



PATIENT PRESENTING CLINICAL SIGNS

Cali Fisher History: Vomiting. Current meds: Maropitant
Abnormal PE/Chem/CBC/UA Results: CPL abn.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED 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 was noted. Ureteral papillae were normal.

SEX 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.. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Multi-focal cortical cysts were noted in the kidneys. Slight cortical irregularity is likely owing to infarcts in both kidneys. The right kidney measured 6.39 cm. The left kidney measured 5.63 cm.

Spayed Female

AGE

10 years

WEIGHT Adrenal Glands

27.3 lbs

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.2 x 0.72 cm at the cranial pole and 0.93 cm at the caudal pole. The right adrenal gland measured 2.32 x 0.95 cm at the cranial pole and 0.85 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Newton VH

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.

REFERRING VET

Dr. Kim

Liver

INVOICE

92481

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. A focal, hypoechoic nodule was noted in the left lateral liver. This is non-disruptive, yet should be monitored. The nodule measured 1.0 cm. 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.

DATE

10/19/21



PATIENT

Gastrointestinal

Cali Fisher

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.

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

Pancreas

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

AGE

10 years

Free Abdomen

A large amount of abdominal fat was noted in this patient.

WEIGHT

27.3 lbs

Heart

Rapid view of the heart revealed no evidence of pathology.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

ULTRASONOGRAPHIC FINDINGS

Bilateral adrenal hypertrophy.

IMAGING PERFORMED BY

Shari Reffi, CVT

Minor, heterogenous pancreatic changes, likely benign.

Moderate degenerative renal changes.

Left lateral liver nodule.

HOSPITAL NAME

Newton VH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI +/- pancreatic insult is suspected. If the urine specific gravity is less than 1.020 then work-up for PDH is indicated. Supportive care should prove effective. The liver nodule should be monitored with a recheck sonogram in a month. If the nodule is growing then FNA is recommended.

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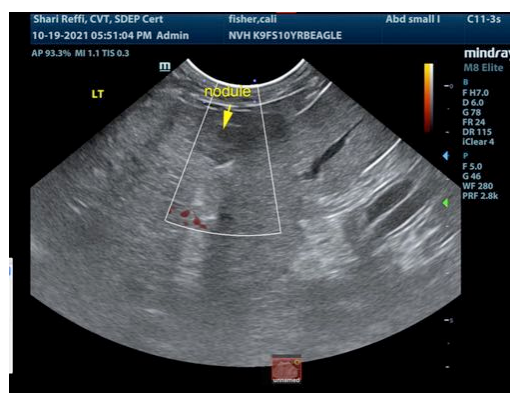
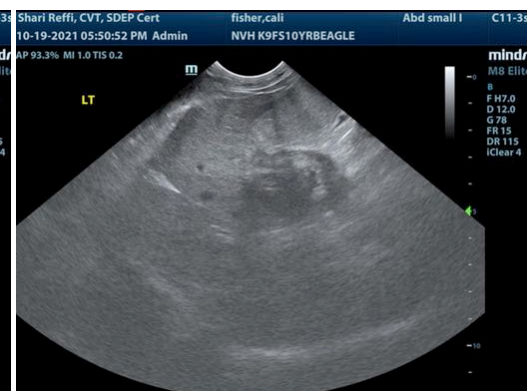
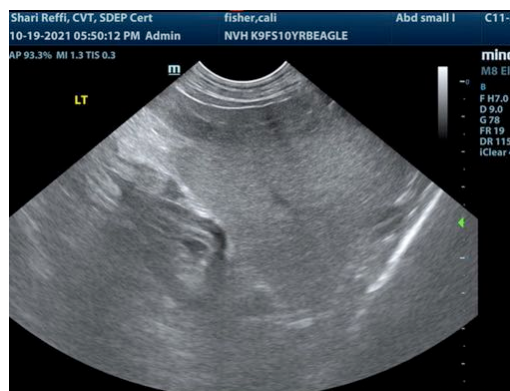
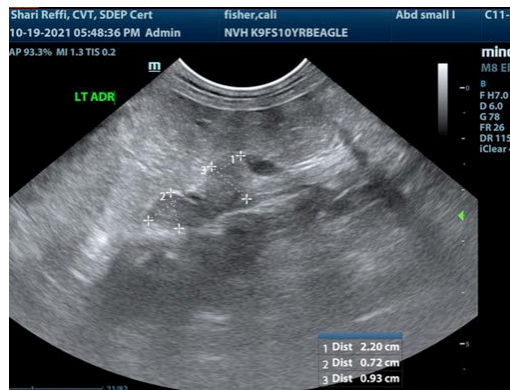
Dr. Kim

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PATIENT

veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Cali Fisher

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.

SPECIES

Canine

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
Info@SonoPath.com

BREED

Beagle

SEX

Spayed Female

AGE

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WEIGHT

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