



**PATIENT**

Rosie Drum

**SPECIES**

Canine

**BREED**

Not Provided

**SEX**

Spayed Female

**AGE**

15 Years

**WEIGHT**

49.4 Lbs.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING  
PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Westwood RVH

**REFERRING VET**

Dr. Cattiny

**INVOICE**

13183

**DATE**

12/27/21

**PRESENTING CLINICAL SIGNS**

History: Heptopathy. No current meds

Abnormal PE/Chem/CBC/UA Results: Elevated hepatic parameters

**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 were noted. Ureteral papillae were normal. The pelvic urethra was imaged 3.0 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 moderate 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 left kidney measured 6.17 cm. The right kidney measured 5.45 cm.

**Adrenal Glands**

The **adrenal glands** appeared slightly enlarged and swollen. No evidence of focal capsular expansion or invasion into the phrenic veins were noted. No overt suspicion of neoplasia was noted. This is considered likely a hyperplastic change associated with stress or adrenal endocrinopathy (PDH). If isosthenuria is persistently present and the patient morphologically suggests Cushing's disease, then ACTH testing would be indicated. This is a mild change. The right adrenal gland measured 2.41 cm x 1.16 cm at the cranial pole and 0.56 cm at the caudal pole. The left adrenal gland measured 1.91 cm x 0.56 cm at the caudal pole and 0.66 cm at the cranial pole.

**Spleen**

The **spleen** was mildly enlarged with minor scalloping contour and slight coarse architecture. The spleen was folded upon itself.

**Liver**

The **liver** revealed coarse architecture and increased portal markings. Swollen irregular contour and minor free fluid were noted. The gall bladder and common bile duct were unremarkable.

**Gastrointestinal**

The **gastrointestinal tract** revealed minor variable thickening and echogenic submucosal changes most consistent with low grade end result of chronic GI disease such as IBD and may be related to malassimilation of nutrients if any weight loss is present. No obvious neoplastic patterns were noted and luminal content as unremarkable. This is a mild change.

**Pancreas**

The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some moderate parenchymal remodeling, however, with mild deviation from curvilinear normalcy



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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.

**SPECIES**

Canine

**Free Abdomen**

Slight free fluid was noted in the **abdomen**.

**Other**

A rapid view of the **heart** revealed no evident pathology.

**BREED**

Not Provided

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

- Splenohepatic remodeling
- Bilateral adrenal hypertrophy
- Age-related renal, GI and pancreatic changes

**AGE**

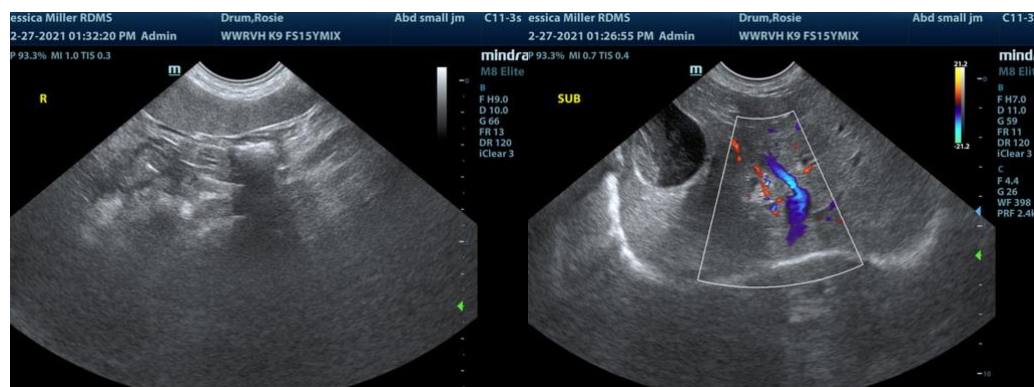
15 Years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

FNA of both the spleen and liver recommended to assess for round cell neoplasia versus reactive spleen and cholangiohepatitis. Bile acid profile indicated.

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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