



PATIENT PRESENTING CLINICAL SIGNS

Patient: Ellie Cole
Presenting Clinical Signs: Patient has lost 5 lbs. She has a history of being on carprofen for the past 2 years since back sx. Patient vomiting for 48 hrs.
Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/5, icteric MM and sclera CBC:WNL CHEM:BUN 6, GLOB 5.1, ALKP 1908, ALT too high to read, GGT 30, Tibili 5.4, CHOL 334, T4: 0.9 SDMA: WNL Rads: No evidence of mass in chest or abdomen

SPECIES

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Mix

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.

SEX

Spayed Female

AGE

12 years

WEIGHT

35 lbs

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 this age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. The left kidney measured 5.0 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Adrenal Glands

The left **adrenal gland** was visualized from the right approach and measured 0.6 cm. The right adrenal gland was uniform and measured 0.6 cm in width.

IMAGING PERFORMED BY

Dr. Griffin

Spleen

The **spleen** presented discrete and diffuse hypoechoic micronodular parenchyma. The capsule was generally smooth without noticeable impingement from within the spleen or from pathology in the adjacent abdomen. The splenic vasculature demonstrated normal volume without signs of congestion or significant contraction. These changes are consistent with age related benign nodular hyperplasia. However, early hemangiosarcoma, lymphoma or mast cell neoplasia could not be entirely ruled out. Fine needle aspirate or biopsy following coagulation panel would be ideal especially if any weight loss is an issue. Otherwise, follow up ultrasound in 3-4 weeks to track these changes would be a more conservative approach.

HOSPITAL NAME

Northside VC

REFERRING VET

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INVOICE

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Liver

The **liver** revealed mildly increased portal markings. The gallbladder and common bile duct were unremarkable. There was no evidence of post hepatic obstruction.

DATE

2/21/22



PATIENT *Gastrointestinal*

Ellie Cole The **stomach** was edematous with a minor amount of luminal debris/chyme. The small intestine and was unremarkable. The colon was mildly thickened in this patient. There was no loss of mural detail.

SPECIES

Canine

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.

BREED

Mix

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Acute hepatic insult such as Leptospirosis or toxin exposure should be considered. FNA is indicated. There was no evidence of post hepatic disease or neoplasia.

AGE

12 years

Concurrent gastritis and colitis pattern.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

35 lbs

Coagulation panel is recommended along with ultrasound-guided FNA.

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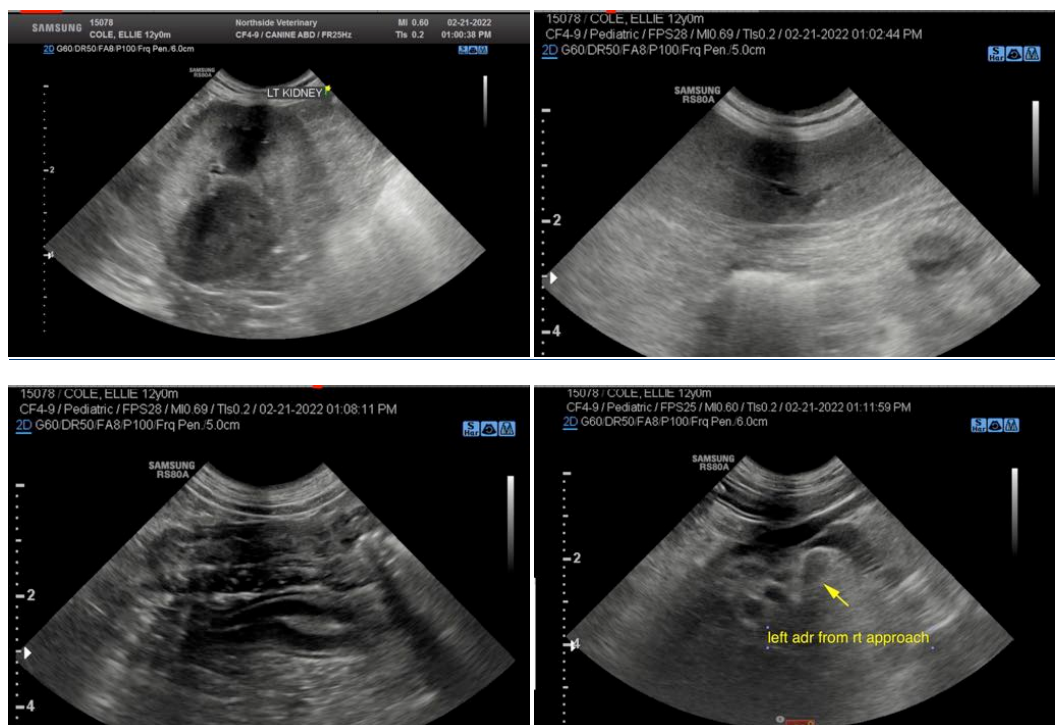
Dr. Griffin

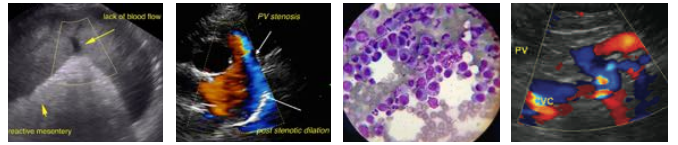
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Ellie Cole

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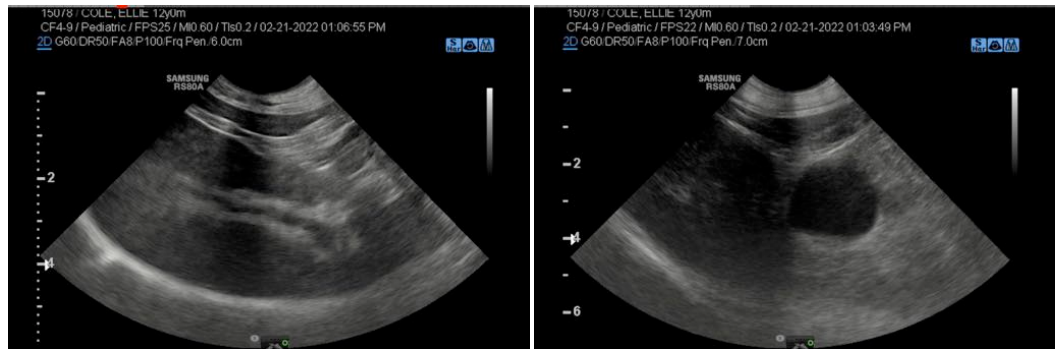
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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