



**PATIENT PRESENTING CLINICAL SIGNS**

Polly Payne

History: Hx of elevated liver values for last 6 months QAR, MM pale pink, icteric, Thoracic auscultation no murmur, regular rate and rhythm, eupneic normal BV sounds, Abdominal palpation non-painful, distended, splenomegaly noted, no masses palpable

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: rDVM labs: CBC - HCT 27%, Retic 204k\*, WBC 11.18, Neut 8.56, PLT 45\* Chem - SDMA 20\*, Crea 1.7\*, BUN 10, Phos 4, Ca 9.8, TP 5.8, ALB 2.6, Glob 3.2, ALT 422\*, ALP 387\*, GGT 18\*, Tbil 8.6\*, Chol 146, Na 156, K 4.4, Cl 115, TT4 0.7 Previous BW:08/21 - Chem - HCT 40%, Neut 6.19, PLT 208 SDMA 18, Crea 1.4, BUN 16, Phos 3.7, ALB 3.3, Glob 3.2, ALT 519\*, ALP 276\*, GGT 6, Tbil 0.4 12/14 CBC - HCT 32.4%\*, Retics 184.3\*, WBC 12.7, Neu 10.29, PLT 71k\* EPOC - Ca 1.23, Cl 120, Crea 1.13, Glu 85, K 4, Na 147, Lac 2.55\*, pH 7.422, TCO2 18.7, BUN 9, HCT 32% PT: 68\* (11-17) PTT: >300\* (72-102) slide agglutination - negative micro/macro

**BREED**

Labrador

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** presented a small calculus with minimal shadowing. The calculus measured 0.4 cm and was non-obstructive. The remainder of the bladder was unremarkable with anechoic urine.

**AGE**

12 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. The capsules were acceptably uniform without significant irregularities. The left kidney measured 5.5 cm with trace pyelectasia. Vascularity in the kidneys appeared normal. The right kidney measured 6.0 cm.

**WEIGHT**

102 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**Adrenal Glands**

The **adrenal glands** were not visualized.

**IMAGING PERFORMED BY**

Dr. Peterson

**Spleen**

The **spleen** revealed heterogenous, hypoechoic nodular changes with irregular capsular contour. Hyperechoic nodules were also noted. This is consistent with lipogranulomas.

**HOSPITAL NAME**

Willamette VH

**REFERRING VET**

Dr. Peterson

**Liver**

Minimal **liver** was visualized. However, the visible liver appeared unremarkable, but was minimally visualized owing to artifact and positioning. The gallbladder and common bile duct were not visualized.

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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. Minor luminal material was noted in the stomach. Small and large intestine demonstrated normal luminal chyme and stool consistency

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**PATIENT**

respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

Polly Payne

**SPECIES**

**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**

Labrador

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Irregular spleen.

Spayed Female

Minor retention of ingesta noted in the stomach.

Otherwise, unremarkable abdomen based on the image set submitted.

**AGE**

12 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

102 lbs

Further imaging of the gallbladder and common bile duct is recommended to assess for the possibility of post hepatic obstruction. Leptospirosis titers are indicated. Hepatic and splenic FNA is indicated.

**INTERPRETED BY**

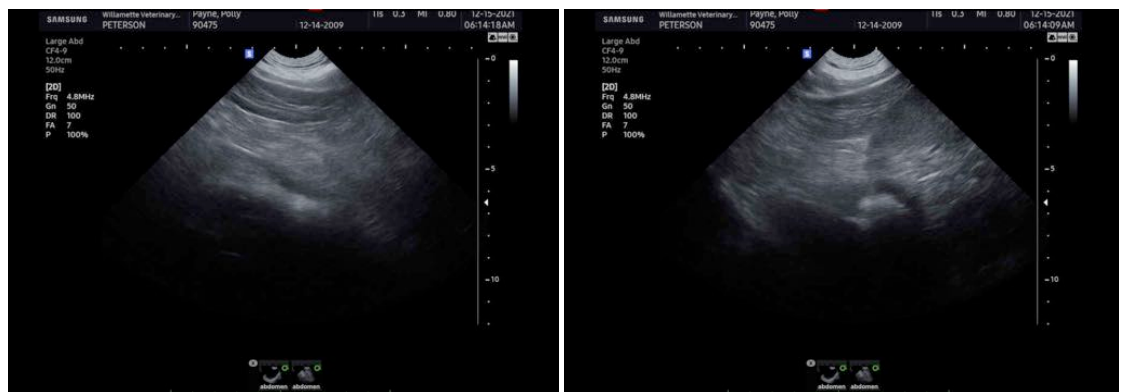
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**IMAGING PERFORMED BY**

Dr. Peterson

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**PATIENT**

Polly Payne

**SPECIES**

Canine

**BREED**

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**SEX**

Spayed Female

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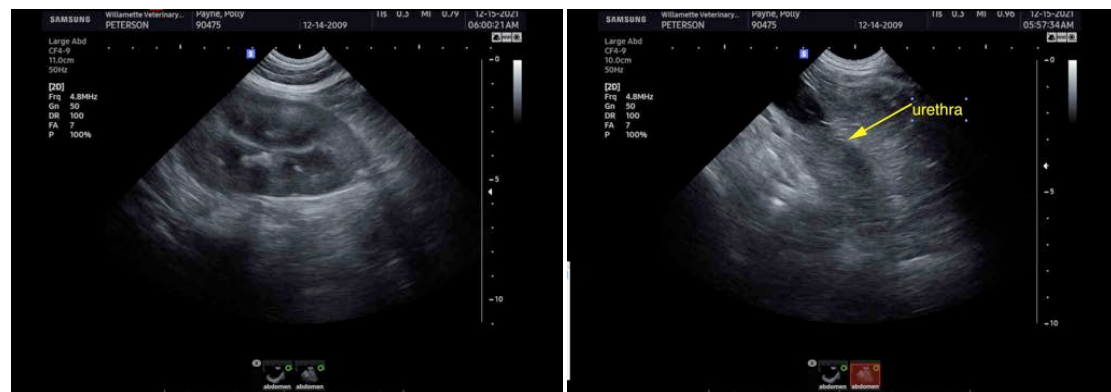
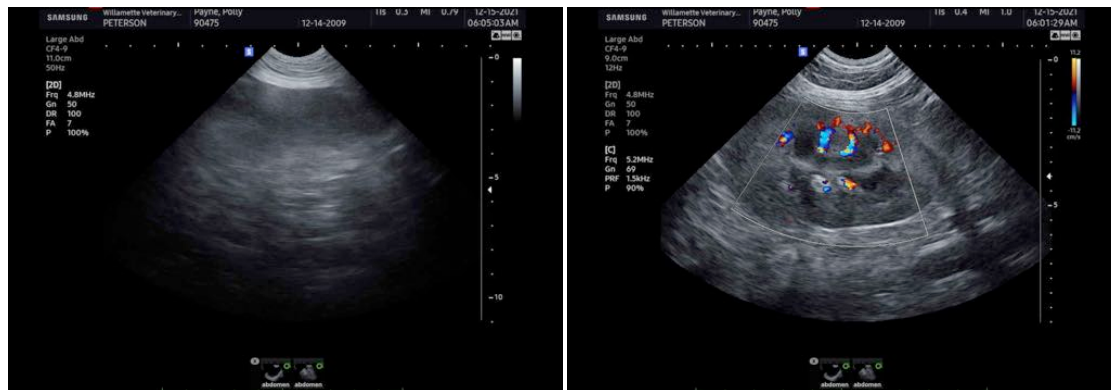
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Polly Payne

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.

**SPECIES**

Canine

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Labrador

**SEX**

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