



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Marley Whittington	History: Chronic diabetic and Addison patient that has recently had episodes of restlessness, lethargic and not eating as well. Previous ultrasound read by Dr. Lindquist 3/22/21 and 6/7/22
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC: Mono 1.17, Basophilis 0.18, platelets 569 CHEM: Glucose 360, BUN 45, TP 9.3, GLOB 5.6, ALKP 239, ALT >2000, T. bili 3.5, CHOL 343, AMYL 457, Na 137, CI 98 CPL: Normal Sample was Hemolytic and Lipemic
Canine	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Mix	<b>Urinary System</b>
<b>SEX</b>	The <b>urinary bladder</b> , 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.
Neutered male	
<b>AGE</b>	The <b>kidneys</b> 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 right kidney measured 4.5 cm. The left kidney measured 4.5 cm.
8 years	
<b>WEIGHT</b>	
14.6 lbs	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
Eric Lindquist, DMV DABVP, Cert. IVUSS	The right <b>adrenal gland</b> was uniform and measured 0.8 cm at the cranial pole and 0.4 cm at the caudal pole. The left adrenal gland was subnormal in size and measured 0.3 cm.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr. Griffin	The <b>spleen</b> presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally 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. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.
<b>HOSPITAL NAME</b>	
Northside VC	
<b>REFERRING VET</b>	
Dr. Griffin	
<b>INVOICE</b>	<b>Liver</b>
42794	The <b>liver</b> was uniform with slightly coarse parenchyma. The gallbladder and common bile duct were unremarkable. This is consistent with diabetic hepatopathy. There was no evidence of significant structural disease. Acute insult is suspected such as Leptospirosis or acute hepatitis.
<b>DATE</b>	
11/29/22	



**PATIENT**

**Gastrointestinal**

Marley Whittington

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**

Mix

**SEX**

Neutered male

**AGE**

8 years

**WEIGHT**

14.6 lbs

**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 liver.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the liver profile acute hepatitis such as that of Leptospirosis or toxin exposure should be considered. Otherwise, unremarkable abdomen.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Dr. Griffin

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

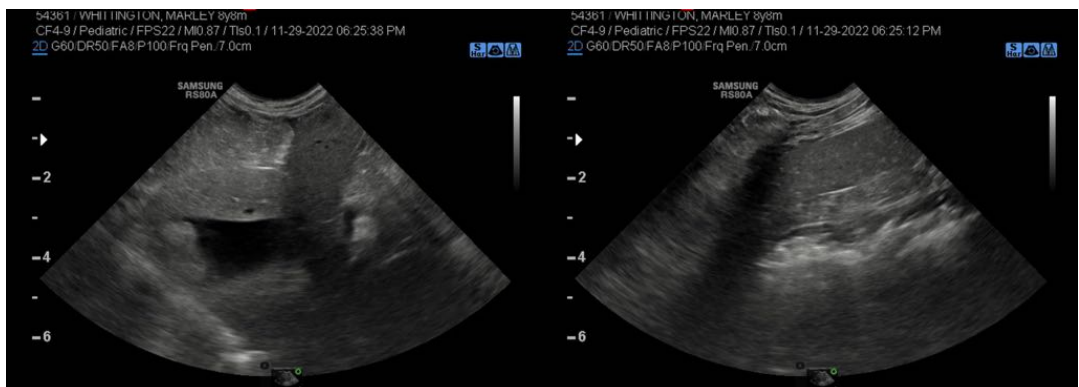
Dr. Griffin

**INVOICE**

42794

**DATE**

11/29/22





**PATIENT**

Marley Whittington

**SPECIES**

Canine

**BREED**

Mix

**SEX**

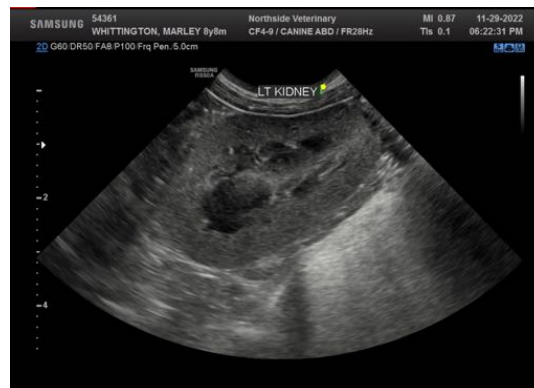
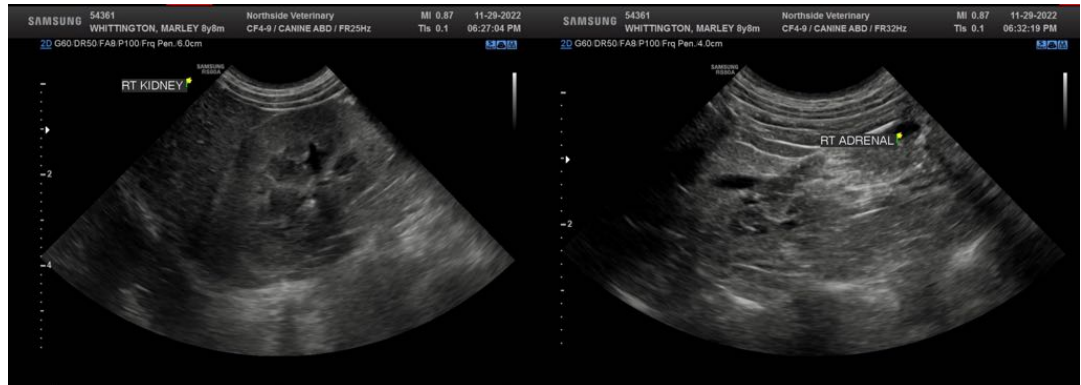
Neutered male

**AGE**

8 years

**WEIGHT**

14.6 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
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42794

**DATE**

11/29/22

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.

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info@SonoPath.com