



PATIENT

Lua Pepper

SPECIES

Canine

BREED

Labrador

SEX

Spayed Female

AGE

13.5 Years

WEIGHT

86 Pounds

INTERPRETED BY

Eric Lindquist, DMV

DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire AH

REFERRING VET

Dr. Meghan Myers

INVOICE

36208

DATE

3/15/22

PRESENTING CLINICAL SIGNS

History of chronic kidney disease (mild and non progressive), arthritis most recent blood work showed a very mild anemia (new finding for her) and elevated liver enzymes which she has a chronic history of but they increased since last checked.

Abnormal PE/Chem/CBC/UA Results: hct: 35% very mild increased calcium 11.9 (normal 8.4-11.8) alt: 186 alkp: 1530

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** revealed a dorsal polyp measuring 1.5 cm with suspended debris and other polypoid changes and small calculi. A small amount of sand also present. The polypoid changes appear to be deriving from the mucosa, whereas the submucosa and muscularis appeared to be intact. The pelvic urethra was imaged 1.0 cm beyond the cystourethral junction. The iliac trifurcation was unremarkable.

The **left kidney** presented cortical infarcts and remodeling, subnormal size, and slight pyelectasia, consistent with end stage degenerative changes. The left kidney measured 5.2 cm. The right kidney presented significant dystrophic changes, similar to the left. The right kidney measured 5.2 cm with cortical infarcts and minor pyelectasia.

Adrenal Glands

The **adrenal glands** were not visualized.

Spleen

The **spleen** was largely smooth with subtle heterogeneous parenchymal changes while maintaining normal echogenic relationship to the liver and kidney. These changes are consistent with normal age-related alteration. Non-disruptive hypoechoic nodular changes noted, likely hyperplasia. FNA warranted. The capsule was 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. No evidence of active acute or chronic inflammatory, neoplastic, or infarctual changes were noted.

Liver

The left lateral **liver** revealed a cyst nodule measuring 3.4 cm, unlikely to be pathological. Other heterogeneous changes noted in the liver. The gallbladder and common bile duct were unremarkable.

Gastrointestinal

Some retention of ingesta was noted in the **stomach**. The small intestine and colon were unremarkable.

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.

The mid cranial abdomen revealed a 5.2 cm mixed echogenic abscess or infarcted lipoma with pericapsular inflammatory pattern.



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ULTRASONOGRAPHIC FINDINGS

- Bilateral renal dystrophy – subjectively end stage with infarcts
- Bladder polyps and debris
- Nodular hyperplasia splenic pattern
- Nodular hyperplasia liver pattern with cystic nodule in the left lateral liver and infarcted lipoma or abscess

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The cranial abdominal abscess appears to be potentially resectable. However, I am concerned for long-term viability of the kidneys. Depending upon renal parameters, 72-hour IV fluid protocol to stabilize and surgical removal of the mid abdominal abscess or infarcted lipoma would be indicated.

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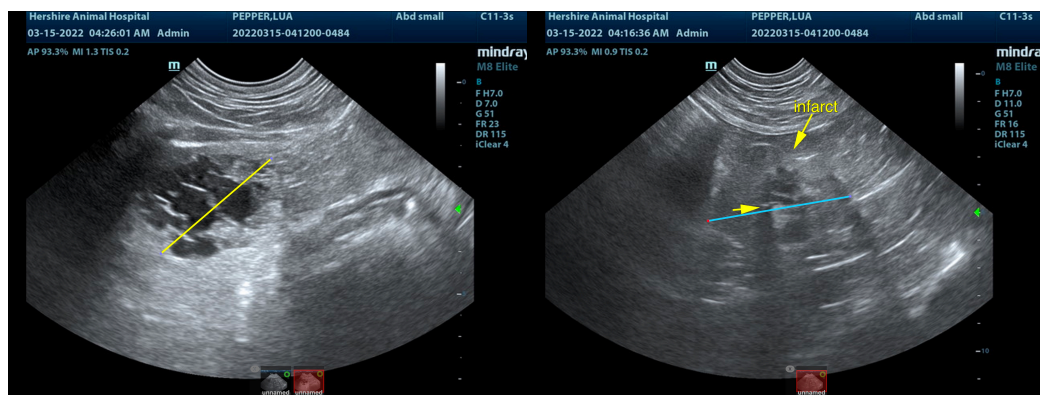
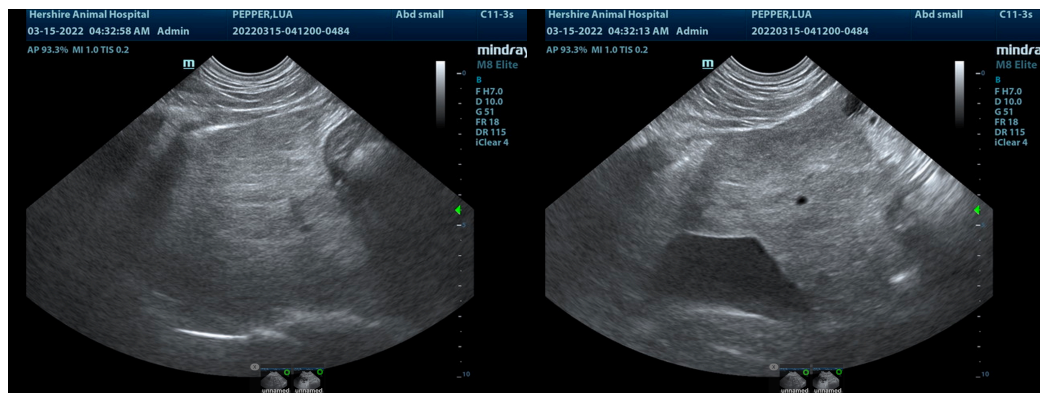
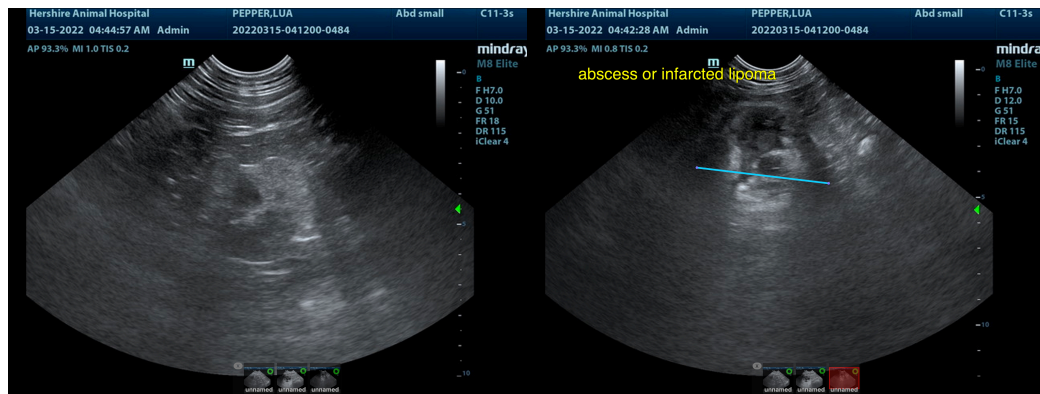
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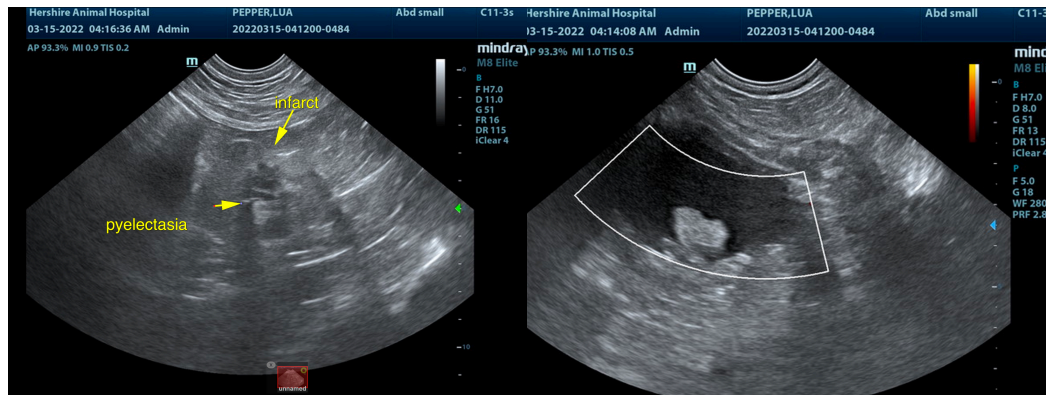
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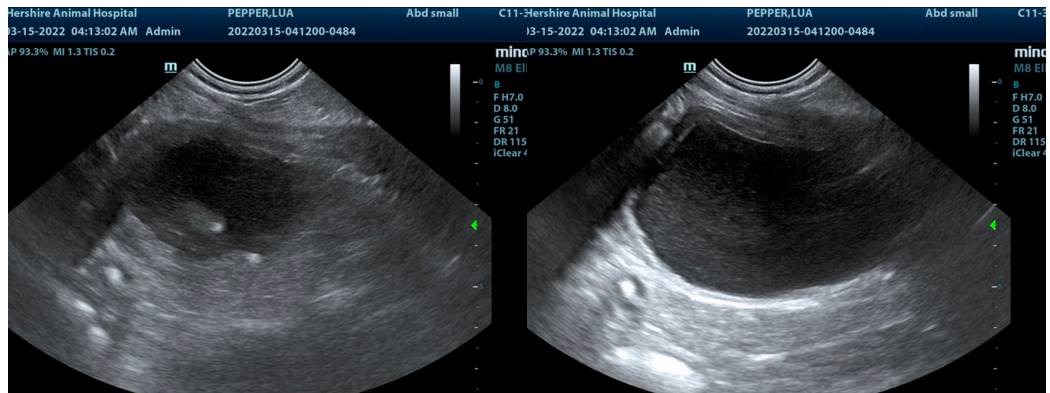
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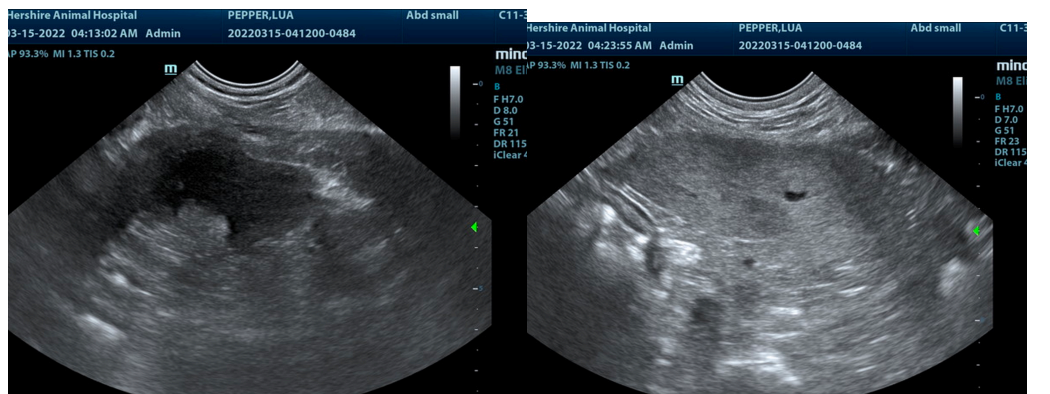
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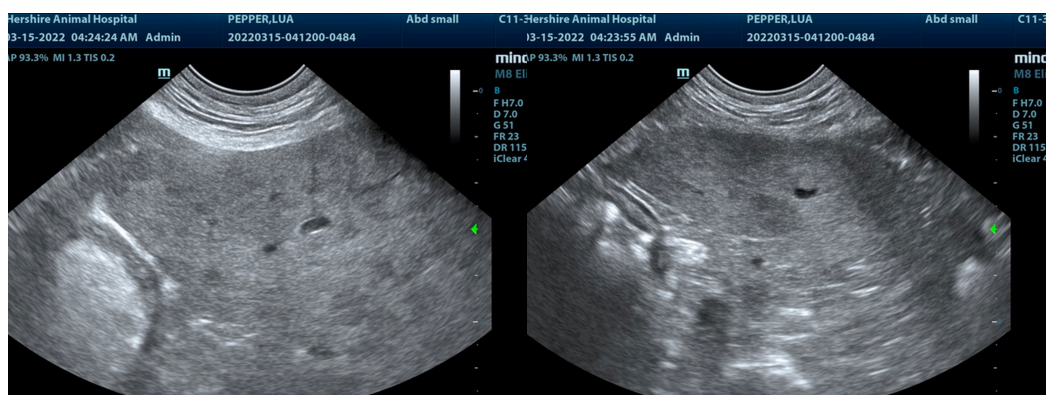
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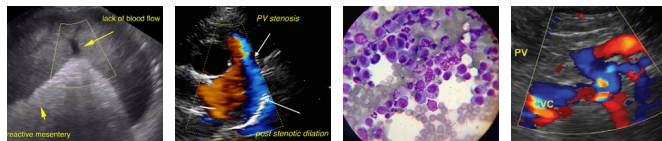
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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

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