt evidence of neoplasia. The small intestine and colon were unremarkable. Reactive mesenteric lymph nodes noted, measuring up to 0.8 cm in width.

DATE

10/12/21



PATIENT

Molly Bowers

Pancreas

SPECIES

Canine

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

BREED

Lab X

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable liver
- Gastric foreign matter
- Bladder calculi

SEX

Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend reassessing bilirubin values, as no evidence of significant hepatic disease or post-hepatic obstruction present. If bilirubin is persistently elevated, then liver biopsy would be warranted at surgery. Recommend gastrotomy and GI biopsies to rule out underlying disease as well as cystotomy, stone analysis and culture.

AGE

7 Years

According to Sonopath research presented at ECVIM 2016 (Stockholm, Sweden), Advances in Small Animal Medicine and Surgery (May 2017), and EVDI 2017 (Verona, Italy), concurrent underlying chronic inflammatory neoplastic intestinal disease can often reside in PICA patients. Therefore, surgical biopsies are essential in this case regardless of the exploratory findings.

WEIGHT

17.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hayley Biederbeck

HOSPITAL NAME

Lomsnes Vet Hospital

REFERRING VET

Dr. Hayley Biederbeck

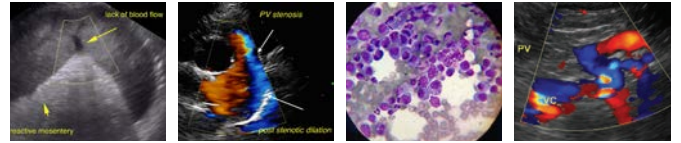
INVOICE

26214

DATE

10/12/21





PATIENT

Molly Bowers

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

7 Years

WEIGHT

17.7 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Hayley Biederbeck

HOSPITAL NAME

Lomsnes Vet Hospital

REFERRING VET

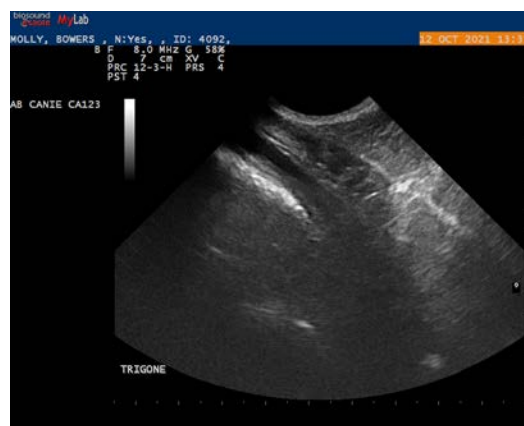
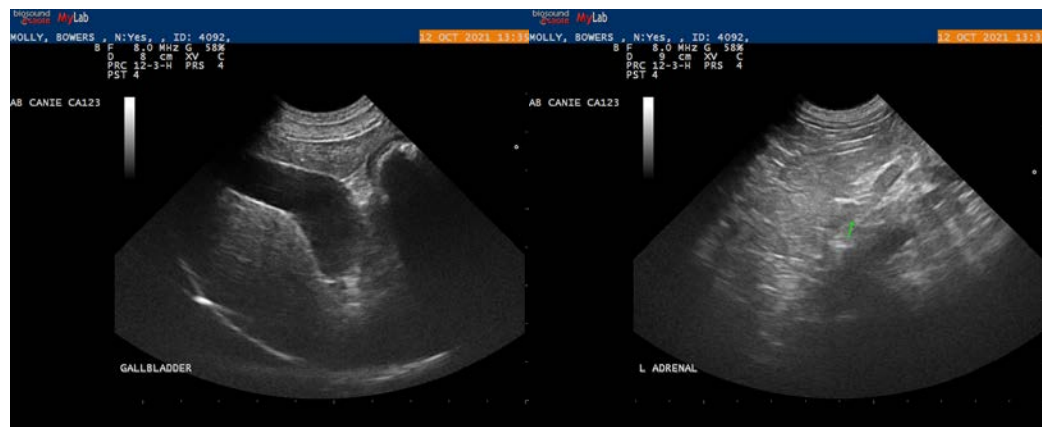
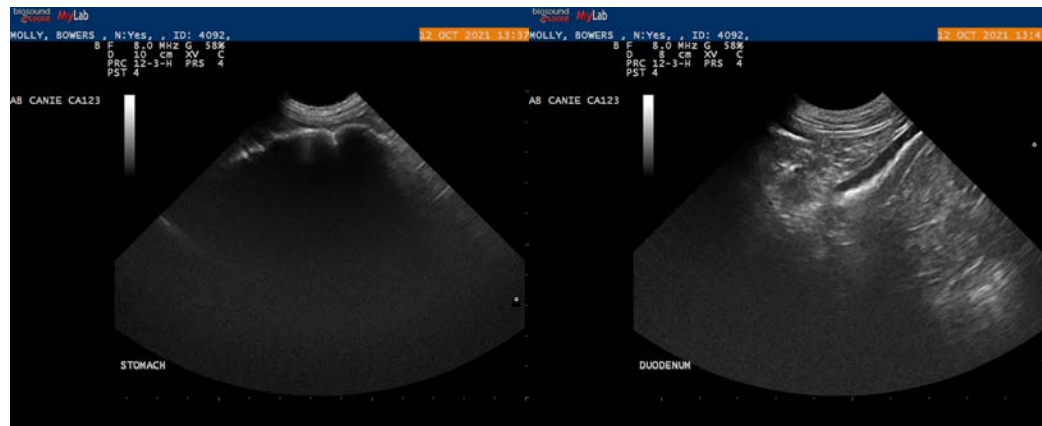
Dr. Hayley Biederbeck

INVOICE

26214

DATE

10/12/21



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