



PATIENT

Dandy Fielding

SPECIES

Canine

BREED

Cocker Spaniel mix

SEX

Spayed female

AGE

11 years

WEIGHT

54.3 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Fritz

HOSPITAL NAME

Waterbury VH

REFERRING VET

Dr. Fritz

INVOICE

42279

DATE

11/1/22

PRESENTING CLINICAL SIGNS

History: P has a 3 month history of pu/pd and intermittent diarrhea. O states p is more anxious and pants more than normal. Hx recurrent UTIs secondary to recessed vulva. Vulvoplasty done June 2019 and p has done well since. COHAT and eyelid mass removal done June 2022. Performing LDDST in a few days.

Abnormal PE/Chem/CBC/UA Results: PE - gradual weight gain, mild-mod distended abdomen, TPR wnl CBC & Chem May 2022 wnl July 2022 - CBC wnl, Chem ALP 259 U/L. UA July 2022 - USG 1.008. Urine culture - no growth UCCR 57 UA Oct 2022 - USG 1.028, protein 1+ LDDST - pending

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 1.0 cm beyond the cystourethral junction and appeared normal. 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 left kidney measured 5.5 cm. The right kidney measured 6.0 cm.

Adrenal Glands

The left **adrenal gland** measured 0.5 cm with slight hyperechoic occlusion at the cranial pole. The right adrenal gland measured 0.6 cm.

Spleen

The **spleen** revealed a focal, hypoechoic nodule that measured 0.75 cm. The nodule appears isolated. The remainder of the spleen appeared unremarkable and was folded upon itself cranially.

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

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 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.

Free Abdomen

The iliac trifurcation was unremarkable.

Thorax

Comet tail lung pattern was noted through the diaphragm.

ULTRASONOGRAPHIC FINDINGS

Focal splenic nodule, likely hyperplasia with a minor potential for emerging round cell neoplasia or hemangiosarcoma. This should be monitored for any growth over the next month.

Minor bladder thickening.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recheck sonogram is recommended in a month. Chest radiographs are warranted to assess for alveolar disease. The cause of PU/PD is unclear in this patient. Medullary washout may be an issue. Structurally the adrenal glands appear normal. This does not completely rule out the potential of PDH. However, approximately 10-15% of PDH patient's can have normal adrenal glands. Partial water deprivation test is recommended to assess to the ability to concentrate urine. Antibiotic trial such as Enrofloxacin over a 10 day period can be considered to reassess the clinical status.



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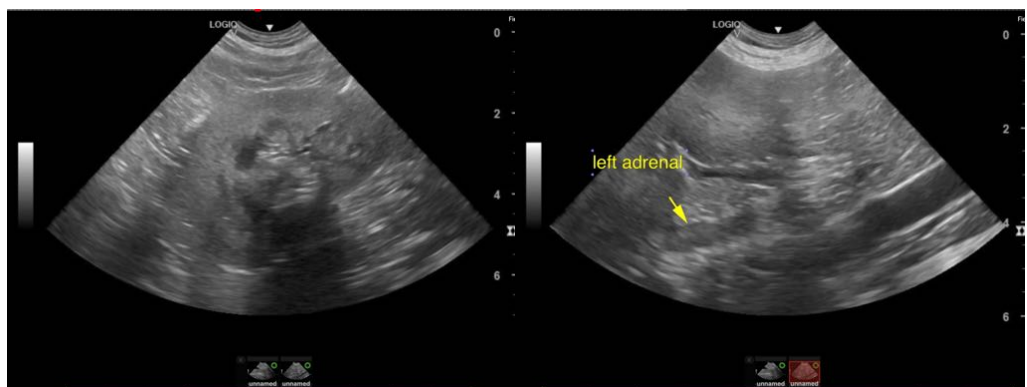
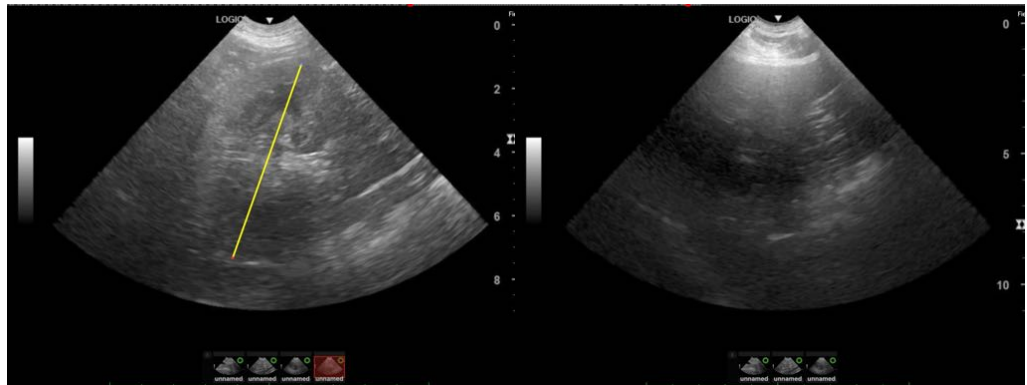
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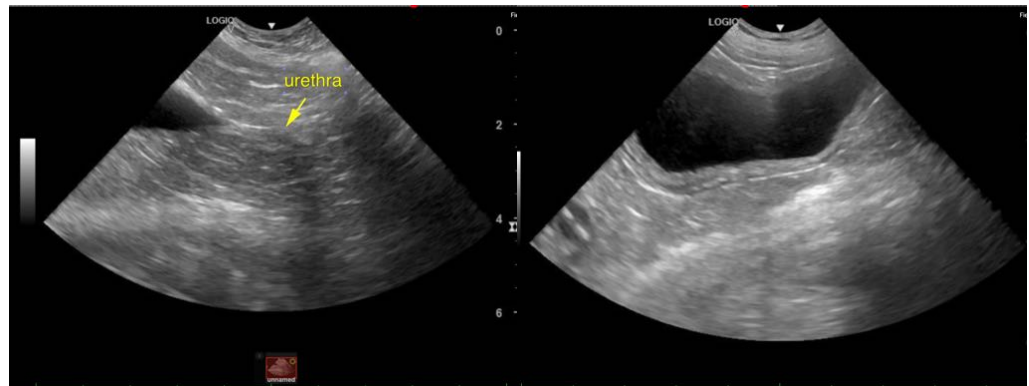
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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