



PATIENT PRESENTING CLINICAL SIGNS

Buddy Alexander

History: Originally presented on 10/28/21 for increased panting at night, increased thirst, owners also concerned about possible cognitive decline (asking to go out, then standing outside for prolonged periods) Owners more recently noted decreased appetite

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Hypercalcemia (12.8) SDMA elevated (16) Ionized Ca elevated (1.82) Resting cortisol WNL

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Collie

Urinary System

SEX

Neutered male

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The ureters were not visible which is normal. Slight pinpoint mineralization was noted. No evidence of inflammatory or neoplastic changes was noted. Ureteral papillae were normal.

AGE

9 years

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 6.5 cm. The left kidney measured 5.8 cm.

WEIGHT

78 lbs

Adrenal Glands

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.5 x 0.55 cm at the caudal pole and 0.44 cm at the cranial pole. The right adrenal gland measured 2.9 x 1.6 cm at the cranial pole and 0.5 cm at the caudal pole.

IMAGING PERFORMED BY

Jack Reese

Spleen

HOSPITAL NAME

Willow Run VC

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.

REFERRING VET

Dr. Leppien

Liver

INVOICE

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The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. Minor gallbladder polyps were noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.

DATE

11/16/21



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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.

ULTRASONOGRAPHIC FINDINGS

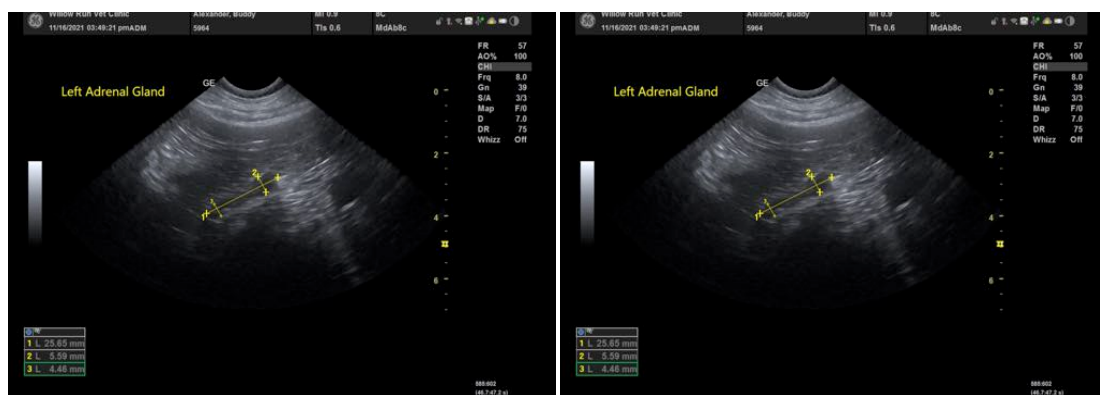
Structurally unremarkable abdomen.

Benign hepatopathy.

Minor gallbladder polyps.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There was no evidence of significant visceral changes. Anal gland palpation, cranial mediastinal radiographs as well as spinal radiographs +/- parathyroid imaging is all indicated.





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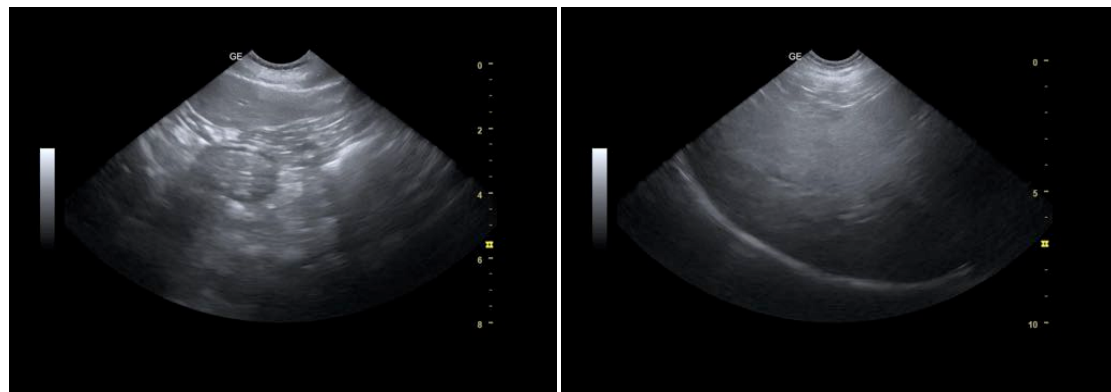
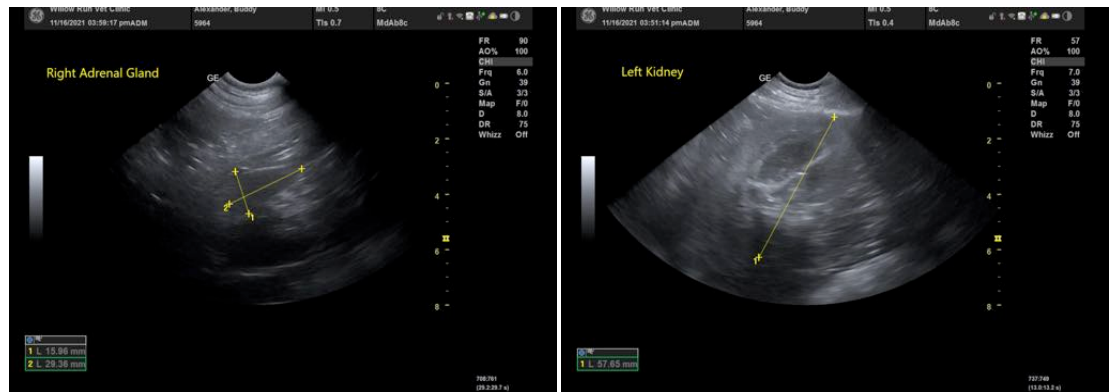
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@SonoPath.com

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