



PATIENT PRESENTING CLINICAL SIGNS

Dublin Phillips SQ MCT, has lost a few pounds since surgery, has has three weeks of Vinblastine, today painful - broke canine tooth last night, and poor appetite, not sure how much is pain versus antibiotics vs side effects of vinblastine

SPECIES Abnormal PE/Chem/CBC/UA Results: wbc count has dropped to 1.7, did not give chemo today and are doing more staging to confirm no evidence of systemic MCT driving weight loss and to ensure that she is a suitable candidate for canine extraction radiographs were nsf

Canine

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Pitbull **Urinary System**

SEX 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 was noted. Ureteral papillae were normal.

Spayed Female

AGE 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. Both kidneys measured 5.5 cm.

8 years

WEIGHT

50 lbs

Adrenal Glands

INTERPRETED BY The **adrenal glands** were not visualized.

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

IMAGING PERFORMED BY

Chelsea Pastor

The **spleen** presented a smooth homogeneous parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule was smooth without noticeable expansion or deviation from within the spleen or adjacent pathology. The splenic vasculature demonstrated normal volume without signs of congestion or thrombosis. No sonographic evidence of acute or chronic inflammatory, neoplastic, or infarctual changes was noted.

HOSPITAL NAME

Fredon AH

Liver

REFERRING VET

Dr. Grau

The **liver** images submitted revealed subjectively normal liver size, contour, and structure. Parenchymal echogenicity was naturally coarse and hypoechoic to the spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

INVOICE

96400

DATE

2/28/22



PATIENT *Gastrointestinal*

Dublin Phillips

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.

SPECIES

Canine

BREED

Pitbull

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.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

Unremarkable abdomen.

AGE

8 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

50 lbs

There was no evidence of primary disease or that related to mast cell.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Chelsea Pastor

HOSPITAL NAME

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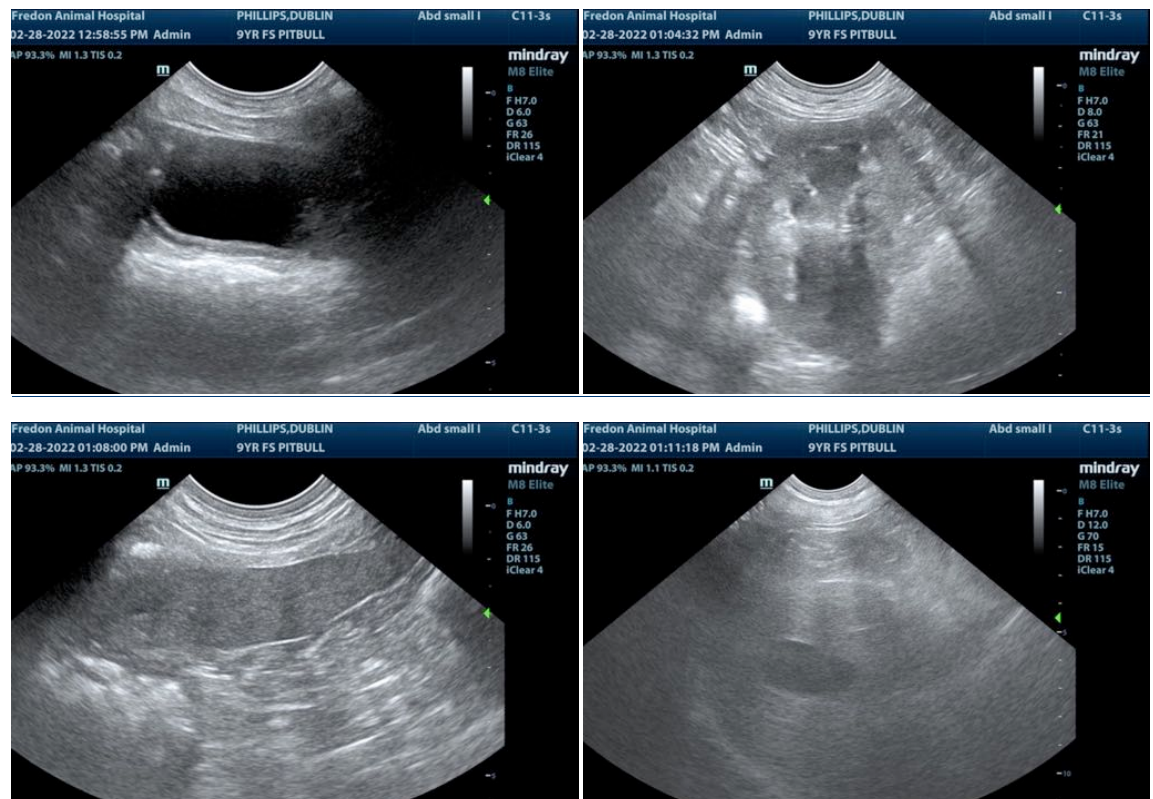
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PATIENT

Dublin Phillips

SPECIES

Canine

BREED

Pitbull

SEX

Spayed Female

AGE

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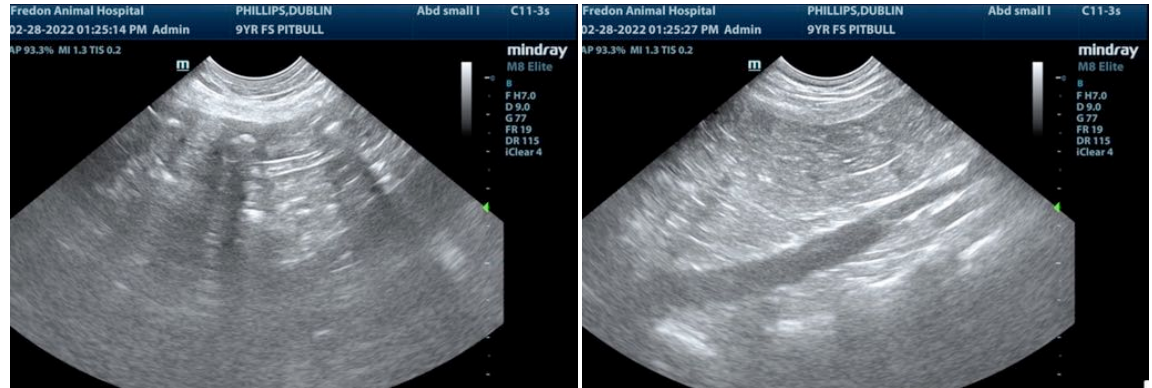
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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