



PATIENT

Murphy Lemmon

SPECIES

Canine

BREED

Labrador

SEX

Neutered Male

AGE

14 Years

WEIGHT

56 lbs.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

IMAGING PERFORMED BY

Charlie Rodriguez

HOSPITAL NAME

Bethany Family PC

REFERRING VET

Dr. Charlie Rodriguez

INVOICE

14187

DATE

3/4/22

PRESENTING CLINICAL SIGNS

History: Old dog owned by owner with dementia. Has hx of diarrhea, possible urinary incontinence (or accidents). Recent history of 12 hours for vomiting. Needed sedation due to biting tendencies and did full work up.

Abnormal PE/Chem/CBC/UA Results: UA and cbc/chem are pending, rads showed aged lungs but, no mets, suspect dermal hemangiosarcoma's on abdomen, rest is more age-related changes.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **urinary bladder** was overdistended. Pelvic urethra was unremarkable, visible to 2.0 cm beyond the cystourethral junction.

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some moderate 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 his age patient. Medullary structure differed distinctly from that of the cortex and no evidence of pelvic dilation was present. Occasional cortical cysts were noted in the kidneys. The left kidney measured 7.0 cm. The right kidney measured 7.0 cm.

Adrenal Glands

The **left adrenal gland** was enlarged, heterogeneous and mildly irregular with focal areas of mineralization. The left adrenal gland measured up to 1.2 cm in width.

The **right adrenal gland** was visualized obliquely, measuring approximately 1.0 cm in width with mild capsular expansion and irregularity.

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. 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 **liver** revealed age-related changes. The **gallbladder** was over distended with suspended and dependent debris, consistent with emerging mucocele formation. Some striating bile noted, the majority of the bile was immobile. The cystic duct was also dilated.

Gastrointestinal

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

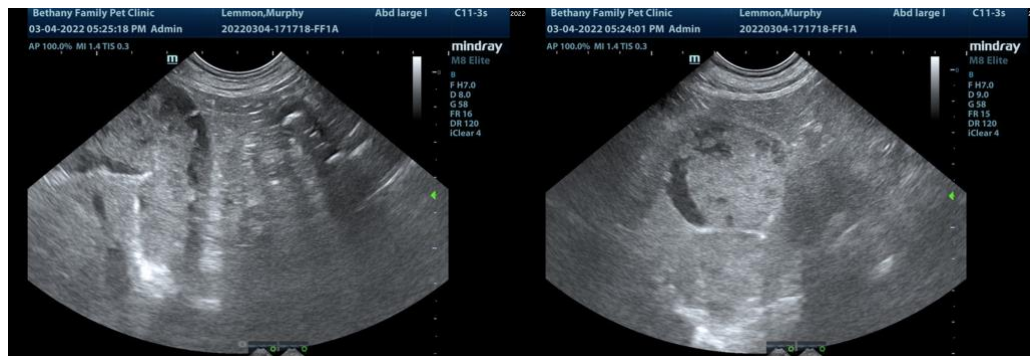
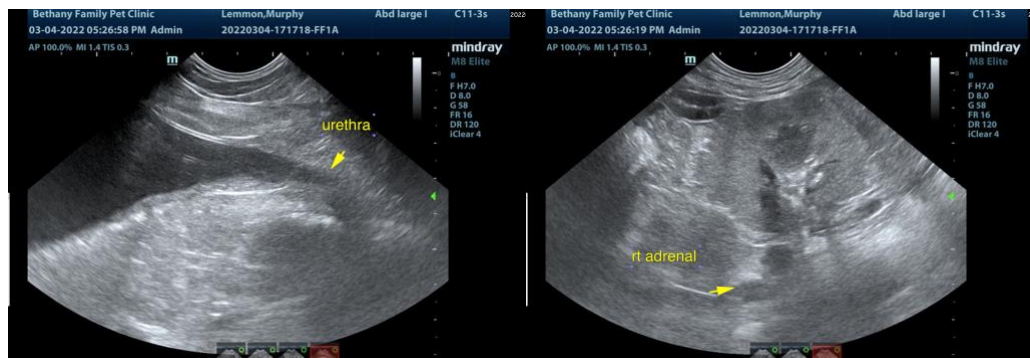
The base and limbs of the **pancreas** were observed to be largely isoechoic to surrounding omental fat. Some mild parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes. If pain upon imaging (+ Murphy sign) was present or if the patient is focally painful in subxyphoid palpation then low-grade smoldering chronic pancreatitis should be suspected.

ULTRASONOGRAPHIC FINDINGS

- Moderate degenerative renal changes
- Immature gallbladder mucocele
- Age-related splenic, hepatic and pancreatic changes
- Urinary bladder overdistended
- Swollen adrenal glands

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If the patient appears Cushingoid and urine specific gravity is <1.020, work up for PDH indicated as both the adrenal glands appeared swollen. The kidneys appear approximately 50-60 % compromised. Ursodiol therapy warranted as a preventative over the next 6-8 weeks. Gallbladder motility study would be ideal. Structurally the GI tract is unremarkable.





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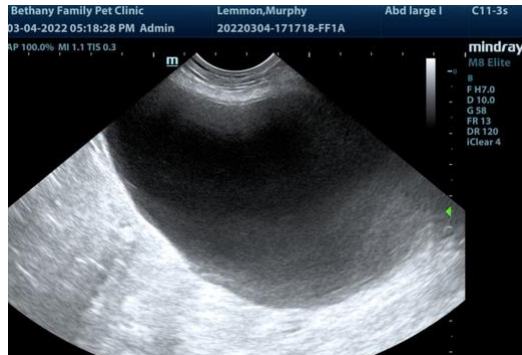
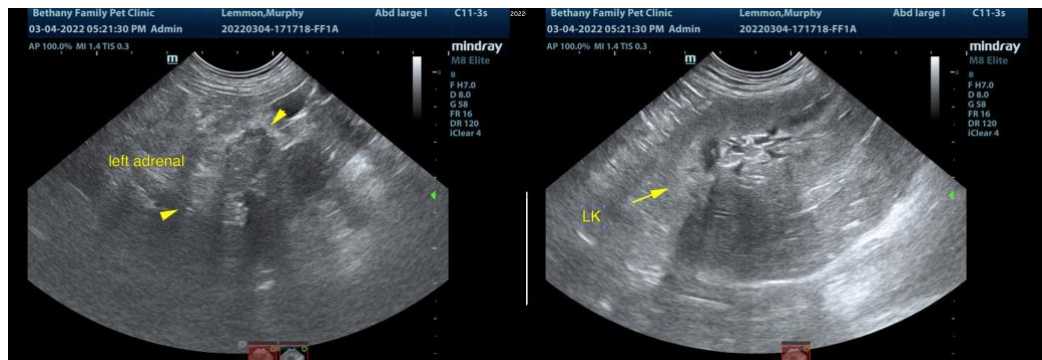
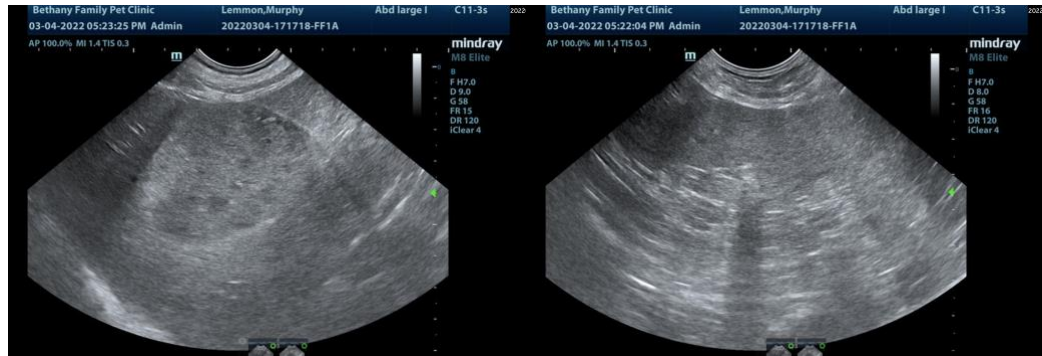
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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