



PATIENT

Molly Vinson

SPECIES

Canine

BREED

Lab X

SEX

Spayed Female

AGE

13 Years

WEIGHT

21 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Trudeau

HOSPITAL NAME

Petworks VH

REFERRING VET

Dr. Trudeau

INVOICE

33240

DATE

12/3/21

PRESENTING CLINICAL SIGNS

has not been eating as well as typical - mostly in the morning. She will go back to her bowl and eventually eat. She eats fine in the evening. She vomited one morning before she ate. She is drinking some more and asking to go out more. About 6+ months ago they started adding kibble to her homemade diet
Abnormal PE/Chem/CBC/UA Results: CBC - slight low WBC, slight low platelets (clumping in blood sample) Chem - significantly elevated BUN and Crea 590 umol/L (44-159)

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 **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 6.02 cm. The left kidney measured 5.41 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 0.55 cm at the caudal pole and 0.53 cm at the cranial pole. The right adrenal gland measured 0.8 cm at the cranial pole and 0.5 cm at the caudal pole.

Spleen

The **spleen** was mildly enlarged and mildly heterogeneous. No significant capsular expansion noted or disrupted architecture. Likely hyperplasia. If any weight loss is present, FNA would be indicated.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The **gallbladder** was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele, yet sludge appears to be mildly excessive. No adjunctive inflammation was noted. The gallbladder wall was slightly echogenic and thickened. Small calculi present, non-obstructive.

Gastrointestinal

The **gastrointestinal** presentation revealed mild uniform prominence of the gastric mucosa as well as areas of "ropey" small intestinal wall with slight disruption of the normal 1:3 muscularis/mucosal ratio. The intestinal submucosa was slightly irregular, thickened and hyperechoic suggestive of low grade, chronic disease. No concerning lymphadenopathy was visible. No evidence of obstruction was present. Chronic inflammatory bowel disease is likely with a low possibility of an early neoplastic event such as lymphoma. Full thickness tissue biopsies via open laparotomy, ideally guided by intraoperative



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ultrasound in order to obtain the most representative mural sample, would be necessary to rule out this possibility.

Pancreas

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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.

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ULTRASONOGRAPHIC FINDINGS

- Minor intestinal thickening
- Age related renal and hepatic changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cause of hyporexia is unclear. Minor intestinal thickening noted. No evidence of significant disease. Orthopedic, CNS or thoracic disease should be considered as a potential. The changes in the abdomen are largely expected for this age and breed.

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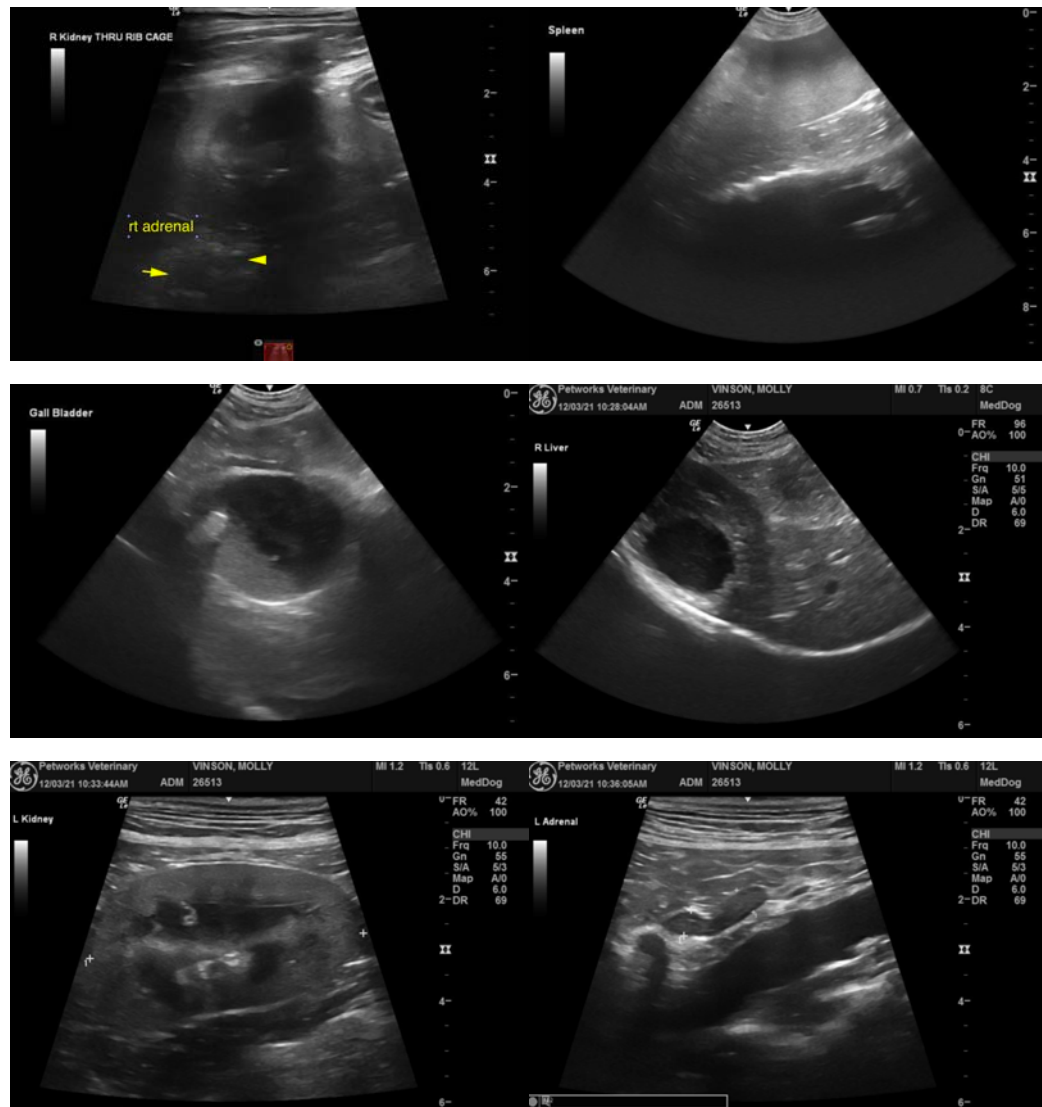
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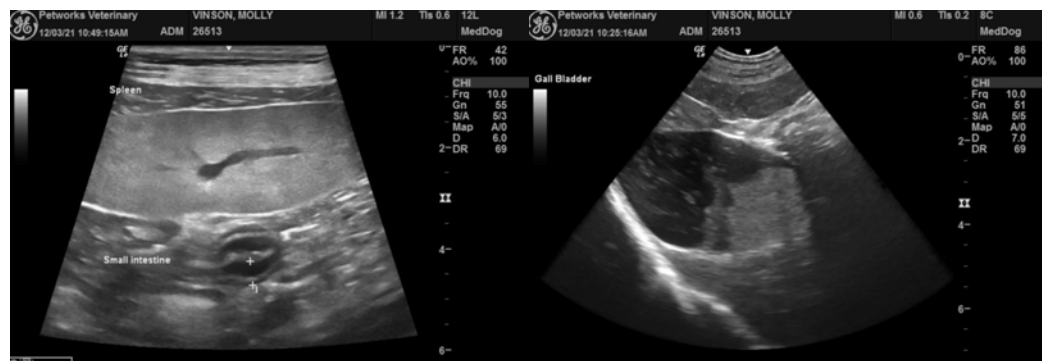
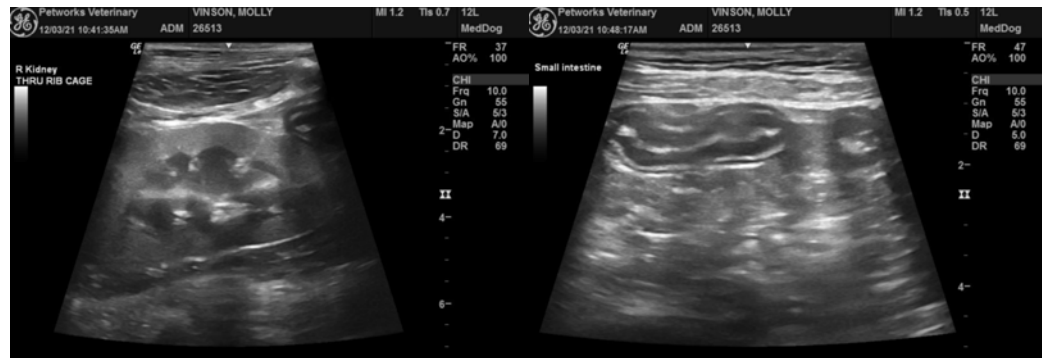
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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Dr. Trudeau

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