



PATIENT

Manny Wanner

PRESENTING CLINICAL SIGNS

Annual bloodwork
U/A: USG: 1.01, Blood 1+, ALT: 173, ALK: 302, chol: 346, PSL: 208, T4 1.5.

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Collie Mix

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

Neutered male

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 right kidney measured 7.0 cm. The left kidney measured 6.1 cm with slight mineralization.

AGE

12 1/5 years

WEIGHT

86.4 lbs

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 2.22 x 0.61 cm. The left adrenal gland measured 2.93 x 0.62 cm.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

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.

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

Liver

The **liver** revealed minor uniform enlargement and slight coarse architecture. The gallbladder and common bile duct are unremarkable. A hyperechoic lipogranulomatous nodule was noted in the left liver measuring approximately 1.0 cm.

REFERRING VET

Dr. Rodriguez

INVOICE

95945

Gastrointestinal

The **stomach** was filled with ingesta. This is consistent with post prandial presentation. Transit of chyme into the small intestine appeared to be normal. The curvilinear patterns were normal throughout the gastrointestinal tract.

DATE

2/9/22



PATIENT

Pancreas

Manny Wanner

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.

SPECIES

Canine

ULTRASONOGRAPHIC FINDINGS

BREED

Collie Mix

Non-specific, mild chronic inflammatory hepatopathy.

Age related renal changes, moderate.

Otherwise, unremarkable abdomen.

SEX

Neutered male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

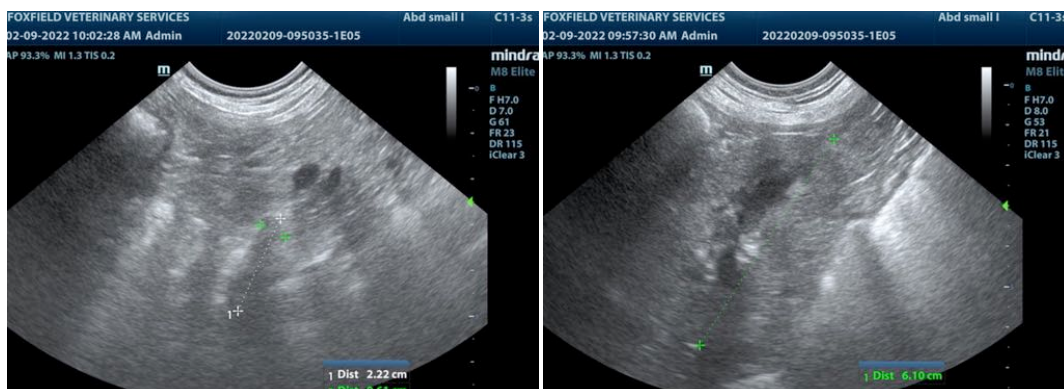
AGE

There was no evidence of neoplasia.

12 1/5 years

WEIGHT

86.4 lbs

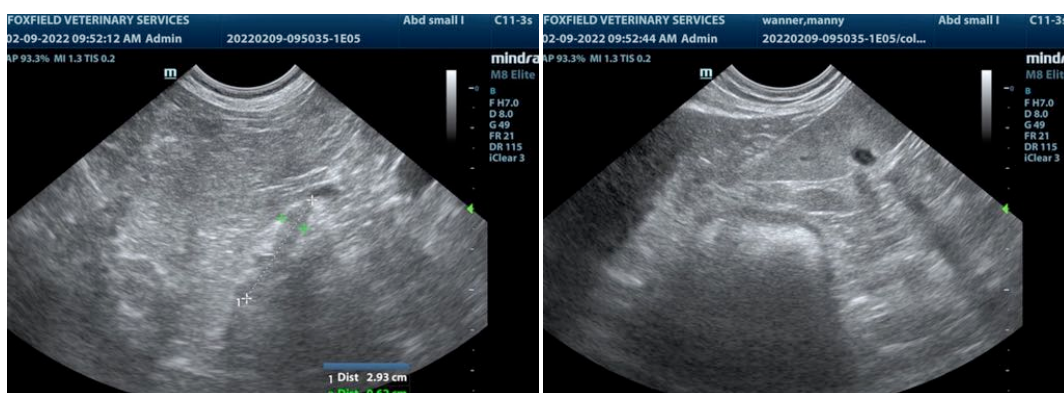


INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez



HOSPITAL NAME

Foxfield VS

REFERRING VET

Dr. Rodriguez

INVOICE

95945

DATE

2/9/22



PATIENT

Manny Wanner

SPECIES

Canine

BREED

Collie Mix

SEX

Neutered male

AGE

12 1/5 years

WEIGHT

86.4 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

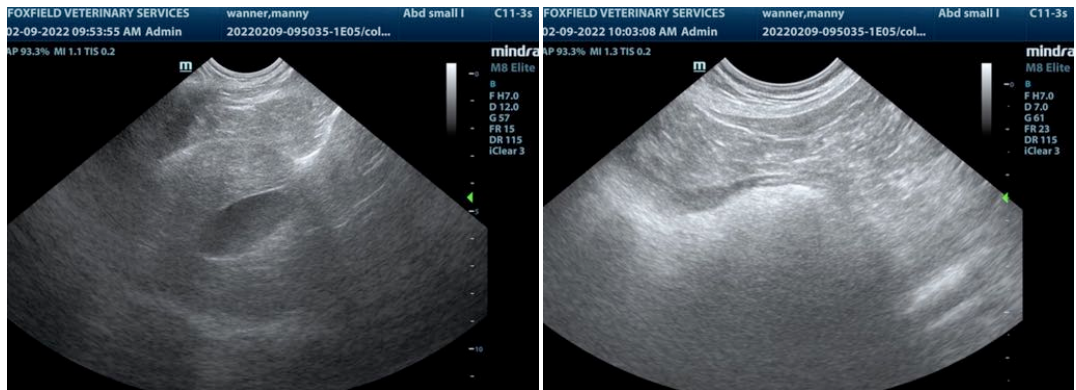
Dr. Rodriguez

INVOICE

95945

DATE

2/9/22



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