



PATIENT PRESENTING CLINICAL SIGNS

Lacey Bradley Progressive ALT elevation. PU/PD

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine **Urinary System**

BREED 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.

SEX
Spayed Female

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 and no evidence of pelvic dilation was present. The left kidney measured 4.2 cm. The right kidney measured 4.75 cm with slight pinpoint mineralization.

AGE
9 years

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

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 2.4 x 0.65 cm. The right adrenal gland measured 2.05 x 0.81 cm at the cranial pole and 0.6 cm at the caudal pole.

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HOSPITAL NAME Spleen

Franklin Lakes AH

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. The capsule was smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

REFERRING VET

Dr. Hudson

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Liver

The **liver** was uniform with mild, coarse architecture and slightly increased portal markings. The gallbladder was unremarkable. Minor uniform swelling was noted. This is consistent with vacuolar hepatopathy with likely a low-grade inflammatory component.

DATE

11/16/21



PATIENT

Gastrointestinal

Lacey Bradley

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.

SPECIES

Canine

BREED

Cairn Terrier

Pancreas

The **pancreas** was slightly heterogenous in the left limb in a region of approximately 2.0 cm. This is likely owing to remodeling from prior episodes of pancreatitis. Low-grade inflammation cannot be completely ruled out.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Minor pancreatic remodeling and low-grade, non-specific inflammatory hepatopathy.

AGE

9 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

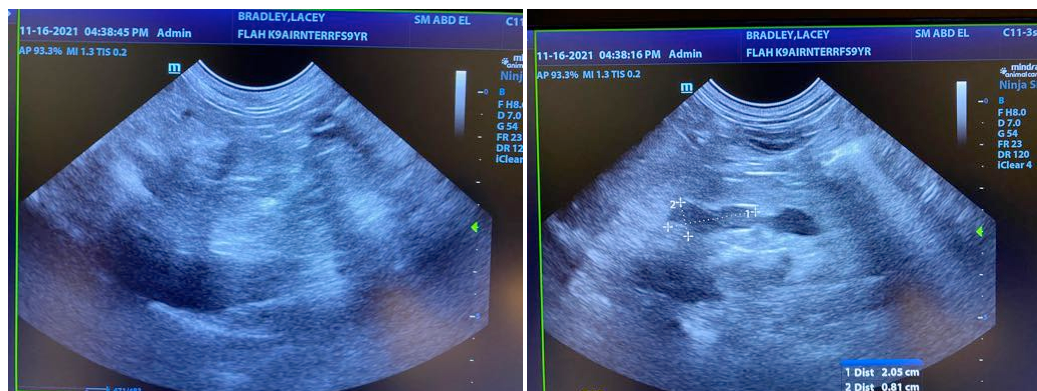
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FNA of the pancreas can be considered for further definition of inflammatory cell type; however, periodic pancreatitis and reactive hepatopathy is likely playing a role in this patient. A clinical trial of Amoxicillin, Metronidazole over a 7-10day period and a hydrolyzed geriatric diet can be considered from an empirical measure. Otherwise, more specific therapy is recommended based on FNA results.

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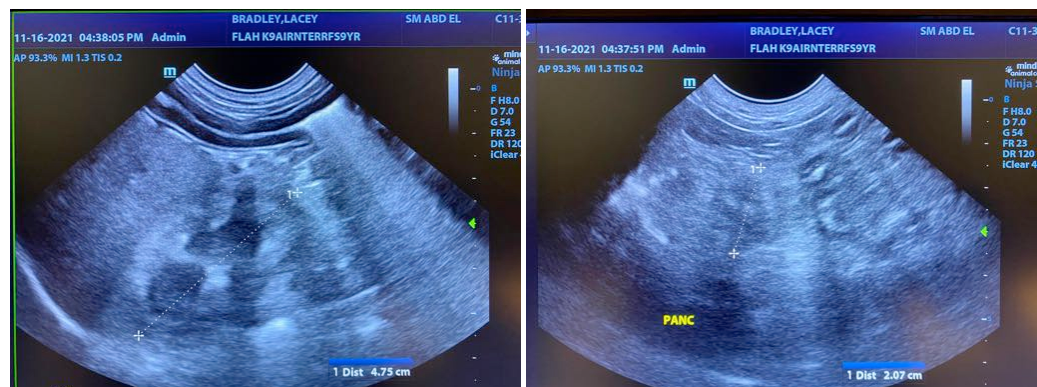


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Cairn Terrier

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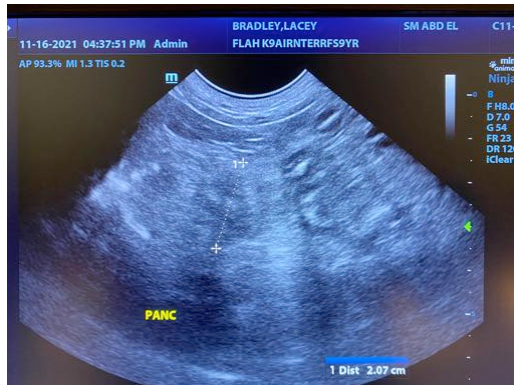
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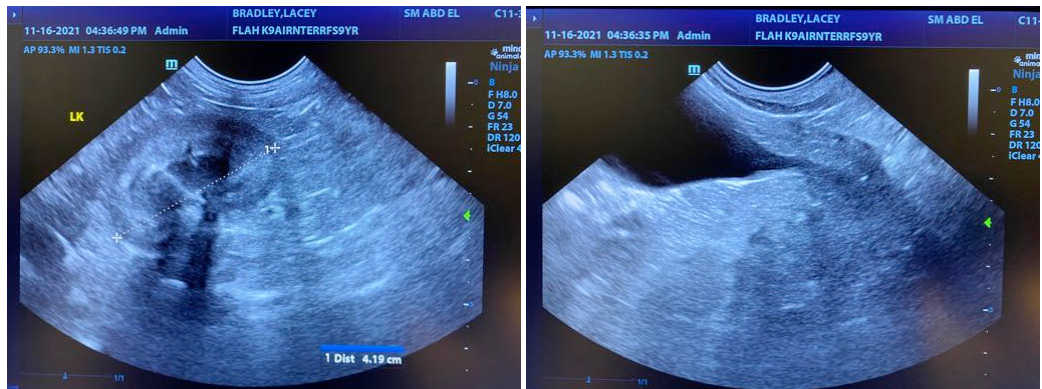
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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
Info@SonoPath.com