



**PATIENT PRESENTING CLINICAL SIGNS**

Lilly Harvey History: Recheck vaginal discharge. Currently on Amoxicillin.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Canine **Urinary System**

The **urinary bladder** revealed minor thickening with anechoic urine.

**BREED**

Golden Retriever

The uterine stump was mildly thickened with enhanced surrounding mesentery. The uterine stump measured 1.4 cm.

**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. Slight cortical irregularity was noted. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 5.88 cm with irregular contour. The left kidney measured 6.14 cm.

**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.

**WEIGHT**

73 lbs

**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 was noted.

**IMAGING PERFORMED BY**

Dr. Waffle

**HOSPITAL NAME**

Torch Lake VC

**Liver**

Exam of the cranial abdomen demonstrated excessive **liver** size and swollen contour. Mild, coarse architecture was noted with increased portal markings and minor parenchymal remodeling is suggestive of an inflammatory component. Nodular change was noted in the left cranial liver. Increased portal markings were noted. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

**REFERRING VET**

Dr. Waffle

**INVOICE**

92528

**DATE**

10/20/21



**PATIENT**

**Gastrointestinal**

Lilly Harvey

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**

Golden Retriever

**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.

**SEX**

Spayed Female

**ULTRASONOGRAPHIC FINDINGS**

Thickened uterine stump, but appears significantly reduced compared to the prior sonogram.

**AGE**

10 years

Micronodular liver.

**WEIGHT**

73 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If vaginal discharge is continuing I recommend changing to more potent antibiotics such as Enrofloxacin with a recheck of the uterine stump in one week. I am assuming surgical intervention has occurred. The micronodular liver change is similar to the prior sonogram. Technically this is a mass, however, it appears subjectively benign.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

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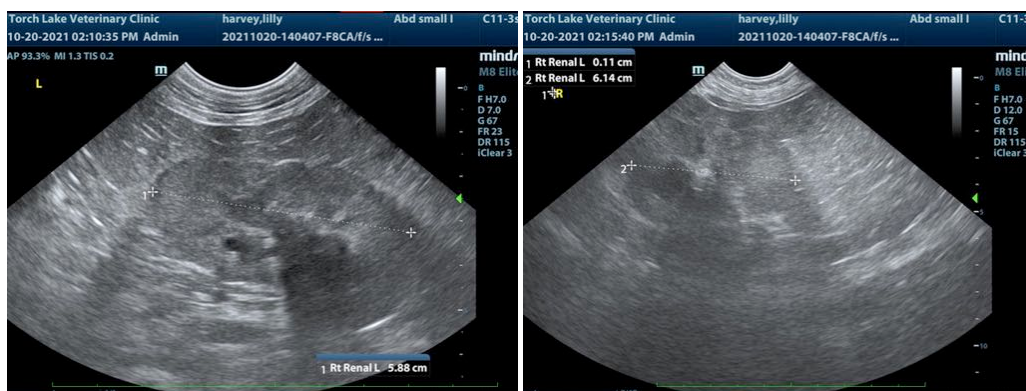
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**PATIENT**

Lilly Harvey

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Canine

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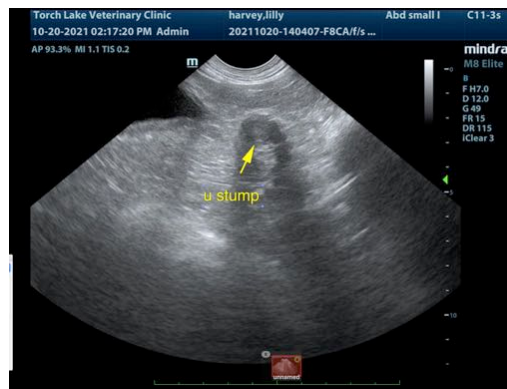
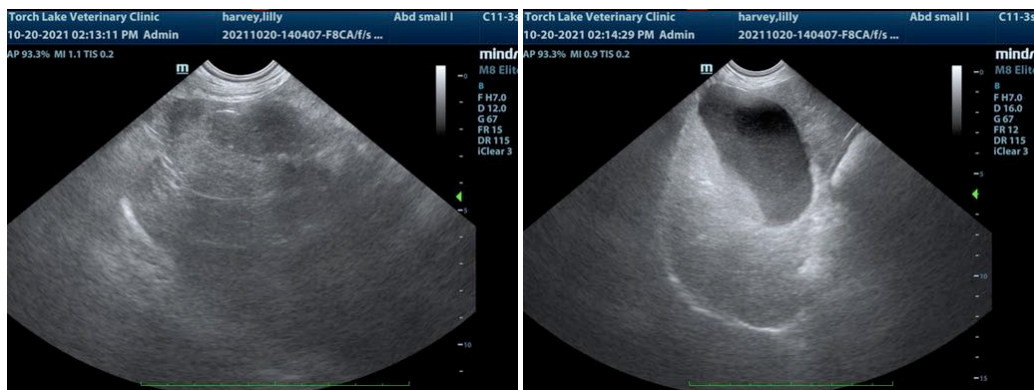
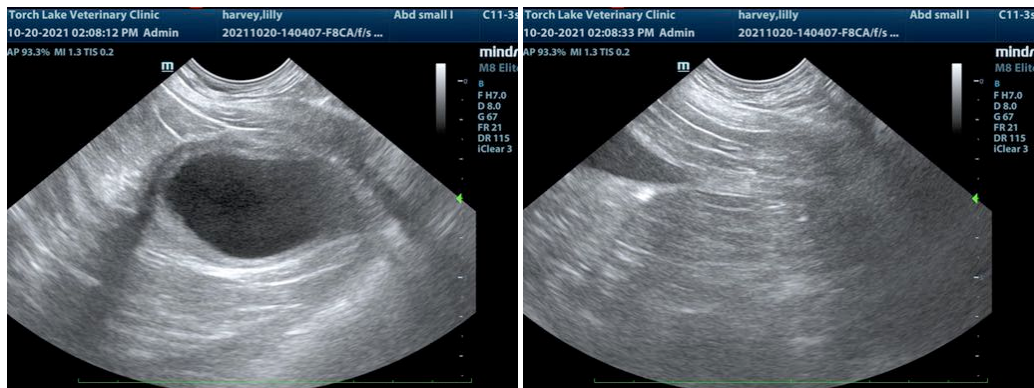
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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