



PATIENT

Sophie Dickenshied

SPECIES

Canine

BREED

Standard Poodle

SEX

Spayed Female

AGE

2/16/18

WEIGHT

50 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Prescott

HOSPITAL NAME

Roundout Valley VA

REFERRING VET

Dr. Prescott

INVOICE

96399

DATE

2/28/22

PRESENTING CLINICAL SIGNS

Chronic intermittent diarrhea. Chronic splenomegaly on PE. Recently seems a bit lethargic and stool is softer than normal. Currently on hypoallergenic diet. Hx of chronic + PCR clostridium. Clinical significance unknown. ACTH stim normal 3 years ago.

Abnormal PE/Chem/CBC/UA Results: Normal CBC/CHEM/T4. Negative TICK PCR. ABD Antech IBD panel (mild)

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 was noted. Ureteral papillae were normal.

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 left kidney measured 6.54 cm. The right kidney measured 5.9 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 right adrenal gland measured 1.0 x 0.3 cm at the cranial pole and 0.33 cm at the caudal pole. The left adrenal gland measured 0.9 x 0.32 cm at the caudal pole and 0.29 cm at the cranial pole.

Spleen

The **spleen** was enlarged and folded upon itself caudally and cranially with swollen contour. Minor, micronodular changes were noted without a honeycomb pattern. However, given the patient's history and splenomegaly FNA is indicated to ensure that this is a benign hyperplastic state.

Liver

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.

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

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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

Hypersplenism.

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Otherwise, unremarkable abdomen.

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50 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

FNA of the spleen is indicated if the patient shows discomfort upon palpation of the spleen then proactive splenectomy can be considered as this may be at risk for torsion. However, there was no evidence of torsion noted at this time. Screening for Addison's is warranted given the breed even though the adrenal glands appear structurally unremarkable.

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Dietary indiscretion, food intolerance/indiscretion, structurally insignificant inflammatory bowel or occult parasitism and occult Addison's are all potentials.

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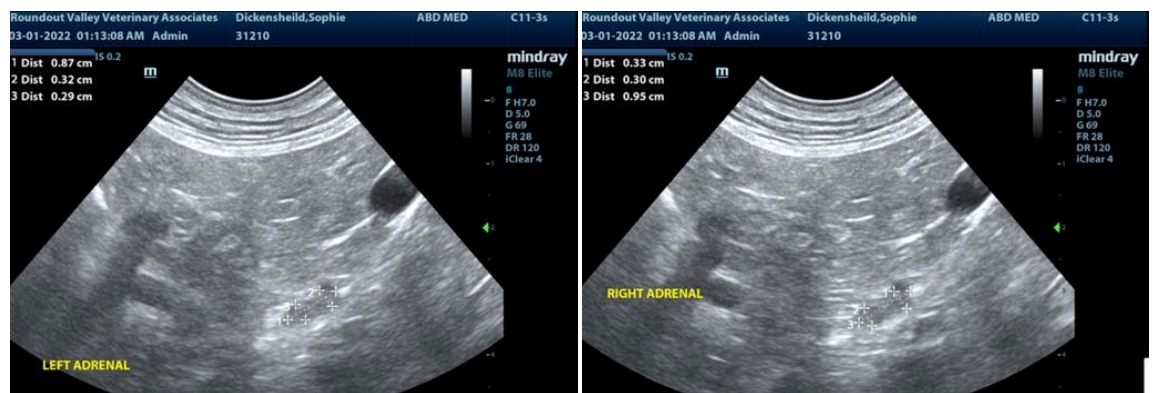
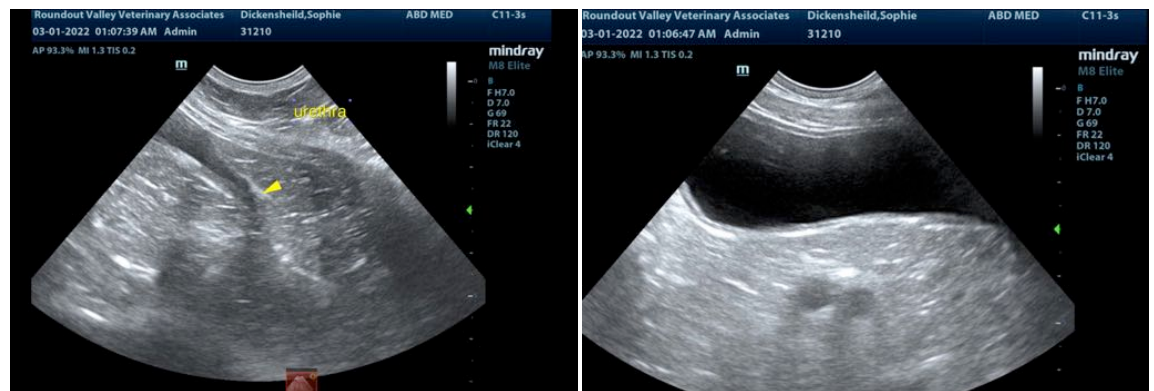
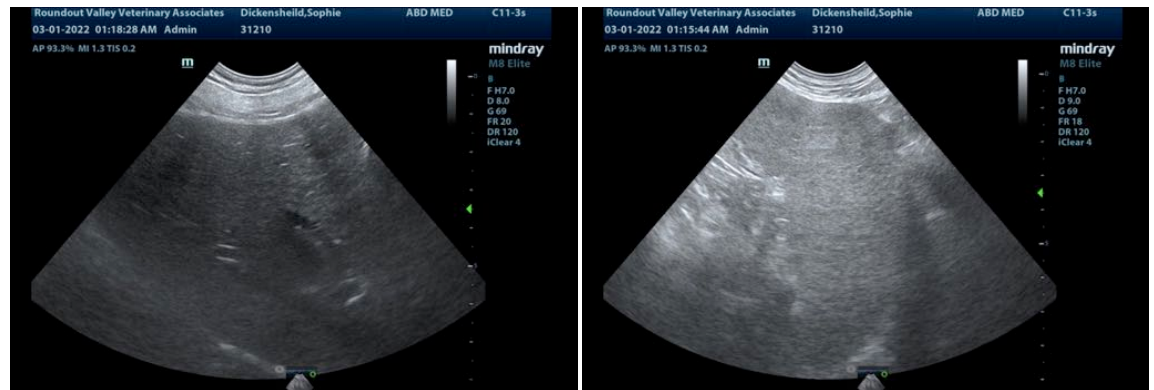
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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