



PATIENT PRESENTING CLINICAL SIGNS

Sadie Moylan Patient vomiting anorexic lethargic
Abnormal PE/Chem/CBC/UA Results: Moderate increase of liver enzymes and SDMA

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Canine

Urinary System

BREED

Lab X

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.

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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The right kidney measured 6.18 cm. The left kidney measured 6.39 cm.

AGE

8 Years

Adrenal Glands

WEIGHT

24 kg

Both **adrenal glands** were visualized and recognized as having largely normal shape, size, position and acceptable echogenicity for this age group and breed. Some heterogeneity was noted within the adrenal parenchyma without concerning capsular distortion. These changes are likely age related but should be monitored by sonogram should the patient be suspected of having adrenal disease. The right adrenal gland measured 0.71 cm at the caudal pole and 0.50 cm at the cranial pole. The left adrenal gland measured 0.58 cm at the cranial pole and 0.52 cm at the caudal pole.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The **spleen** presented heterogeneous, hypoechoic nodular changes. Minor uniform swelling present.

IMAGING PERFORMED BY

Dr. Belan

Liver

The **liver** presented swollen, irregular contour and revealed an anechoic cyst in the caudate process measuring 3.1 cm. Hepatic lymph nodes were cystic, measuring up to 0.8 cm. Increased portal markings, coarse architecture and micronodular changes noted. Excessive gallbladder debris noted and mild overdistention. Isoechoic macronodular changes also noted throughout the liver.

HOSPITAL NAME

Airfrie Animal Clinic

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. 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.

REFERRING VET

Dr. Morgan

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Pancreas

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

DATE

12/22/21



PATIENT

Sadie Moylan

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Polycystic hepatic changes with nodular hyperplasia pattern, unlikely to be neoplastic
- Excessive gallbladder debris
- Cystic hepatic lymph nodes
- Pancreatic remodeling
- Age related abdominal changes otherwise

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acid profile warranted. Ultrasound guided FNA of the general parenchyma and cystic drainage warranted with culture. If the bile acids are elevated, it is likely that the liver is playing a role in the clinical signs along with concurrent GI disease. Neoplasia is possible, yet unlikely.

BREED

Lab X

SEX

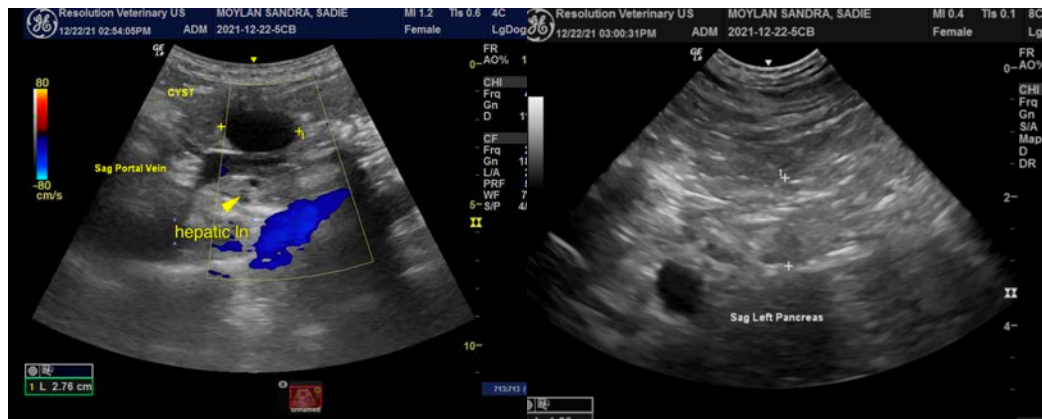
Spayed Female

AGE

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WEIGHT

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INTERPRETED BY

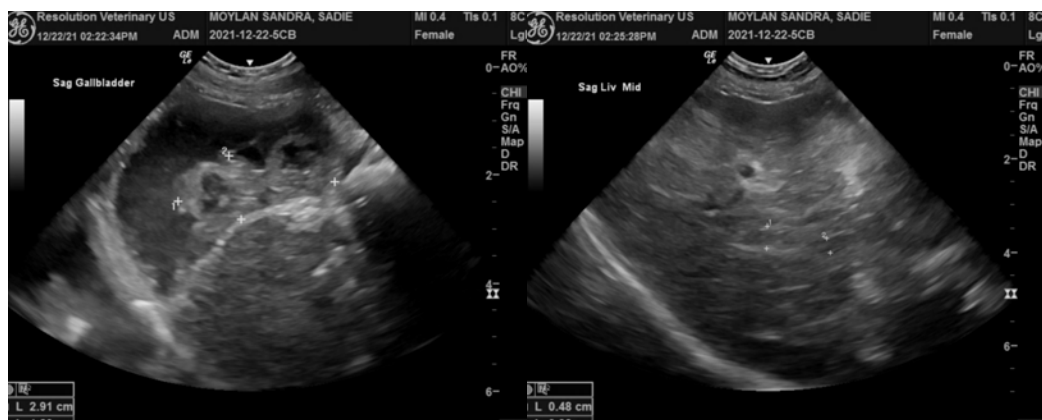
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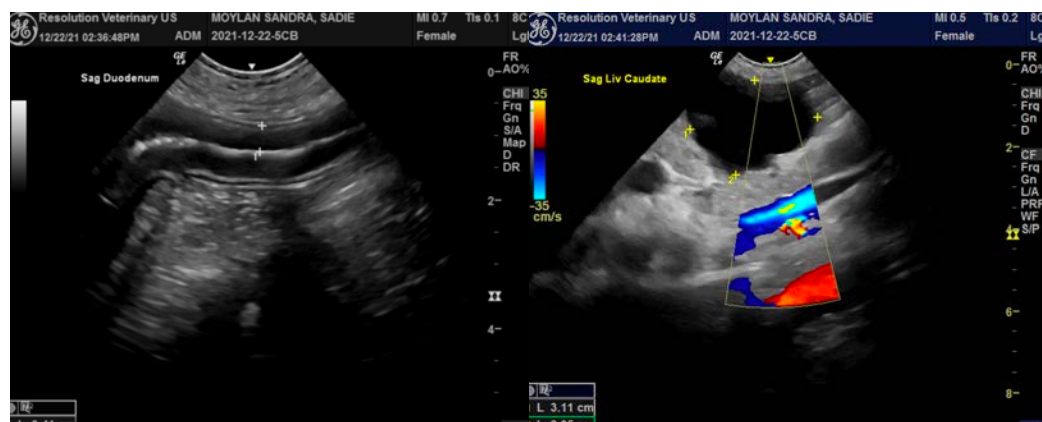
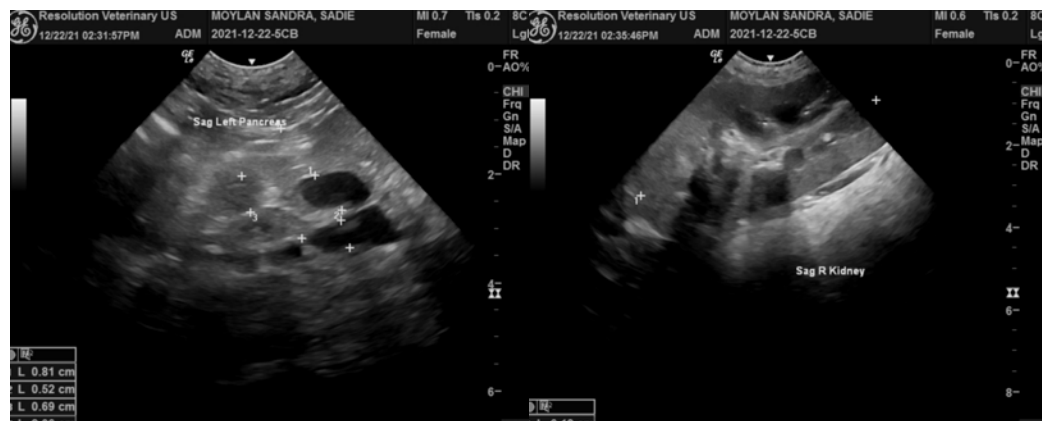
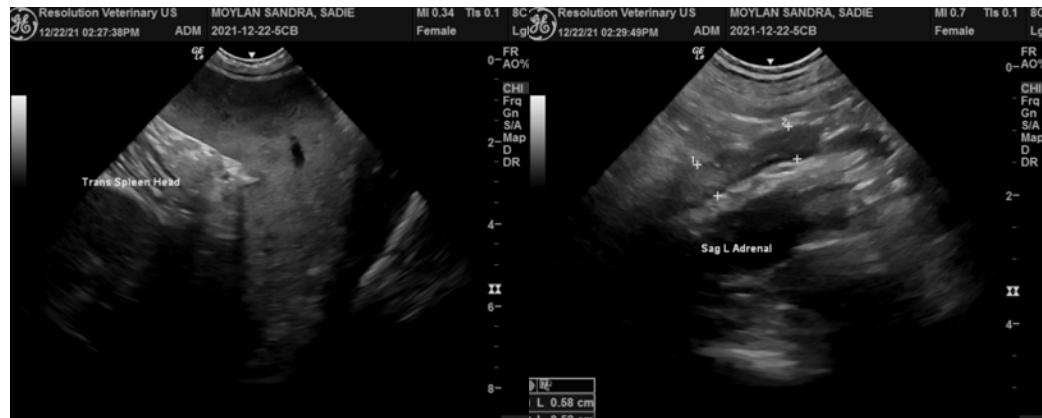
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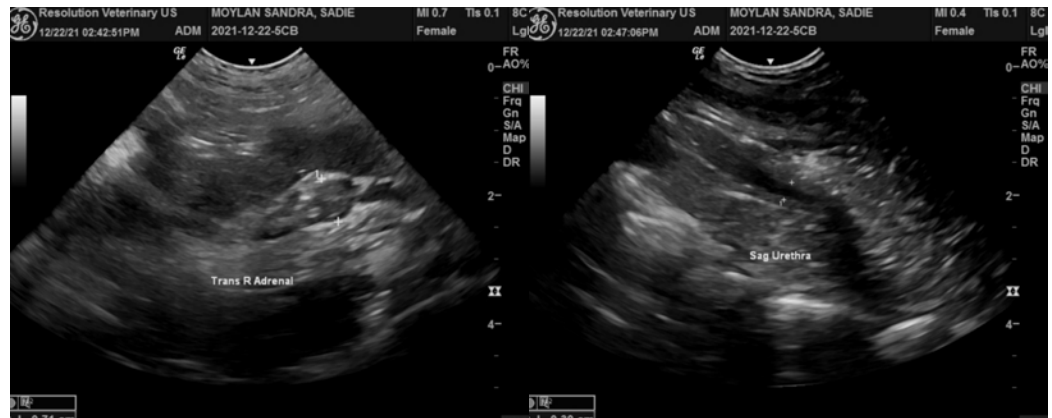
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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