



PATIENT

Gracie Coyle

PRESENTING CLINICAL SIGNS

Gracie is a 7 Y F intact Collie who presented for V+ bile. p went to rDVM on Tuesday.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: rDVM did BW and noted low platelet count, mildly elevated WBC and Neutrophils, elevated ALT, ALP, T.bili, elevated Ca, mildly low Alb. P has been lethargic/dull and anorexic. P is 5-7% dehydrated

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Collie X

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.

SEX

Spayed Female

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 kidneys measured approximately 7.0 cm each.

AGE

6.5 Years

WEIGHT

94 Pounds

Adrenal Glands

The **left adrenal gland** was 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 0.50 cm.

INTERPRETED BY

Eric Lindquist, DMV

The **right adrenal gland** was not visualized.

DABVP, Cert. IVUSS

Spleen

The **spleen** was mildly enlarged with slight scalloping contour. Subtle micronodular changes noted. The spleen was folded upon itself caudally.

IMAGING PERFORMED BY

Dr. Alyssa Carver

Liver

The **liver** was swollen and mildly irregular in contour. Increased portal markings present. B-lines noted in the transdiaphragmatic view, possibly related to alveolar disease. Chest radiographs indicated. The gallbladder wall was slightly echogenic.

HOSPITAL NAME

Animal Emergency Hospital Volusia

Gastrointestinal

REFERRING VET

Dr. Alyssa Carver

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.

INVOICE

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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.

DATE

12/29/22



PATIENT

Free Abdomen

Gracie Coyle

Hepatic lymph nodes were enlarged up to 3.0 cm. Mid abdominal lymph nodes were also enlarged, reactive, measuring up to 1.6 cm in width.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

- Multicentric lymphadenopathy
- Splenic enlargement
- Irregular liver

BREED

Collie X

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA spleen, liver, and accessible lymph nodes indicated. Strong concern for round cell neoplasia, potentially involving the chest, given the alveolar lung pattern. Splenitis, lymphadenitis, cholangiohepatitis possible yet less likely.

SEX

Spayed Female

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IMAGING PERFORMED BY

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HOSPITAL NAME

Animal Emergency
Hospital Volusia

REFERRING VET

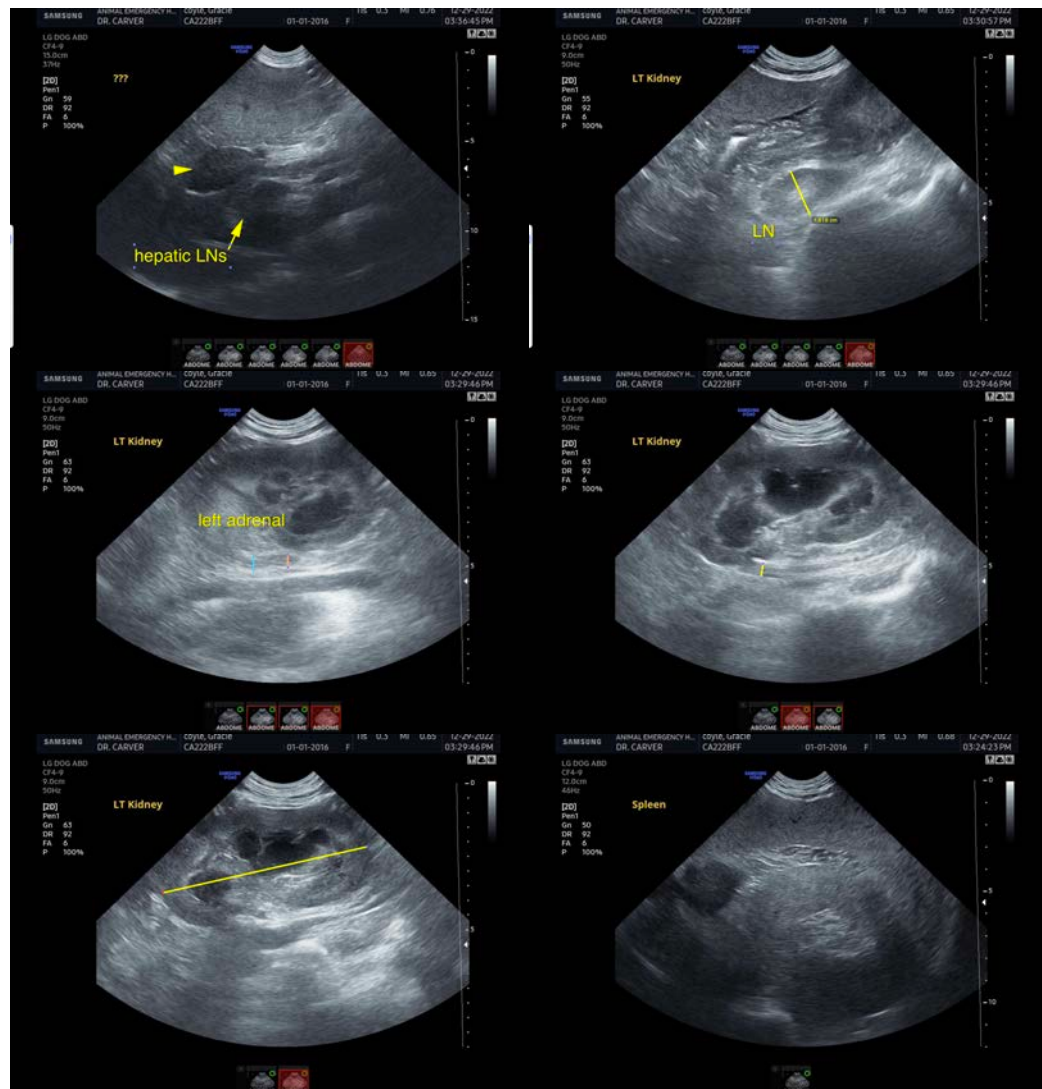
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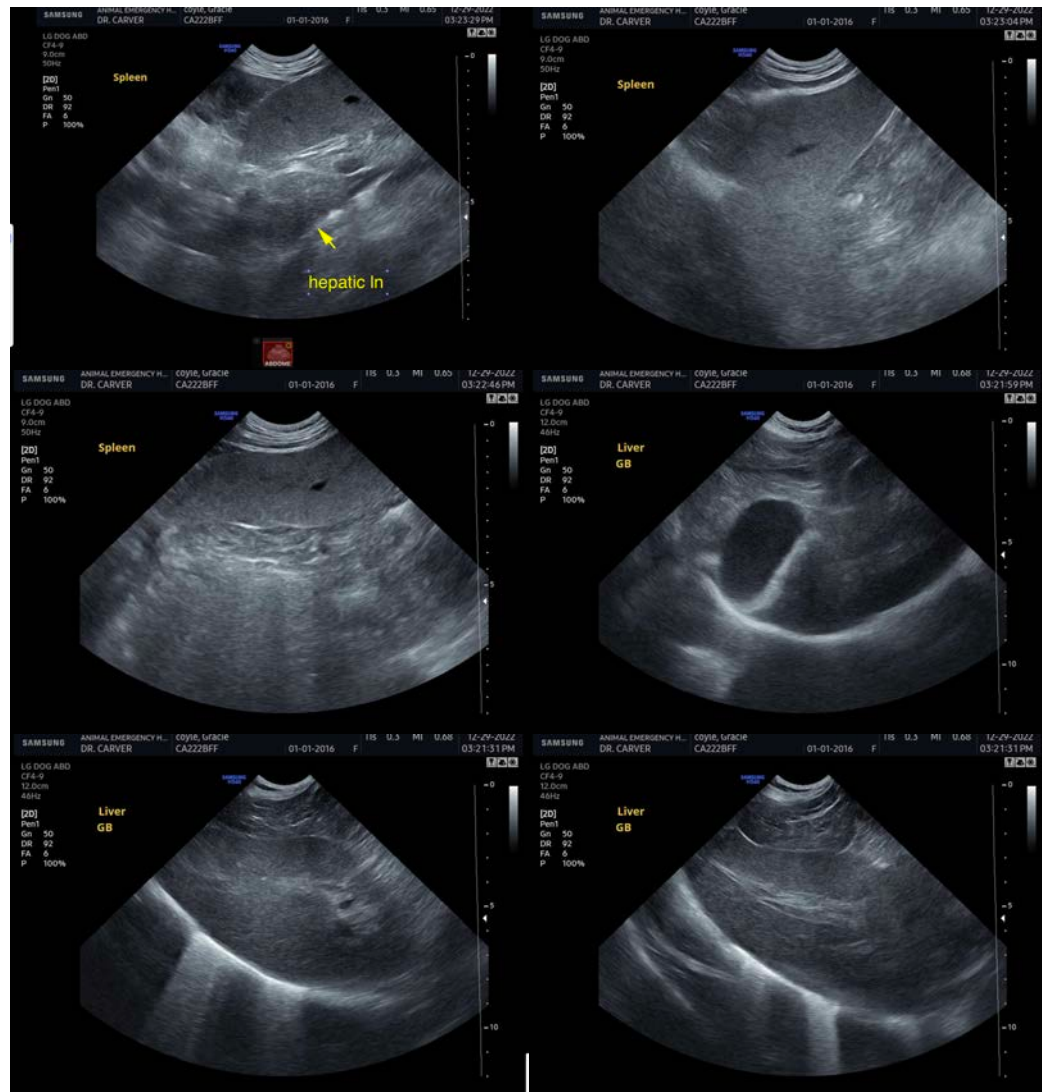
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@SonoPath.com