



PATIENT

Gracie Gillis

SPECIES

Canine

BREED

Snoodle

SEX

Spayed Female

AGE

11 ½ years

WEIGHT

14.8 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Dr. Beard

HOSPITAL NAME

West Prince AH

REFERRING VET

Dr. Beard

INVOICE

97931

DATE

3/30/22

PRESENTING CLINICAL SIGNS

History: 11 1/2yr old FS presented for pre anesthetic workup prior to dental.
Abnormal PE/Chem/CBC/UA Results: Chem = increased ALT and Alk Phos. CBC WNL. T4 normal. HW negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. Minor apical ventral wall thickening was noted. This is suggestive for cystitis. The urine, however, did present some mildly echogenic debris consistent with mucous, exfoliated cells from renal or bladder origin, and/or blood clots as these echogenic changes can all present similarly. This is often related to urinary tract infection but may represent simple evidence of exfoliated debris or sterile inflammation. Cystocentesis, urinalysis, +/- culture would be recommended to rule out and define any UTI.

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 4.0 cm. The right kidney measured 4.0 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 left adrenal gland measured 0.5 cm. The right adrenal gland measured 0.5 cm.

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.

Liver

The **liver** revealed slight coarse architecture with mildly increased portal markings. The liver was normal in size and vascularity. Minor, hepatic vein dilation was noted. This may be owing to sedation or possible passive congestion if the patient was not sedated. The gallbladder and common bile duct were unremarkable.



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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

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

AGE

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Non-specific inflammatory hepatopathy liver pattern.

Otherwise, unremarkable abdomen.

WEIGHT

14.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Eric Lindquist, DMV
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There was no evidence of significant disease. FNA of the liver could be considered during the dental procedure given the convenience of the procedure. However, the liver appears structurally unremarkable. This is likely reactive hepatopathy or low-grade inflammatory hepatopathy. There is no contraindication to anesthetic procedure as long as the patient is clinically sound.

IMAGING PERFORMED BY

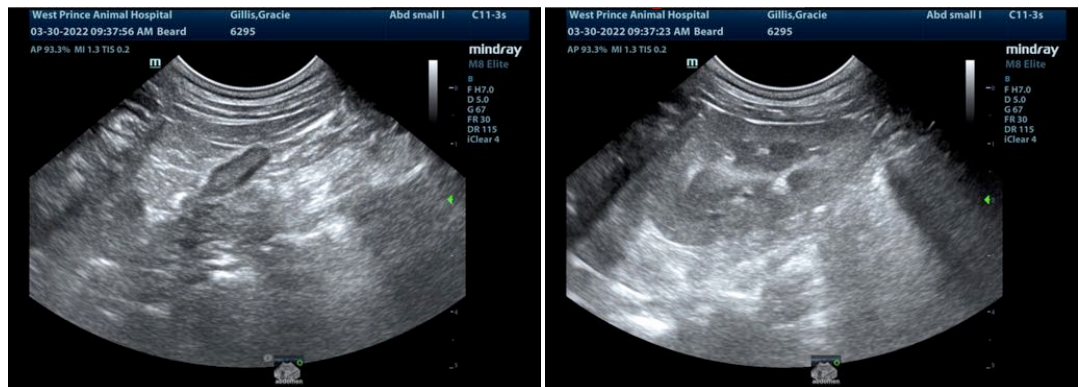
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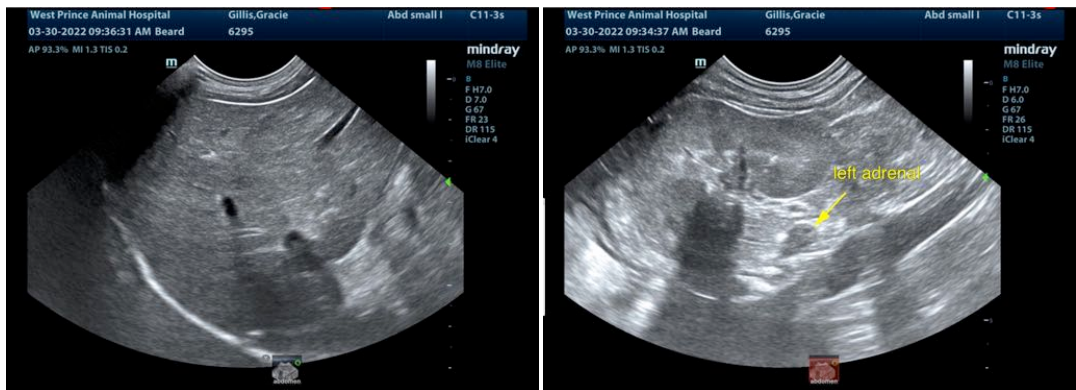
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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