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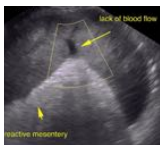
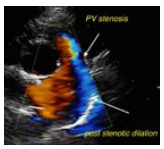
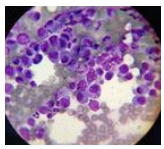
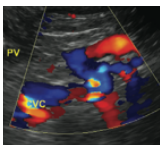




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Buggy Dublin

SPECIES

Canine

BREED

Bealge Lab Mix

SEX

Spayed female

AGE

9 years

WEIGHT

73 lbs

INTERPRETED BY

Eric Lindquist, DMV DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Fortin

INVOICE

42161

DATE

10/26/22

PRESENTING CLINICAL SIGNS

History: Intermittent episodes of ADR. Did have a seizure of unknown cause in 2020, none since. Abnormal PE/Chem/CBC/UA Results: ALP 193, Glob. 4.5, Lipase 567. 4Dx: Anaplasmosis + Fecal Ag (8/2022): Neg RADS (sent out for Radiologist): mild generalized gas and soft tissue in GI tract.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed slight, apical mucosal remodeling, this is not clinically significant. The mucosal remodeling of the apex of the bladder may be owing to prior episodes of UTI or current infection. Recent urinalysis is warranted if not already performed.

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 7.78 cm.

Adrenal Glands

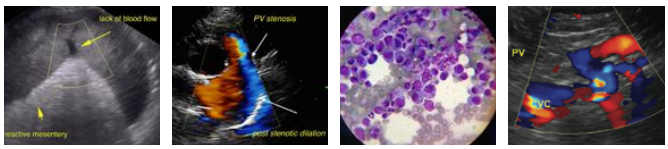
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 0.63 cm at the caudal pole and 0.51 cm at the cranial pole. The right adrenal gland measured 1.98 cm at the cranial pole and 0.7 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** 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 presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.



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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 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. 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.

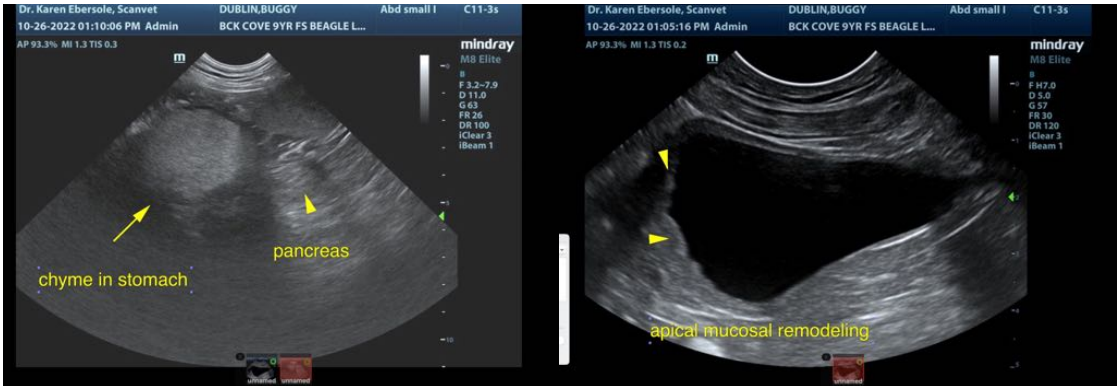
ULTRASONOGRAPHIC FINDINGS

Normal abdomen.

Minor bladder apical remodeling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of the clinical signs are not evident in the abdomen. If seizure activity continues then CT with contrast of the skull is recommended. Assessment for orthopedic, CNS or thoracic disease is indicated as cause of the clinical signs.



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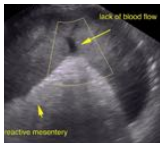
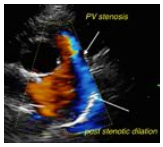
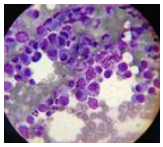
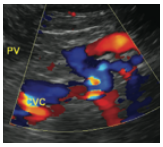

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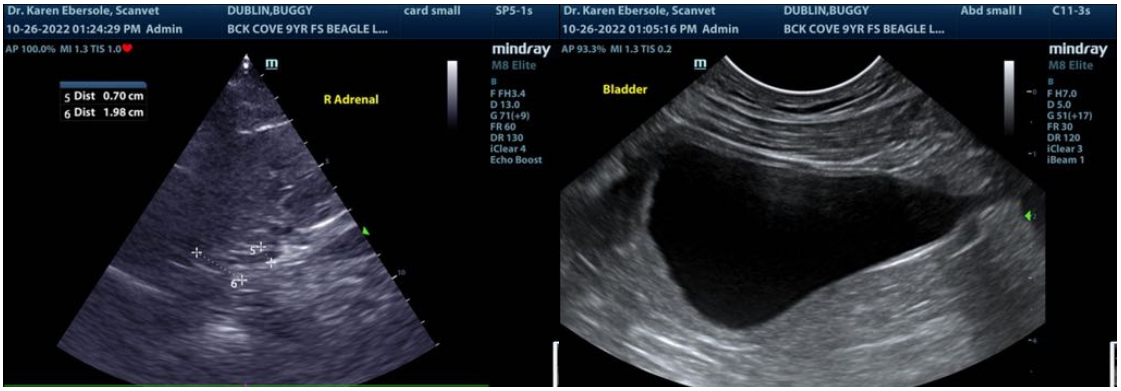

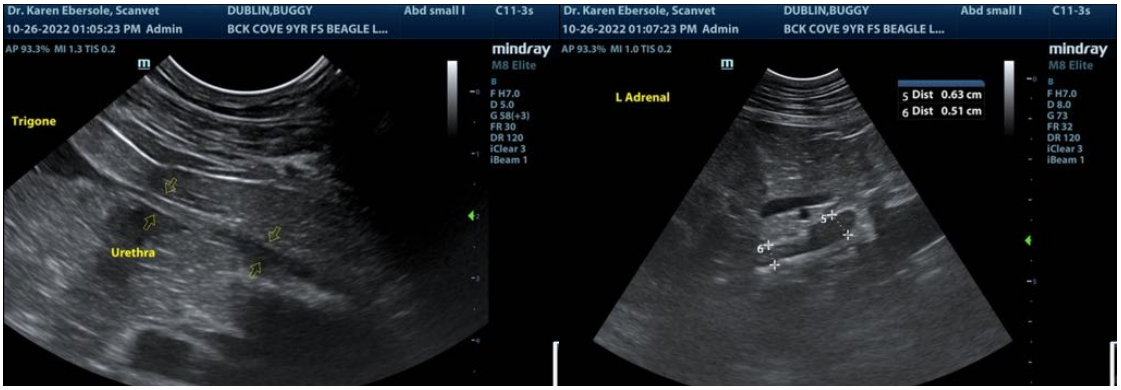

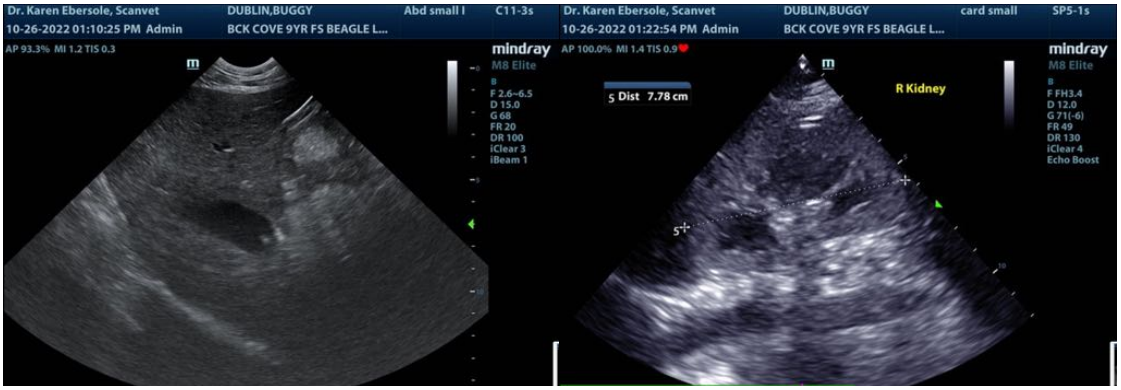

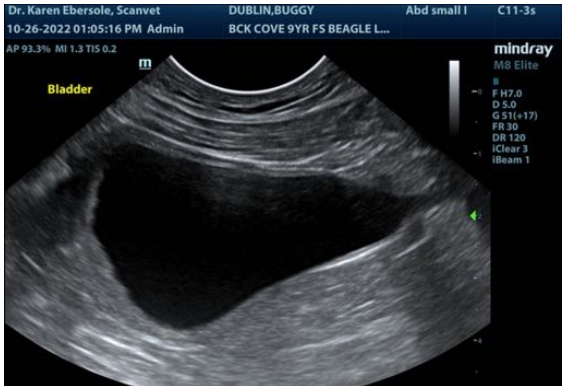

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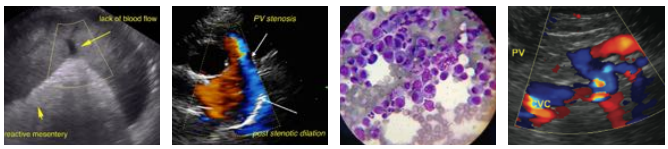

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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