



PATIENT

Georgie Schultz

SPECIES

Canine

BREED

Shepherd Mix

SEX

Spayed Female

AGE

11 ½ years

WEIGHT

31 kg

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Ward

HOSPITAL NAME

Kenora VC

REFERRING VET

Dr. Ward

INVOICE

95748

DATE

2/1/22

PRESENTING CLINICAL SIGNS

Georgie presented on Jan 31st with a 3-5 day history of polyuria/polydipsia. Aside from historical osteoarthritis Georgie has been in good health. Abdominal scan prior to starting insulin therapy for Diabetes Mellitus.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL Chemistries: Moderate hyperglycemia, mildly elevated ALT and ALKP. Urinalysis: SG 1.032, glucosuria, otherwise NSF

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder**, trigone, and pelvic urethra presented normal thicknesses and normal tone. The pelvic urethra was imaged 2.0 cm beyond the cystourethral junction. 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 iliac trifurcation was unremarkable.

The **kidneys** were normal in size and contour; however, a minor hyperechoic ring was noted at the corticomedullary junction. This is consistent with diabetic nephropathy. This is likely from glucosuria. However, assessment for proteinuria is also warranted. This is an idiopathic finding, but an expected finding in diabetic patients.

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 0.5 cm. The right adrenal gland was mildly heterogenous, yet the cranial pole was not visualized. However, the mid to caudal body was unremarkable other than minor heterogenous changes.

Spleen

The **spleen** revealed subtle, heterogenous parenchymal changes. The spleen was normal in size and contour.

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. Multi-focal, non-disruptive, hyperechoic nodules were 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

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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.

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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.

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ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen with diabetic nephropathy.

AGE

11 ½ years

Minor, nodular hyperplasia splenic and hepatic patterns.

Minor heterogenous right adrenal gland.

WEIGHT

31 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No specific pathology was noted.

INTERPRETED BY

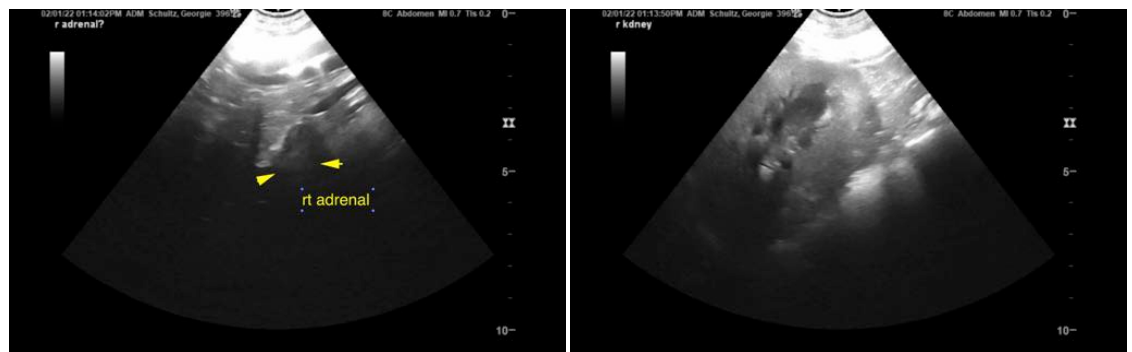
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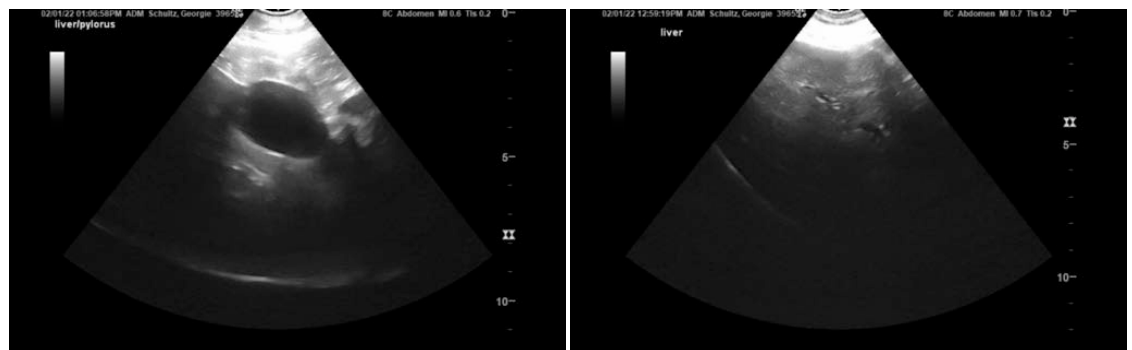
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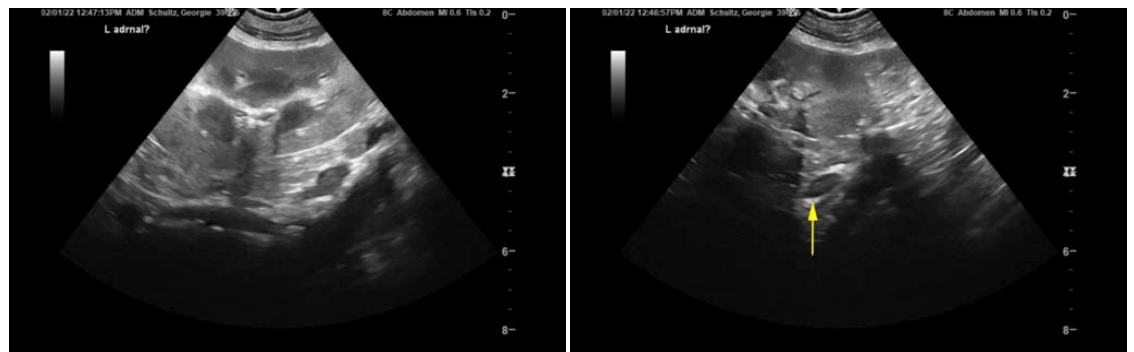
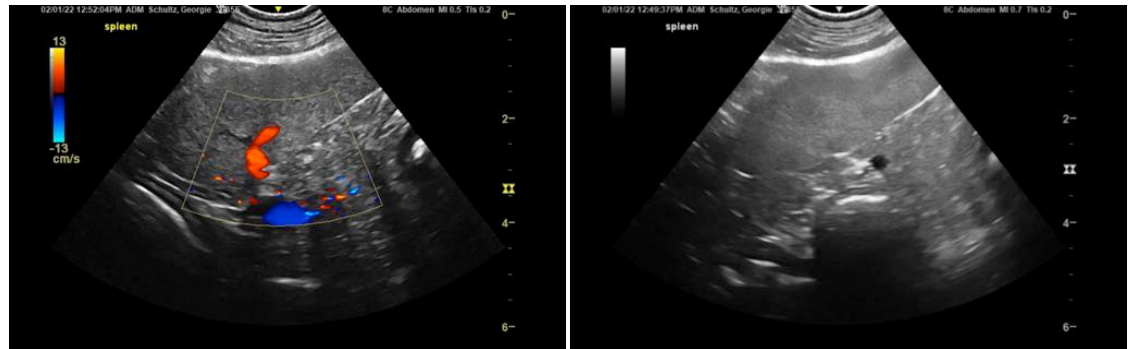
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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