



PATIENT

Luna McCormick

SPECIES

Canine

BREED

Terrier Cross

SEX

Spayed female

AGE

7 years

WEIGHT

16 kgs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Legacy VC

REFERRING VET

Dr. Jajoei

INVOICE

40145

DATE

10/19/22

PRESENTING CLINICAL SIGNS

History: Mexican rescue dog. Episode of vomiting 30 days prior and marked episode of liver enzymes. Patient is non clinical at this time. Sedated for scan

Abnormal PE/Chem/CBC/UA Results: Marked ALP ALT 30 days ago now levels are mildly elevated.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 3.0 cm beyond the cystourethral junction and appeared normal. 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.

The **kidneys** revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen. Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The right kidney measured 5.22 cm. The left kidney measured 5.59 cm.

Adrenal Glands

The right **adrenal gland** was uniform and measured 0.49 cm at the cranial pole and 0.61 cm at the caudal pole. The cranial pole of the left adrenal gland was slightly swollen measuring 0.69 cm at the cranial pole and 0.59 cm at the caudal pole.

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.

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. Occasional, hyperechoic lipogranulomatous nodule was noted. Gallbladder polyps and debris was noted. The largest polyp measured 0.9 cm.

Gastrointestinal

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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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.

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ULTRASONOGRAPHIC FINDINGS

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Gallbladder polyps and non-specific chronic inflammatory hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver is indicated for further definition. The polypoid changes are prominent, yet likely benign. The changes should be monitored with a recheck in 6-8 weeks. Leptospirosis titers are indicated.

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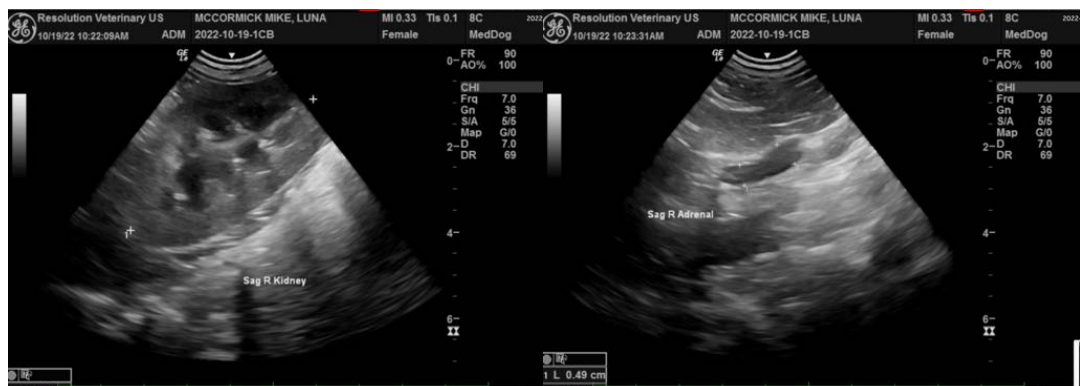
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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