

PATIENT PRESENTING CLINICAL SIGNS

Lucy Holland History: Chronic Diarrhea. Anal glands are enlarged and thick. Blood work showed NSF.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED

Mix

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.

SEX

Spayed Female

AGE

13 years

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 this age patient. Medullary structure differed distinctly from that of the cortex. Occasional cortical cysts and slight pyelectasia was noted. The right kidney measured 4.11 cm. The left kidney measured 3.9 cm.

WEIGHT

18 lbs

Adrenal Glands

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.92 cm at the cranial pole and 0.6 cm at the caudal pole. The left adrenal gland measured 0.52 cm at the caudal pole and 0.57 cm at the cranial pole.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

Deer Run VS

Liver

The **liver** revealed increased portal markings. Moderate hepatic remodeling was noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. No adjunctive inflammation was noted.

REFERRING VET

Dr. Palmer

INVOICE

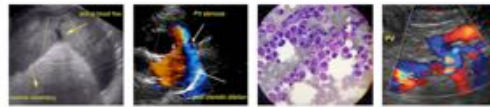
92281

Gastrointestinal

DATE

10/8/21

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



PATIENT

Lucy Holland

demonstrated normal luminal chyme and stool consistency respectively. The colonic wall was mildly thickened and measured 0.4 cm. This is likely owing to colitis.

SPECIES

Pancreas

Canine

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. 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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

BREED

Mix

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen with minor colonic thickening.

AGE

13 years

Hepatic remodeling.

Geriatric abdomen.

WEIGHT

18 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

I recommend a fresh fecal smear and fecal floatation analysis. A clinical trial of Enrofloxacin, Metronidazole over a 7-10 period is recommended along with a hydrolyzed diet followed by reassessment of the clinical signs.

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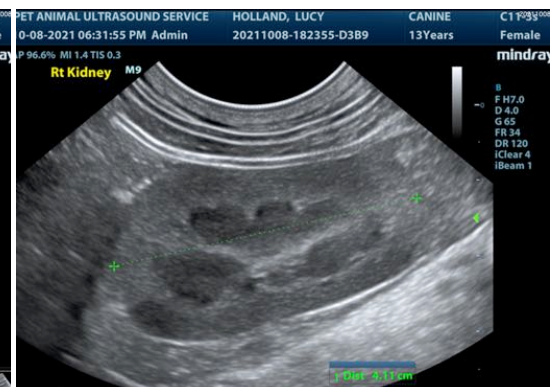
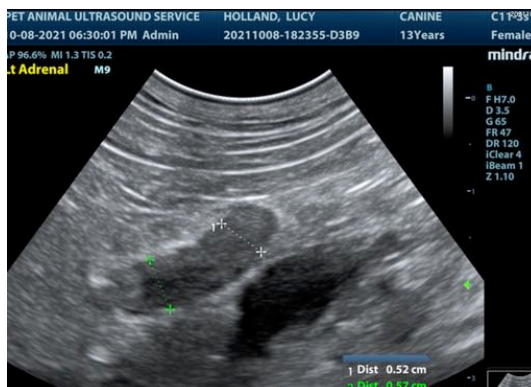
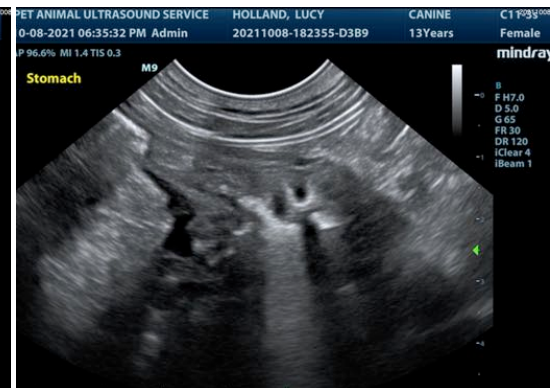
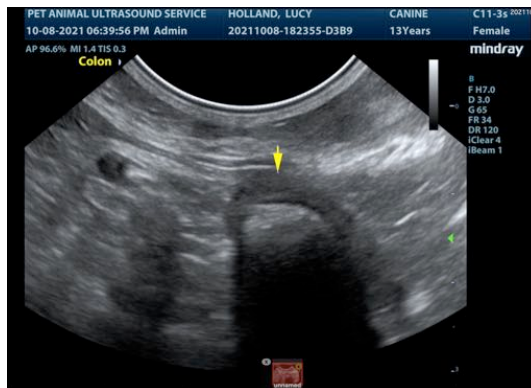
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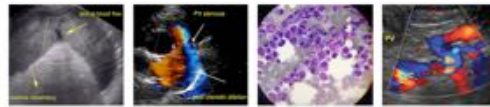
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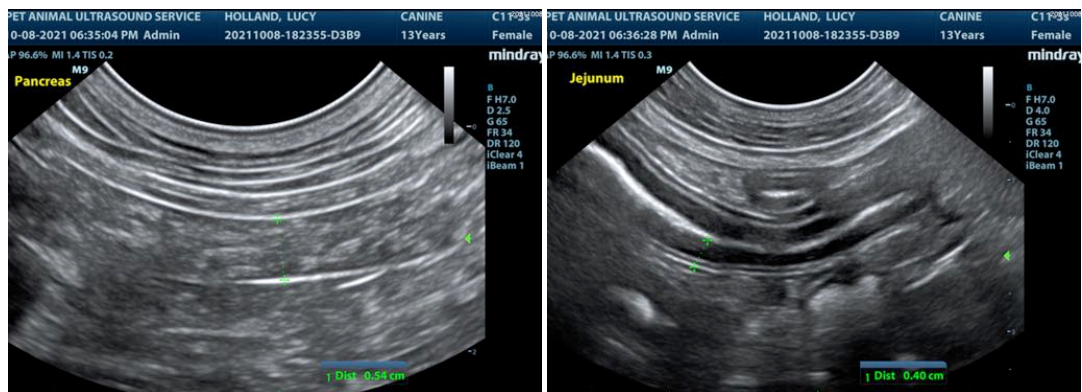
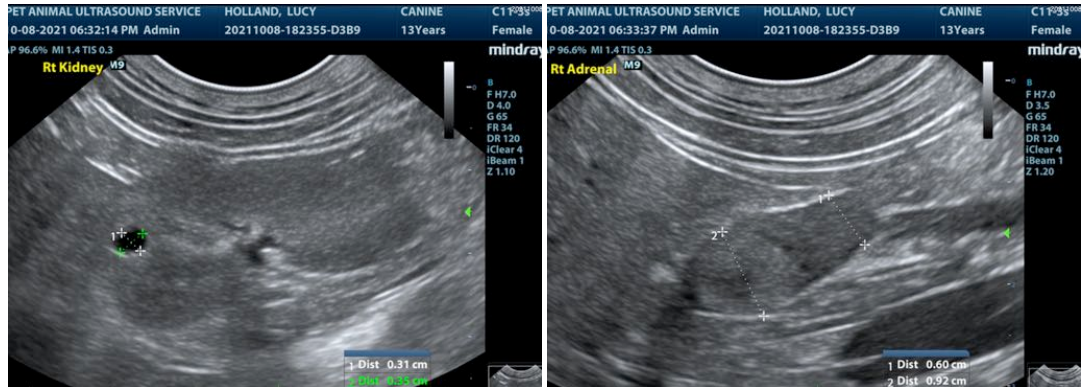
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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