



PATIENT

Millie Podgurski

SPECIES

Canine

BREED

King Charles Cavalier
Spaniel

SEX

Spayed female

AGE

11 years

WEIGHT

36.5 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Brenner

HOSPITAL NAME

Riverside Animal Clinic

REFERRING VET

Dr. Coe

INVOICE

43107

DATE

12/14/22

PRESENTING CLINICAL SIGNS

History: October 11, 2022 routine bloodwork found elevated ALKP. Osteoarthritis treated with Rimadyl and Gabapentin, and Adequan. No PUPD.

Abnormal PE/Chem/CBC/UA Results: October 11, 2022 AKP 2254 (23-212). No Urine.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly.

This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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. Slight pyelectasia was noted. The left kidney measured 6.13 cm. The right kidney measured 5.71 cm.

Adrenal Glands

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins was noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease then ACTH testing would be indicated. The left adrenal gland measured 2.43 x 0.56 cm at the cranial pole and 0.78 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged with subtle, micronodular changes and coarse architecture. The spleen was folded upon itself caudally. Distinct hypoechoic nodule was noted in the mid splenic body and measured 0.7 cm.

Liver

The **liver** in this patient was mildly swollen with coarse architecture. Coalescing, non-disruptive nodular changes were noted with increased portal markings. Minor gallbladder debris was noted. The common bile duct was unremarkable.



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Gastrointestinal

The gastric wall was mildly hypertrophied with no loss of mural detail. However, echogenic thickening of the mucosal layer was noted as well as muscularis hypertrophy. The small intestines and colon were unremarkable.

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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.

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ULTRASONOGRAPHIC FINDINGS

Splenohepatomegaly, potential of emerging infiltrative disease.

AGE

11 years

Mild degenerative renal changes with slight pyelectasia.

Gastric wall thickening.

Bilateral adrenal hypertrophy.

WEIGHT

36.5 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Splenic and hepatic FNA are indicated. There were no overt neoplastic criteria present in any of the organs; however, I am concerned for potential emerging round cell neoplasia of the spleen and liver. Screening FNA is warranted. Hyperplasia versus emerging round cell neoplasia are the primary concerns. There was no evidence of pain related disease noted within any of the viscera. If the patient appears Cushingoid and the urine specific gravity is less than 1.020 then work-up for pituitary dependent Cushing's is indicated.

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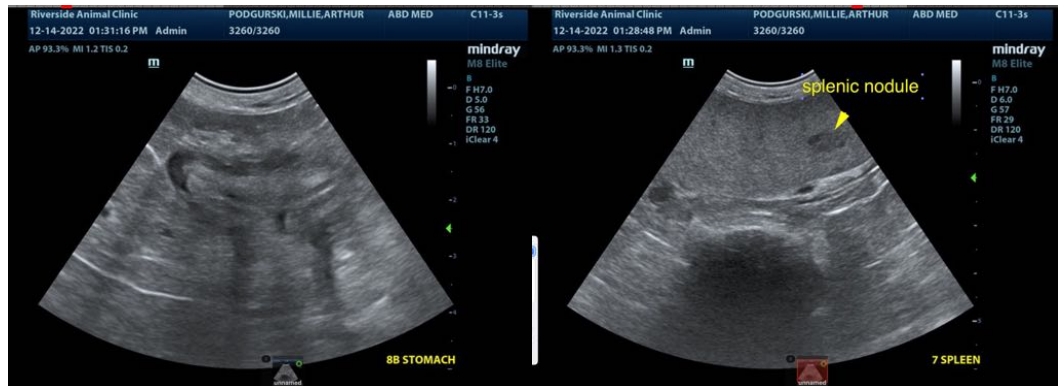
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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