



PATIENT

Olive Dumyn

SPECIES

Canine

BREED

American Bulldog

SEX

Spayed Female

AGE

10 Years

WEIGHT

33.8 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Graham AH

REFERRING VET

Dr. Sprenger/Dr.
Sutton

INVOICE

20221

DATE

12/20/22

PRESENTING CLINICAL SIGNS

History: Has noted PU/PD, lethargy, hyporexia and increased sensitivity on neck when swallowing and on leash. Concerns also with bloodwork changes. Has been on Thyro Tabs 0.7mg BID now decreased to SID.

Abnormal PE/Chem/CBC/UA Results: CBC normal other than Eosinophils low 0.02(0.06-1.23) Chem - Tprotein high 85g/L(52-82) Globulins high 47g/l(25-45) ALT high 267 U/L(10-125) ALKP high 331 U/L (23-212) GGT high 47 U/L (0-11) T bili high 20(0-15) Amylase low 498(500-1500) TT4 less than 6 nmol/L (13-51) - TT4 interpretation: Less than 13nmol/L is LOW

ULTRASONOGRAPHIC EXAMINATION OF THE CERVICAL REGION & ABDOMEN

Urinary System

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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some minor 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 7.75 cm. The left kidney measured 7.42 cm.

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 2.73 cm x 0.62 cm at the caudal pole and 0.52 cm at the cranial pole. The right adrenal gland measured 1.79 cm x 1.5 cm at the cranial pole and 0.85 cm at the caudal pole.

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 were noted.

Liver

The **liver** was uniformly swollen with minor, excessive gallbladder debris and over distension with dependent and suspended bile without evidence of overt mucocele formation. However, excessive sludge was present. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This change is mild and consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia. This is a nonspecific presentation. No overt evidence of masses.

Gastrointestinal



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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.

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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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Other

The **cervical region** revealed a subcutaneous lipoma, measuring approximately 3.0 cm x 2.0 cm in the right cervical region, however, surrounded by mixed echogenic hyper- to hypoechoic fascial tissue suggestive for history of cellulitis. The trachea, esophagus and thyroid lobes were unremarkable with no evidence of pathology. The right retropharyngeal lymph node was mildly enlarged, measuring approximately 8.0 mm.

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ULTRASONOGRAPHIC FINDINGS

- Mild hepatic remodeling, nonspecific
- Subcutaneous lipoma in the right cervical region
- Mildly enlarged right retropharyngeal lymph node
- Age-related renal changes

WEIGHT

33.8 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the liver enzyme elevations, FNA of the liver is indicated for further definition. Assessment for history of acute on chronic insult is warranted. Ampicillin, metronidazole and hepatic nutraceuticals are all indicated in the meantime. I'm more concerned about the hepatic profile than the cervical tissue presentation in this patient. FNA of the cellulitis pattern and lymph node could be considered or empirical antibiotic use and treatment for cellulitis.

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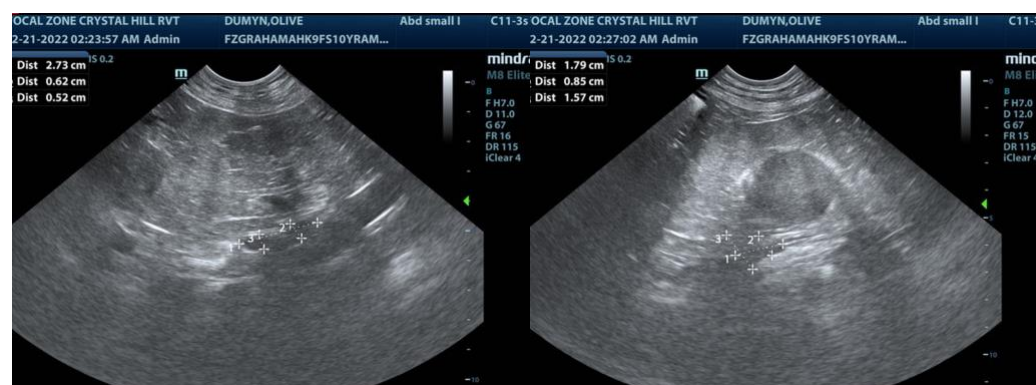
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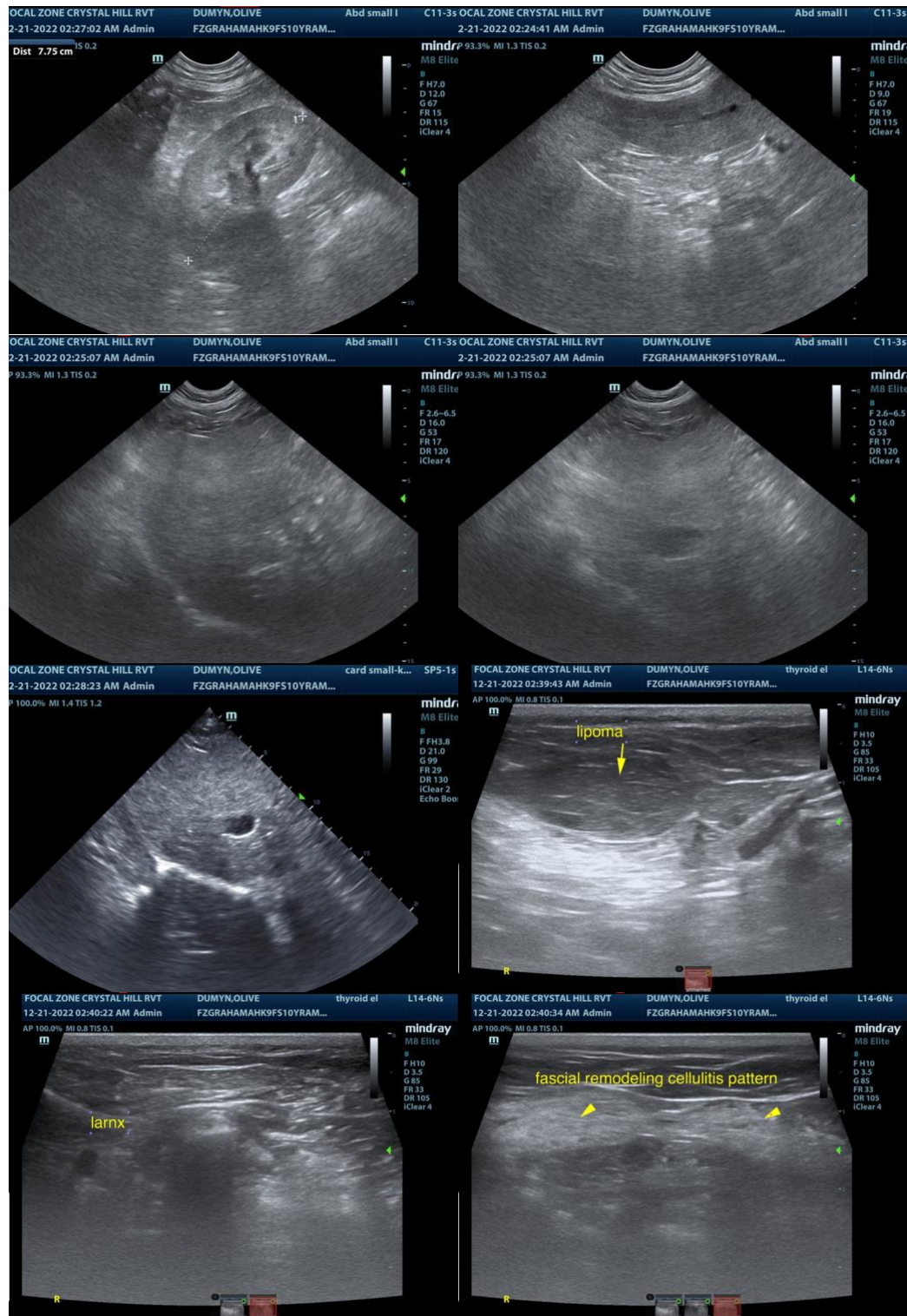
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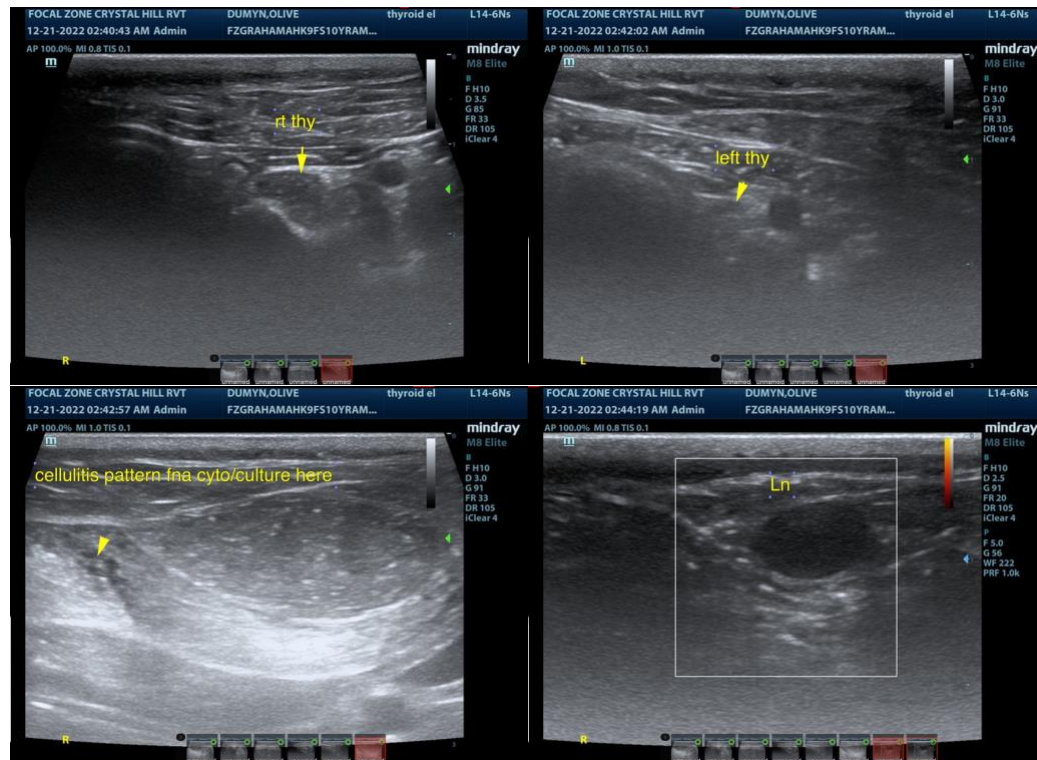
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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