



PATIENT

Fiona Seligman

SPECIES

Canine

BREED

American Bulldog Mix

SEX

Spayed female

AGE

6 years

WEIGHT

50 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Ramberg

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Gowda

INVOICE

40219

DATE

10/20/22

PRESENTING CLINICAL SIGNS

History: P presented for abdominal ultrasound following a tripling of ALP (~500->1500) over the course of 6 weeks. P has been on Denamarin during this time. P has also had some incontinence issues, leaving puddles through the house.
Abnormal PE/Chem/CBC/UA Results: Last bw on 10/16/22 - ALP 1510 - ALT/AST both WNL

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 was noted. Ureteral papillae were normal.

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 7.0 cm each.

Adrenal Glands

The region of the right adrenal gland was unremarkable.

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 minor heterogenous parenchymal changes with uniform swelling. The gallbladder revealed a mural, hypoechoic 2.0 cm nodule was noted at the apex of the gallbladder. This should be monitored carefully. Hyperplasia is possible, yet underlying round cell neoplasia or carcinoma is a potential. Polypoid changes were also noted.

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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Benign hepatopathy.

Mural gallbladder nodule and polyps.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder should be monitored. A recheck sonogram is recommended in 3-4 weeks. If growing then cholecystectomy is indicated.

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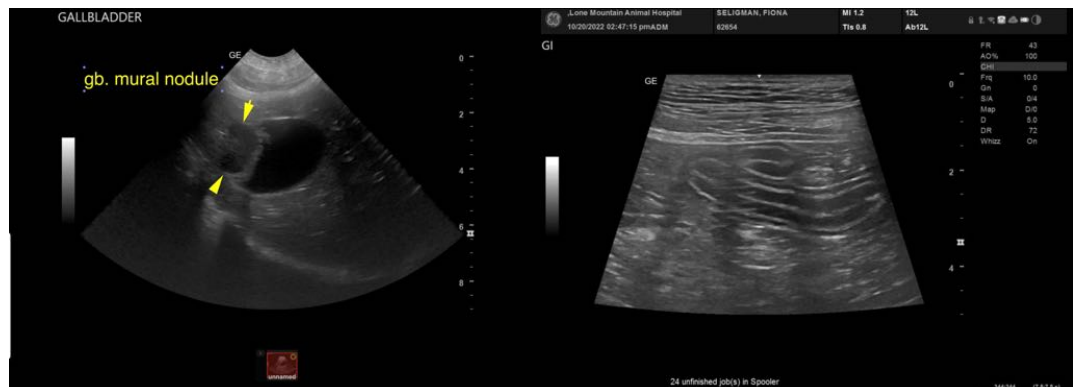
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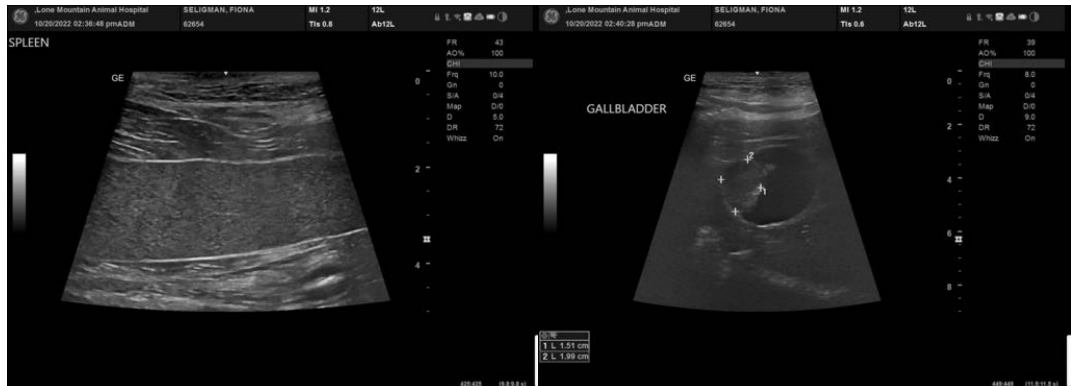
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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