

PATIENT

Shelby Howard

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed female

AGE

Unknown

WEIGHT

41.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Amy

HOSPITAL NAME

Long Valley AH

REFERRING VET

Dr. Earl

INVOICE

42299

DATE

12/21/22

PRESENTING CLINICAL SIGNS

History: Persistently elevated liver enzymes. Also has a rectal nodule. Previous U/S (June 2022 @ AERA) revealed "faint hypoechoic areas of varying size throughout liver." Medications: Denamarin 425 SID, ThyroTabs 0.8mg 1/2 BID, Theophylline 100mg 2 BID
Abnormal PE/Chem/CBC/UA Results: ALT 357, ALP 485, Lipase 1217 4Dx= Anaplasma +

ULTRASONOGRAPHIC EXAMINATION OF THE 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 was noted. Ureteral papillae were normal.

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 and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left and right kidney measured 6.0 cm.

Adrenal Glands

The left **adrenal gland** was subnormal in size and measured 0.3 cm in width. The right adrenal gland was uniform and measured 0.6 cm at the cranial pole and 0.5 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 was noted.

Liver

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Gastrointestinal

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal.



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Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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 **pancreas** was slightly irregular.

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Free Abdomen

Iliac trifurcation was unremarkable.

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ULTRASONOGRAPHIC FINDINGS

Structurally unremarkable abdomen.

AGE

Unknown

Possible heterogenous right pancreatic limb, yet may be artifactual.

Structurally the liver appears unremarkable.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA can be considered for further definition. Given the breed predisposition and subnormal left adrenal size, screening for Addison's is indicated with baseline cortisol or ACTH stimulation.

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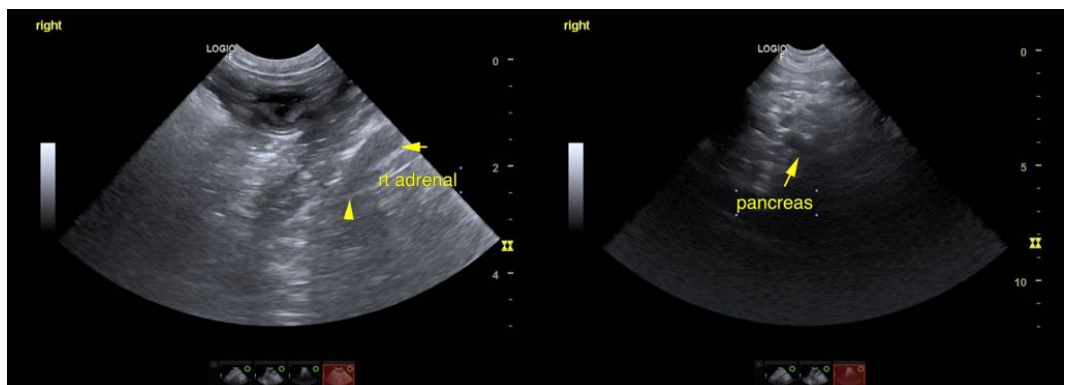
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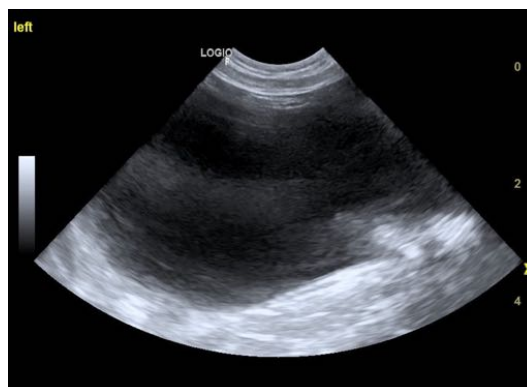
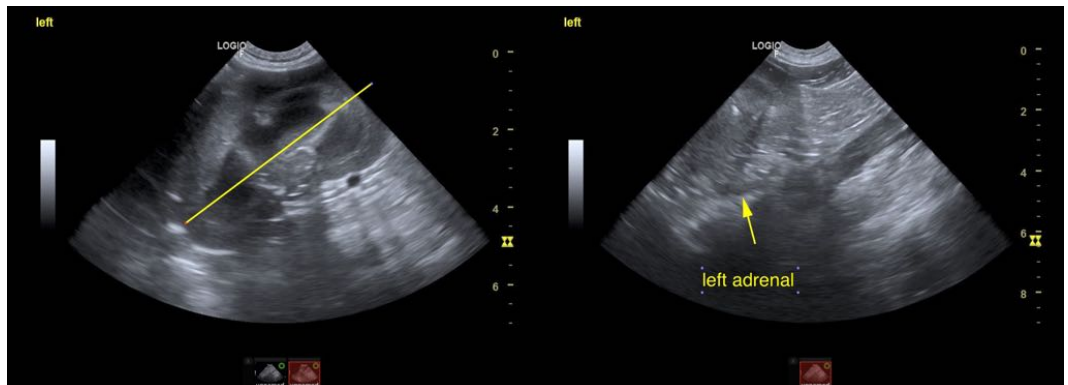
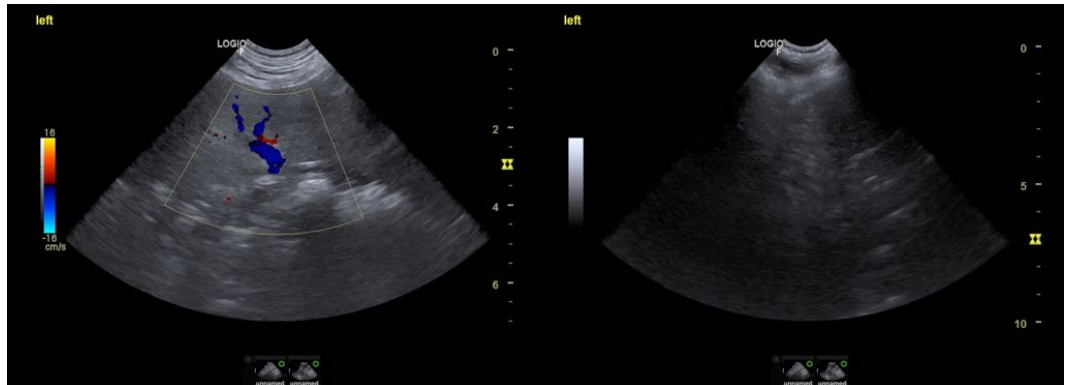
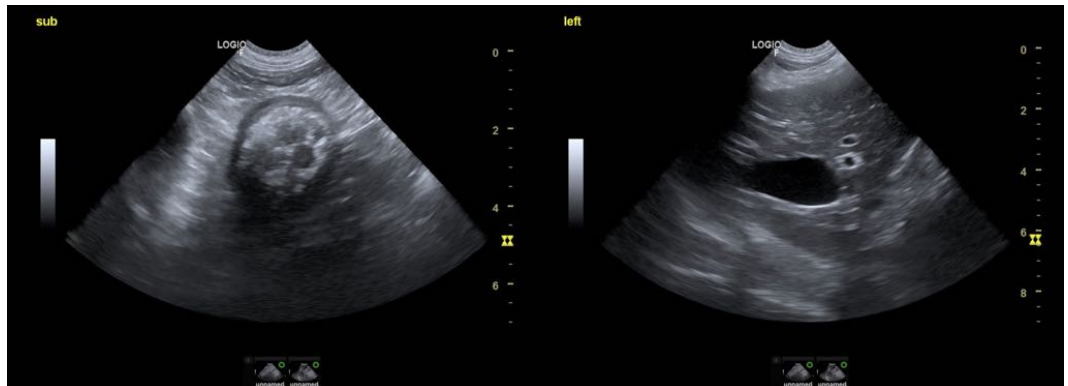
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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