



PATIENT

Molly Chapman

PRESENTING CLINICAL SIGNS

History: Mild elevation of ALP ALT over last 12 months. Non Clinical not on any meds
Abnormal PE/Chem/CBC/UA Results: Mild-Moderate elevation of ALP ALT

SPECIES

Canine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Labradoodle

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.

SEX

Spayed Female

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 4.86 cm. The left kidney measured 4.58 cm with slight cortical cysts.

AGE

13 years

WEIGHT

23 kgs

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 up to 0.64 cm in width. The left adrenal gland measured 0.49 cm at maximum width.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Belan

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.

HOSPITAL NAME

Dewinton AC

REFERRING VET

Dr. Pazej

Liver

The **liver** in this patient presented minor coarse architecture with slight, heterogenous parenchymal changes. Occasional anechoic cysts were noted. The gallbladder was mildly over distended with suspended and dependent debris, yet not to the level of emerging mucocele. However, the sludge appears to be mildly excessive. Occasional small calculus was noted. No adjunctive inflammation was noted.

INVOICE

96817

DATE

3/11/22



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Gastrointestinal

SPECIES

Canine

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.

BREED

Labradoodle

Pancreas

SEX

Spayed Female

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.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

Excessive gallbladder debris.

WEIGHT

23 kgs

Age related hepatic changes.

Geriatric abdomen.

Subjectively benign presentation.

INTERPRETED BY

Eric Lindquist, DMV
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

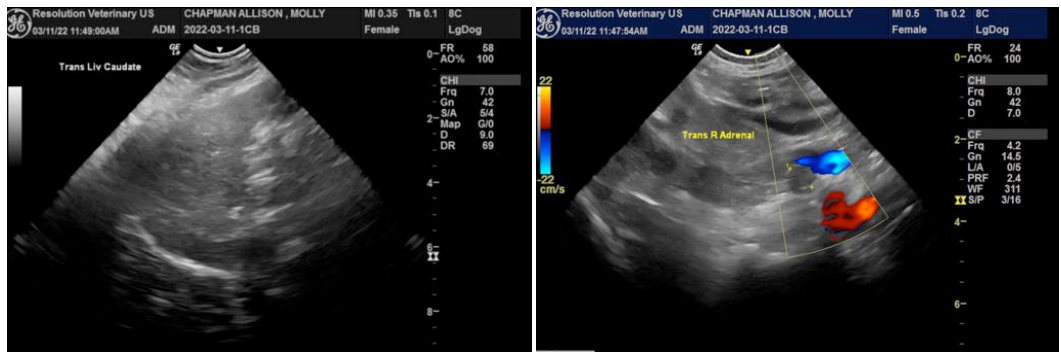
Ursodiol therapy is recommended as proactive treatment for the biliary presentation. There was no evidence of biliary obstruction at this time. However, this is consistent with emerging mucocele. FNA of the liver could be considered for further definition of inflammatory cell type of the liver. A recheck echocardiogram is recommended in 6-8 weeks after Ursodiol therapy has been implemented.

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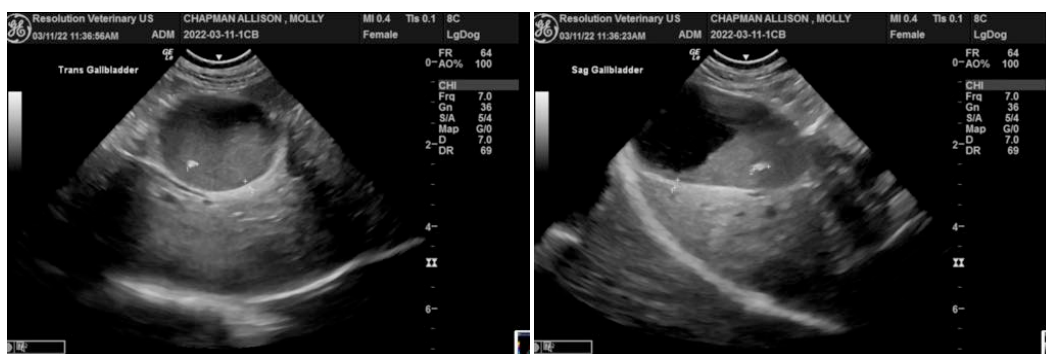
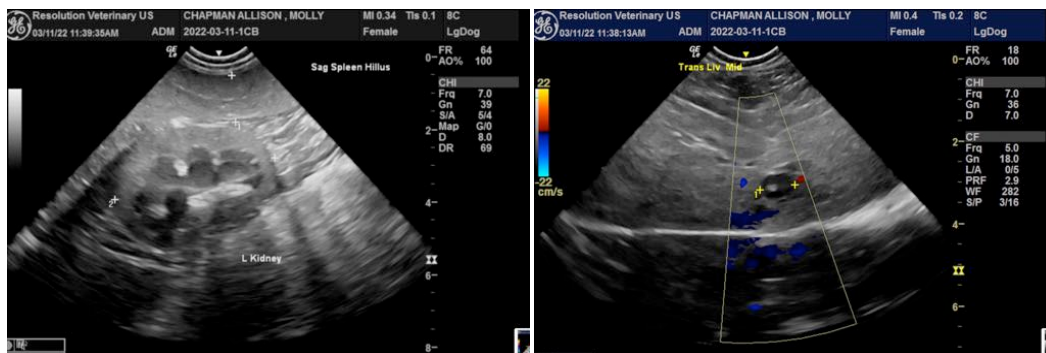
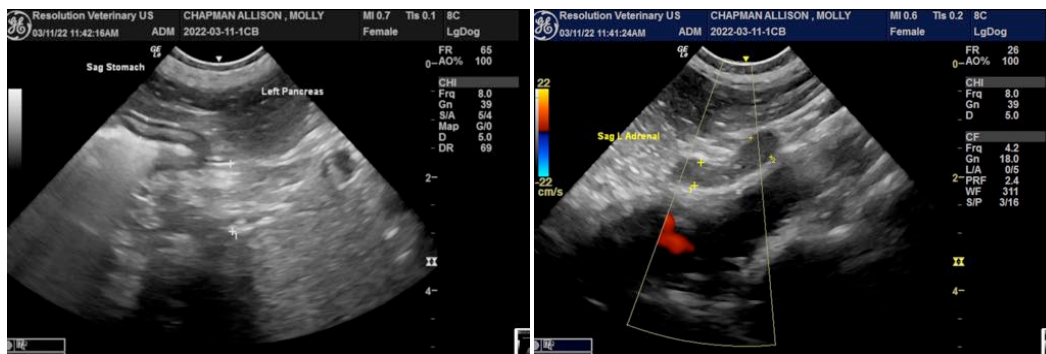
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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