



**PATIENT PRESENTING CLINICAL SIGNS**

Abby Arturte

History: Presented at our hospital for ADR, hasn't been eating normally, lethargic. Previous Health Concerns: thyroid issues, dehydration (seen here) Current Medications: levothyroxine, vision bites, Provable Appetite/When did they eat last: decreased eating, ate a treat with medication this morning  
Abnormal PE/Chem/CBC/UA Results: Abdominal: Painful on palpation Musculoskeletal: Painful left movement of the cervical region; no discomfort on spinal palpation; CP WNL x4 Radiographs - hepatomegaly; spondylosis EPOC - HCT (57) Liver - ALT (498) ALP (>993) GGT (17)

**SPECIES**

Canine

**BREED**

Boston Terrier

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Spayed Female

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.

**AGE**

12 years

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 left kidney measured 5.91 cm. The right kidney measured 6.61 cm.

**WEIGHT**

16 kg

**Adrenal Glands**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

The left **adrenal gland** was enlarged and heterogenous with parenchymal changes measuring 3.09 x 1.03 cm at the cranial pole and 0.65 cm at the caudal pole. The right adrenal gland was normal in size and measured 2.12 x 0.48 cm at the cranial pole and 0.57 cm at the caudal pole.

**IMAGING PERFORMED BY**

Erin Wicks

**Spleen**

**HOSPITAL NAME**

Shores VEC

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.

**REFERRING VET**

Dr. Slenbaker

**Liver**

**INVOICE**

96930

**Gastrointestinal**

**DATE**

3/17/22

The **liver** revealed non-specific, coarse architecture. The gallbladder and common bile duct were unremarkable with mild hepatic swelling.

Examination of the **gastrointestinal tract** revealed a stomach and intestine free of stasis, of normal wall thickness, acceptable curvilinear mural detail, and peristaltic activity. Shadowing material was noted in the pylorus and measured 2.5 cm. Small and large intestine demonstrated normal luminal chyme and



**PATIENT**

Abby Arturte

stool consistency respectively. No obstructive or overt infiltrative disease was noted. No associated abnormal lymphatic activity was noted.

**SPECIES**

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**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.

**BREED**

Boston Terrier

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed Female

Non-specific inflammatory hepatopathy.

**AGE**

12 years

Enlarged left adrenal gland. Hyperplasia is likely with a mild potential for emerging carcinoma or pheochromocytoma.

**WEIGHT**

16 kg

Soft shadowing gastric material. Retention of ingesta or grass is suspected.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Leptospirosis titers are warranted as well as FNA of the general parenchyma.

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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**REFERRING VET**

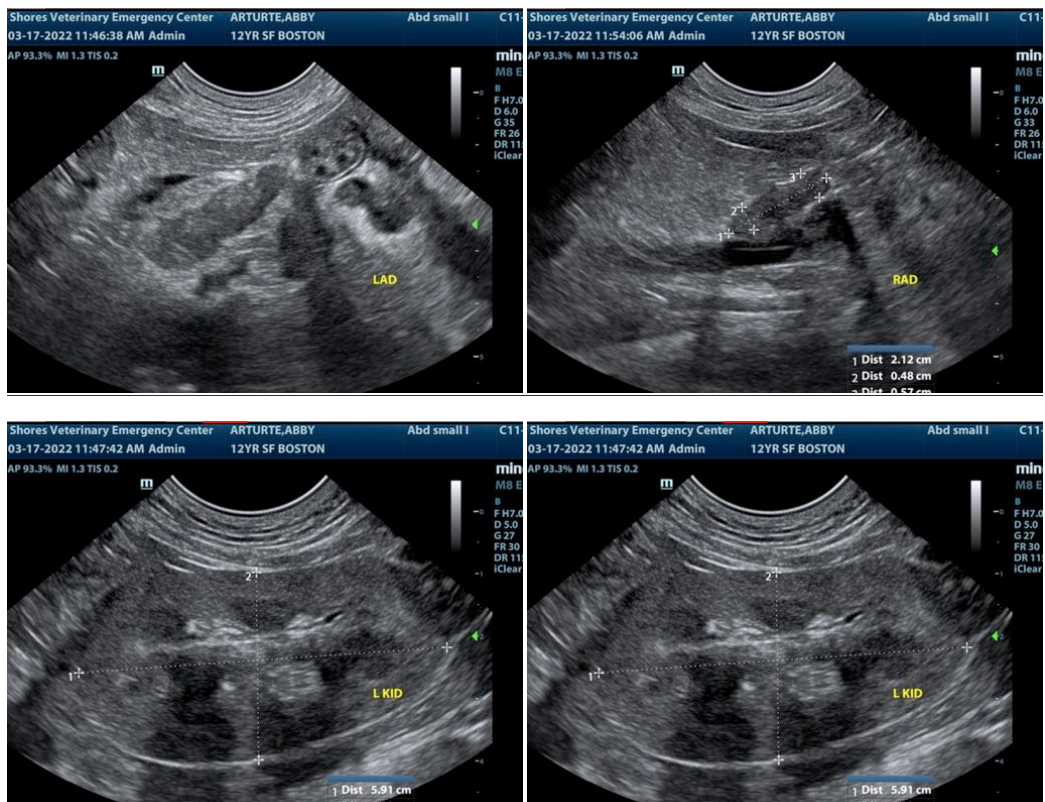
Dr. Slenbaker

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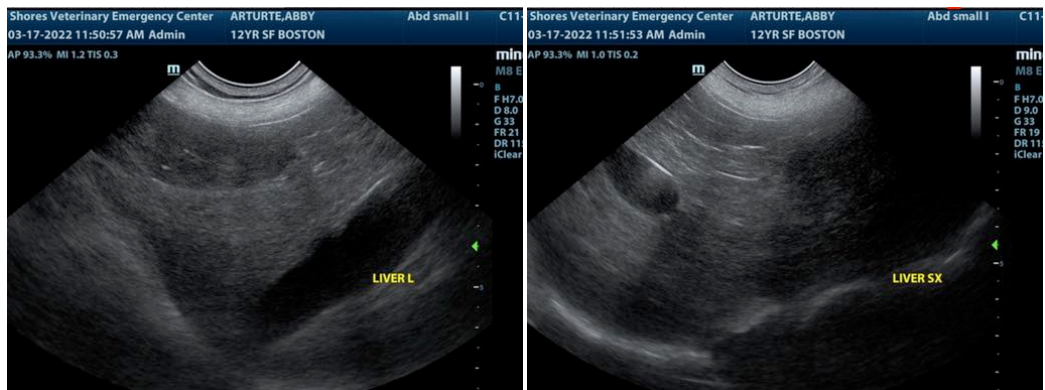
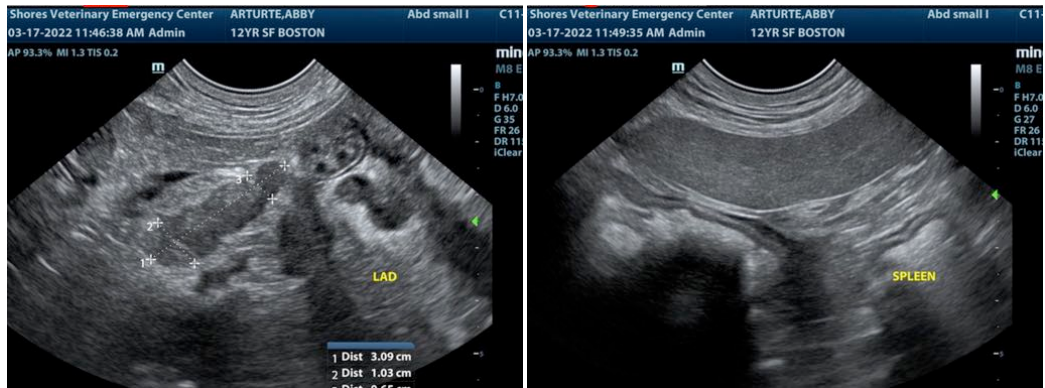
Spayed Female

**AGE**

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**WEIGHT**

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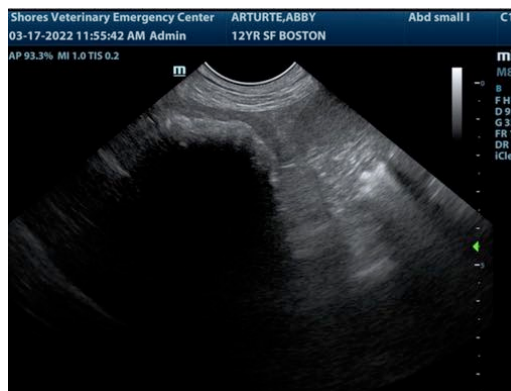
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Dr. Slenbaker



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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.



**PATIENT**

Abby Arturte

**Eric Lindquist**, DMV, DABVP, Cert. IVUSS, CEO of SonoPath.com  
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