



PATIENT

Cookie Screpnechuk

PRESENTING CLINICAL SIGNS

History: Normal labs. Inappetence. V/D. Lethargic.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Poodle 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

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 3.39 cm. The right kidney measured 3.94 cm.

AGE

12 years

WEIGHT

5.2 kg

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 0.42 cm. The right adrenal gland measured 0.43 cm at the caudal pole and 0.8 cm at the cranial pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dave Stasiuk RDMS,
RDCS

HOSPITAL NAME

Resolution Veterinary
Ultrasound LTD

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.

REFERRING VET

Dr. Waldman

Liver

The **liver** was coarse in architecture with increased portal markings. The liver was normal in size. The gallbladder was unremarkable with a minor amount of debris. The hepatic lymph nodes are cystic and measured 1.5 x 0.7 cm. A separate lymph node measured 1.29 x 1.05 cm.

INVOICE

94221

Gastrointestinal

DATE

11/30/21

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



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demonstrated normal luminal chyme and stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

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Pancreas

Canine

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.

BREED

Poodle Mix

ULTRASONOGRAPHIC FINDINGS

SEX

Hepatic lymphadenopathy.

Spayed Female

Mild, chronic inflammatory hepatopathy liver pattern.

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

12 years

This is likely chronic lymphadenitis with a minor potential for neoplasia. The cystic lymph node superimposed the right pancreatic limb. Bile acid profile is warranted. Supportive care for GI upset is indicated. Enrofloxacin and Metronidazole combination is recommended. Ultrasound-guided drainage and culture as well as cytology of the hepatic lymph nodes could be considered if accessible by the sonographer. There is a minor potential for neoplasia.

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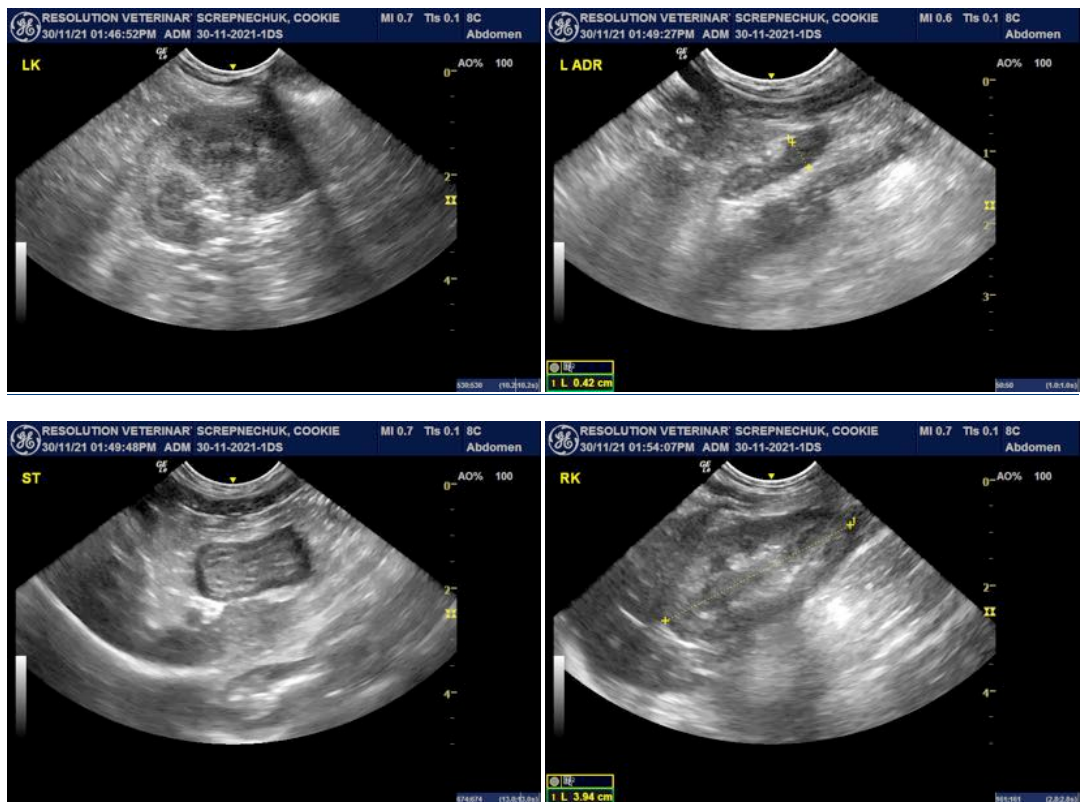
Dr. Waldman

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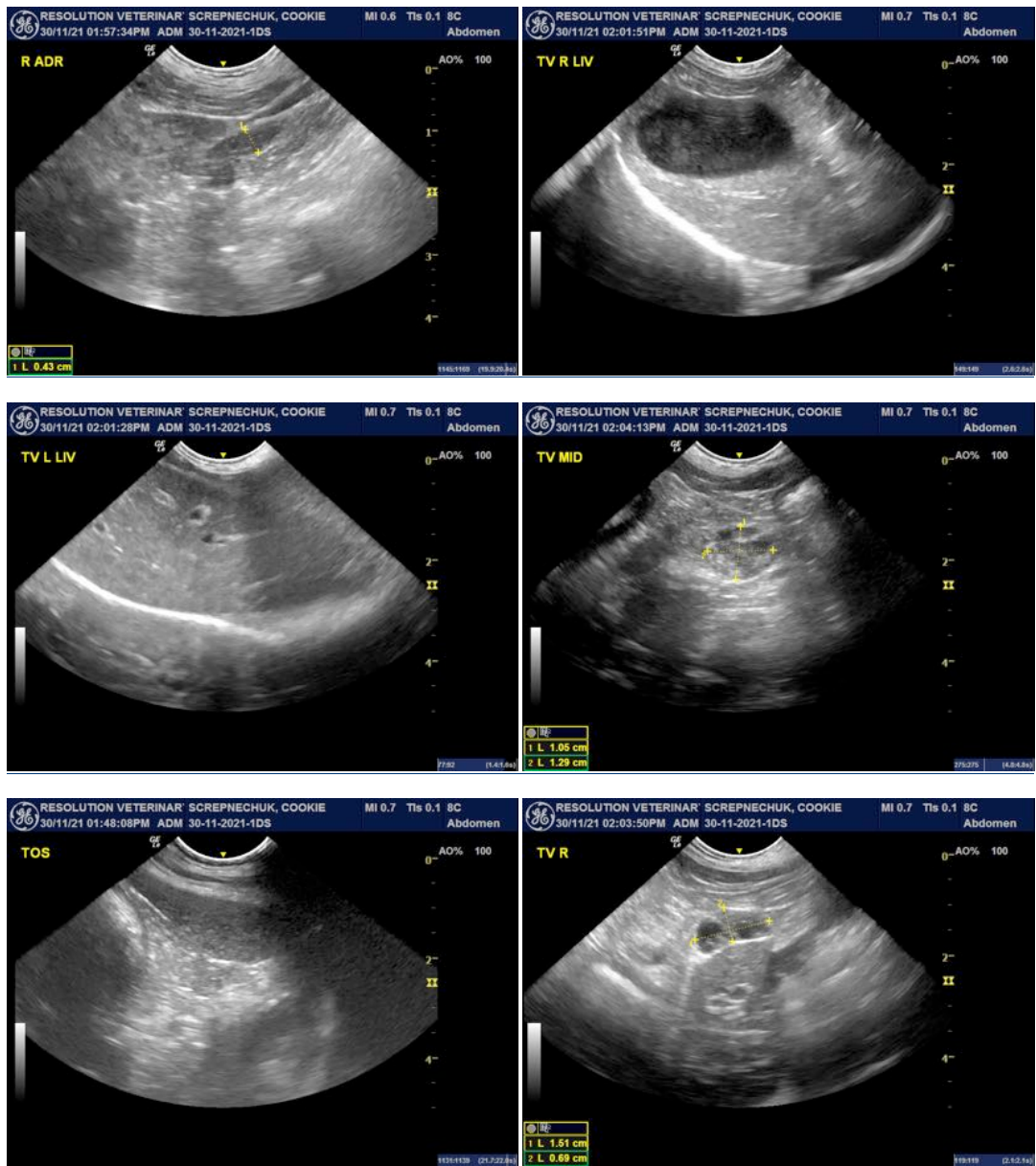
Dr. Waldman

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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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