



PATIENT

Belle Hogan

PRESENTING CLINICAL SIGNS

Hx of PU/PD and panting. P had splenectomy (benign mass) in 2020 and exploratory in 2021 for entrapped intestine

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: Alkp 634 in 2021, now 848. All else WNL UA shows low end of normal concentration

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Australian Cattle Dog

Urinary System

The urinary bladder, trigone, and pelvic urethra presented normal thicknesses and normal tone to a depth of 2 cm. 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 were noted. Ureteral papillae were normal.

SEX

FS

The kidneys revealed normal size and structure, corticomedullary definition and ratio for this age. The cortices presented largely uniform texture with normal echogenic relationship to liver and spleen.

AGE

11yr

Medullary structure differed distinctly from the cortex and no evidence of pelvic dilation was present. The capsules were acceptably uniform without significant irregularities. The left kidney measured 6.7 cm in length. The right kidney measured 7.0 cm in length.

Adrenal Glands

WEIGHT

56.1

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 0.8 cm caudal pole width by 0.7 cm cranial pole width. The right adrenal gland measured 0.7 cm caudal pole width by 0.93 cm cranial pole width.

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

Spleen

The region of the splenic fossa was unremarkable, no return of prior pathology.

IMAGING PERFORMED BY

Ruth Loomis

Liver

A swollen caudate process measuring ~ 5.0 cm without disruption of architecture was noted. Some moderate age-related parenchymal remodeling with heterogenous nodular changes was noted but likely not clinically significant at this time. Vascular and biliary tracts were of normal volume and no evidence of congestion was noted. The gallbladder presented some dependent debris with essentially normal contour. The cystic and common bile ducts were normal. No overt evidence of active inflammatory, infiltrative or regenerative pathology was noted but should be paired with current or past LE elevations regarding any clinical significance to this presentation. The hepatic lymph nodes were unremarkable.

HOSPITAL NAME

Brookwood Animal
Clinic

REFERRING VET

Ruth Loomis

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.

INVOICE

13137ag

Pancreas

DATE

03/07/2023



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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.

SPECIES

Canine

Free Abdomen

Reactive mesenteric lymph nodes were present exhibiting normal length to width ratio with slight, swollen contour. There was no loss of parenchymal detail. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

BREED

Australian Cattle Dog

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Structurally unremarkable abdomen, no evidence of pathology
- Minor heterogenous hepatic changes with minor caudate swelling-subjectively benign

AGE

11yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology.

WEIGHT

56.1

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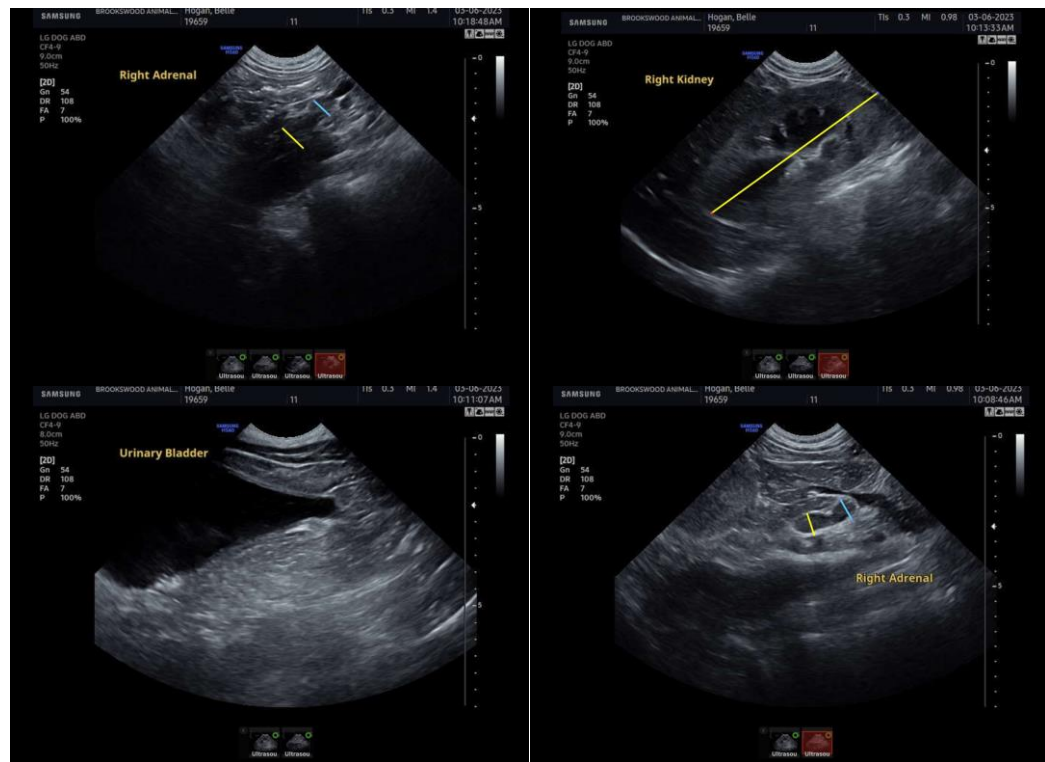
Ruth Loomis

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SPECIES

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SEX

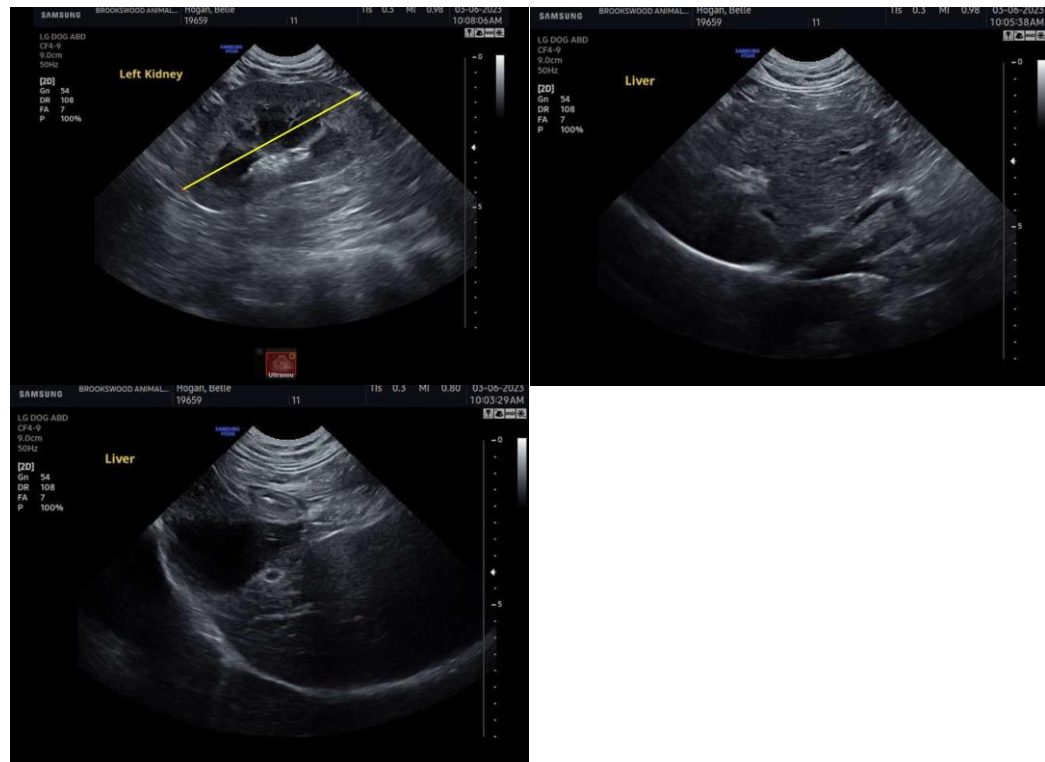
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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