



PATIENT

Maisie Reynolds

SPECIES

Canine

BREED

American Staffordshire

SEX

Spayed female

AGE

10 years

WEIGHT

25.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain AH

REFERRING VET

Dr. Parker

INVOICE

40221

DATE

10/20/22

PRESENTING CLINICAL SIGNS

History: Less appetite this AM. Otherwise no clinical signs. P is Dallas - LVT's personal pet. See previous U/S consult on 1/15/22. P had splenectomy 1/22/22 - histopath came back as splenic benign hyperplasia - curative. Has hypothyroidism - controlled since 08/2018. P has been on ursodiol 250mg 1 1/2 T PO SID since February 2020 due to gallbladder sludge. BW shows ALT elevation, although TBIL within normal range - serum is yellow in color. Seeking recommendation for further medical management - O extremely reluctant to proceed with cholecystectomy.
Abnormal PE/Chem/CBC/UA Results: ALT 325 TBIL 0.6

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 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 left kidney measured 6.0 cm.

Adrenal Glands

The left adrenal gland was visualized obliquely and measured 0.5 cm. The right adrenal gland was uniform and measured 0.6 cm.

Spleen

The **spleen** was not visualized in this patient. The region of the splenic fossa was unremarkable.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder revealed mild polypoid changes. This is most consistent with hyperplasia.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. Small and



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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.

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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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Minor excessive gallbladder debris, not pathological.

Non-specific inflammatory hepatopathy.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Ursodiol therapy is warranted if not already initiated. Recheck sonogram is recommended in 6-8 weeks. Mucocele criteria is not present; however, this is most consistent with emerging mucocele.

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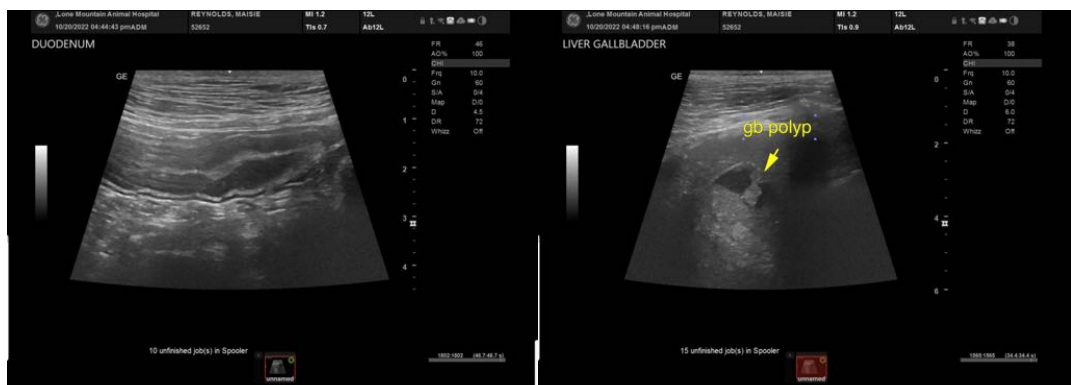
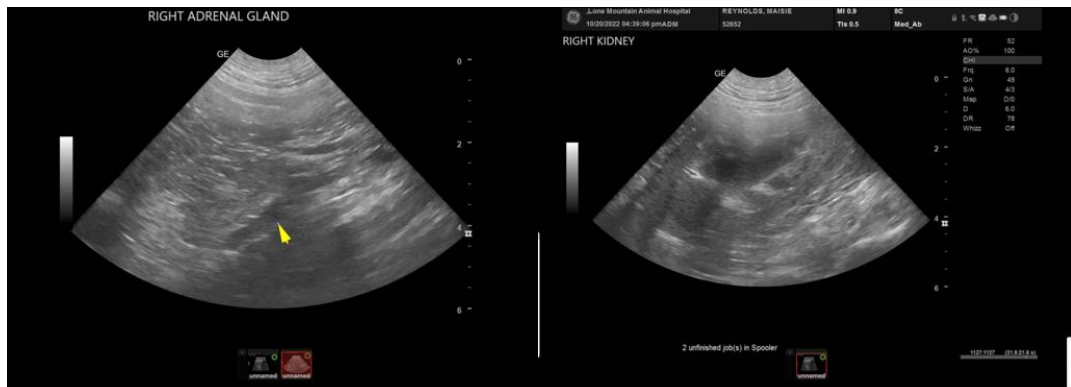
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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