

PATIENT PRESENTING CLINICAL SIGNS

Lily Clark History: Vomiting daily undigested food for 1-2 months, weight loss, temp 100.9, increased water consumption, decrease appetite, no diarrhea. In house pancreatic lipase- positive. Medication: Cerenia, Convenia. History dietary indiscretion. Sedated with torb/midaz/dex.

SPECIES

Canine

BREED

Labrador Retriever Mix

SEX

Spayed Female

AGE

76.8 lbs

WEIGHT

25 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Deer Run Veterinary
Services

REFERRING VET

Dr. Palmer

INVOICE

92280

DATE

10/8/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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. The capsules were acceptably uniform without significant irregularities. Trace pyelectasia was noted in both kidneys. The right kidney measured 7.24 cm. The left kidney measured 7.12 cm with pyelectasia that measured 0.22 cm.

Adrenal Glands

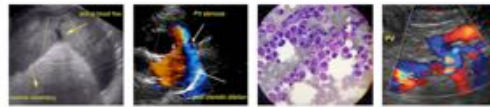
The right adrenal gland was uniform and measured 0.71 cm at the caudal pole and 0.68 cm at the cranial pole. The left adrenal gland was heterogenous and mildly to moderately swollen measuring 1.15 cm at the cranial pole and 1.02 cm at the caudal pole.

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.



PATIENT *Gastrointestinal*

Lily Clark Gastric stasis was noted. The gastric wall is unremarkable other than minor mucosal remodeling. The pylorus and upper duodenum appeared free of evident pathology. The jejunum in this patient revealed a concentric thickening that was mineralized and measured approximately 4.0 x 2.5 cm in width. Pericapsular inflammatory pattern was noted with loss of mural detail. The ileocecal junction and colon were unremarkable.

SPECIES

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Pancreas

Labrador Retriever Mix

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

AGE

Nodular, swollen left adrenal gland.

76.8 lbs

Regional jejunal thickening with loss of detail and inflammation. Intestinal carcinoma, necrosis/chronic inflammatory bowel with complicating events and carcinoma or round cell neoplasia are all possible. There is no evidence of metastatic disease.

WEIGHT

25 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

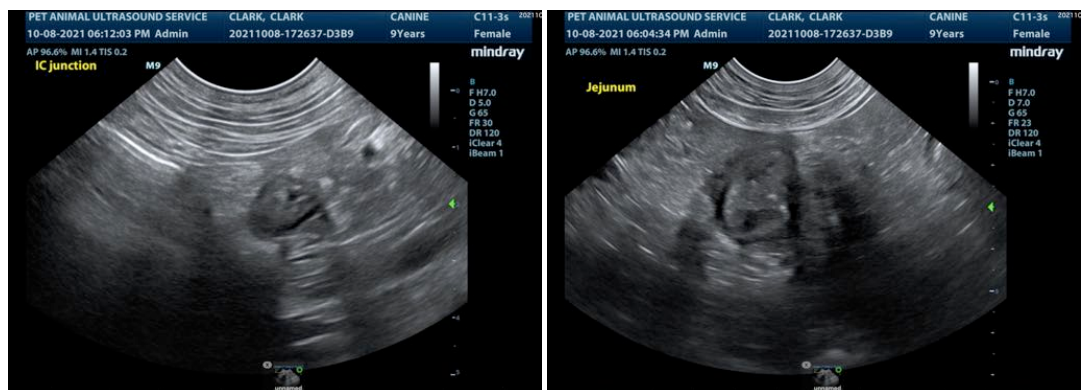
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Serial blood pressure measurements are recommended to assess if any hypertension is present. I recommend exploratory surgery with resection and anastomosis of the intestine. Intraoperative ultrasound would be ideal for further definition. Left adreanlectomy could be considered as well, yet subjectively low-grade or benign hyperplasia adenoma is probable. There is a minor potential for emerging carcinoma or pheochromocytoma. Three view chest radiographs are recommended to assess evidence of metastatic disease. Maldigestion profile is warranted given the weight loss.

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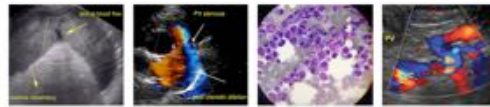
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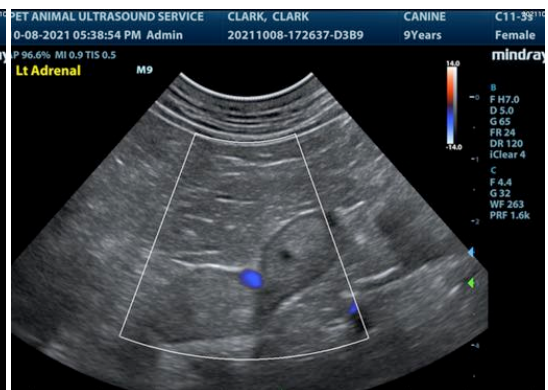
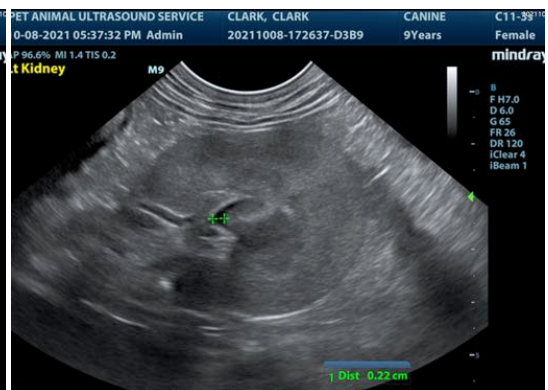
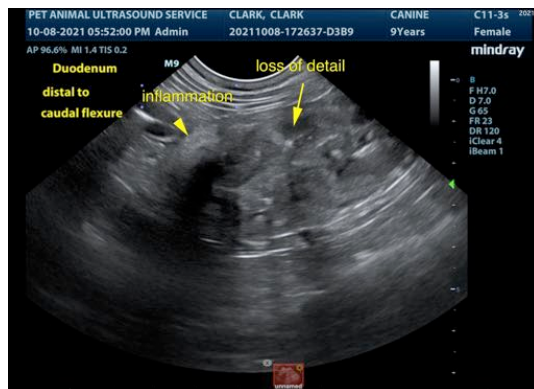
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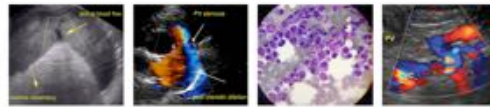
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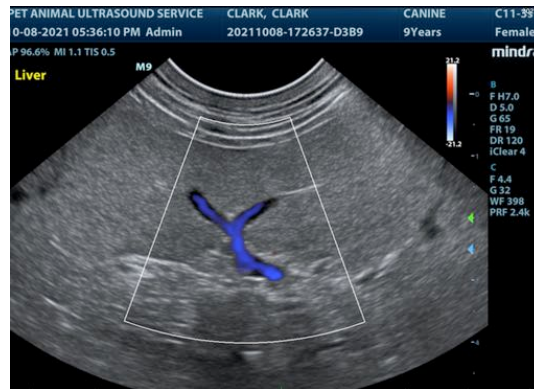
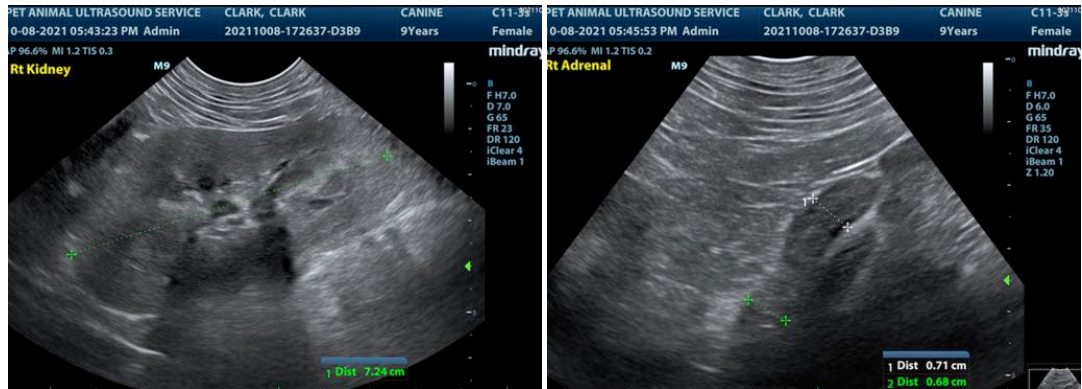
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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