



PATIENT

Alyse Bumgardner

SPECIES

Canine

BREED

Shorkie

SEX

Spayed female

AGE

10 years

WEIGHT

12.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Dr. Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Todd

INVOICE

42345

DATE

12/26/22

PRESENTING CLINICAL SIGNS

History: Alyse is a ten year old, FS, Shorkie with a history of elevated ALP and cPL enzymes. She has recently (last week) had an episode of vomiting and hyporexia. Her last AUS was on 7/7/22 and was read by Dr. Lindquist. Wellness/monitoring bloodwork on 11/16/22 showed ALP=416 and cPL=487. CBC, T4 and other chemistries were normal. Cerenia was prescribed and cPL was rechecked on 12/14/22. cPL =1879 on recheck. Abdominal ultrasound was advised

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 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. Blood flow appeared to be adequate on power doppler assessment. The right kidney measured 4.82 cm. The left kidney measured 4.2 cm.

Adrenal Glands

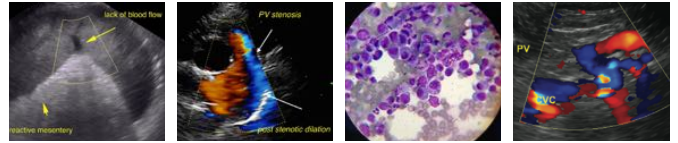
Both **adrenal glands** were visualized and recognized as having normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measured 1.8 x 0.39 cm at the cranial pole and 0.46 cm at the caudal pole. The right adrenal gland measured 1.89 x 0.6 cm.

Spleen

The **spleen** in this patient was mildly enlarged with uniform parenchyma and was folded upon itself cranially. This is a positional variant and is not pathological. There was no evidence of significant disease.

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. Occasional, hyperechoic, lipogranulomatous nodule was noted. The liver presented coarse architecture with mildly increased portal markings and subtle, mixed echogenic changes. This is consistent with vacuolar hepatopathy and some level of remodeling and history of inflammatory component. There was no overt suspicion of neoplasia.



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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. 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.

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 subxiphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

Benign hepatopathy.

Age related renal changes.

Otherwise, structurally unremarkable abdomen.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is a possibility of emerging pituitary dependent hyperadrenocorticism even though the adrenal glands are measurably normal. If the urine specific gravity is less than 1.020 then work-up for PDH is indicated. No significant progressive changes were noted in the pancreas in this patient. However, low-grade inflammation cannot be completely ruled out.



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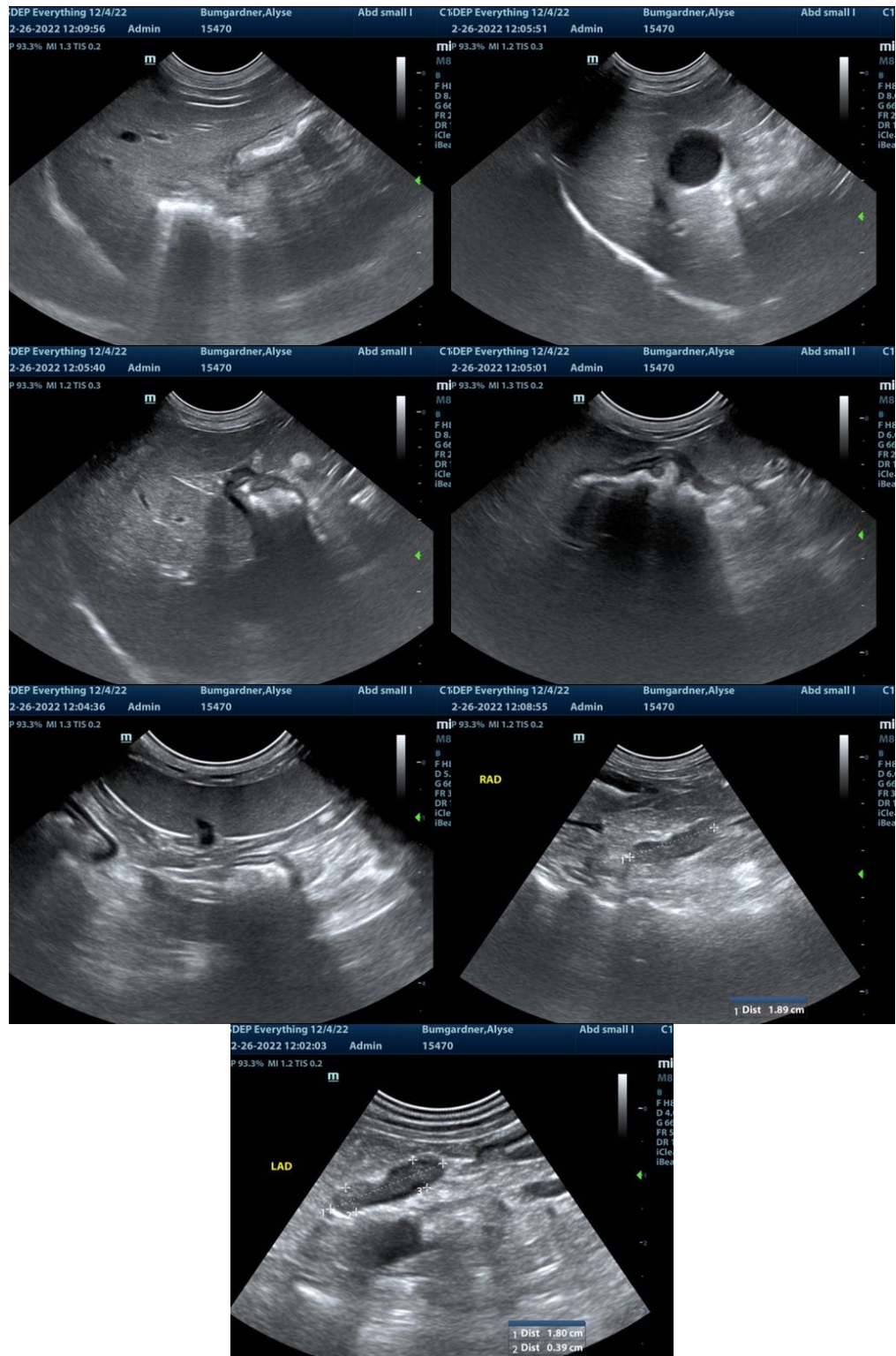
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

Alyse Bumgardner

Eric Lindquist, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com
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