



PATIENT

Molly Tenerife

SPECIES

Canine

BREED

Scottish Terrier

SEX

Spayed Female

AGE

14 Years

WEIGHT

6.9

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

26531

DATE

10/20/21

PRESENTING CLINICAL SIGNS

Lethargic, poor appetite and having to hand feed whereas normally is very food motivated. Stools getting progressively softer. No blood in stools or urine

Abnormal PE/Chem/CBC/UA Results: Non regenerative anemia- CBC: low RBC 5.46M/uL (5.65-8.87), Low HCT 35.8% (37.3-61.7), High MCHC 38.5 g/dL (32-37.9), High PLT 581 K/uL (148-484), High PDW 20.4fL (9.1-19.4), High PCT 0.68% (0.14-0.46) PBS: CL: 10/20/21 at 2:24p: RBC: Anemic, Polychromasia (decreased central pallor in most cells), Anisocytosis, Poikilocytosis, Echinocytes, Dacryocytes WBC: NSF Platelets: Normal CHEM: High ALKP 442U/L (23-212), High LIPA 2275U/L (200-1800). Tbili normal (has historically been elevated but has normalized since being on ursodiol) ELEC: NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 were 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.

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. The left adrenal gland measured 0.6 cm. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** presented relatively normal size and contour with multifocal hyperechoic nodular changes, most consistent with fatty deposits or lipogranulomas. These are not typically pathological. No suspicion of significant. Capsular and parenchymal integrity was normal otherwise.

Liver

The **liver** revealed increased portal markings and heterogeneous parenchymal changes with microcystic lesions. The gallbladder presented minor excessive debris and slight overdistention. Cystic hepatic lymph nodes noted likely owing to chronic inflammatory disease.

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

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.



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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.

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ULTRASONOGRAPHIC FINDINGS

- Chronic inflammatory hepatopathy/nodular hyperplasia liver pattern with cystic hepatic lymph nodes

BREED

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the liver nodules and general parenchyma warranted for further definition. Minor potential for underlying neoplasia. CBC path review warranted. No evidence of hemorrhage noted in the abdomen.

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Spayed Female



AGE

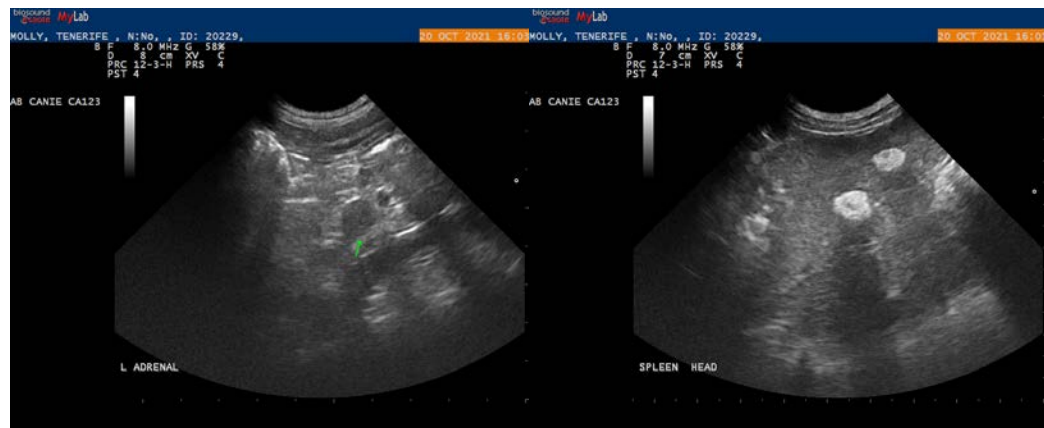
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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