



**PATIENT**

Dixie Reuther

**SPECIES**

Canine

**BREED**

Pit X

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

40 kg

**INTERPRETED BY**

Eric Lindquist, DMV

DABVP, Cert. IVUSS

**IMAGING PERFORMED BY**

Amber Goldman

**HOSPITAL NAME**

Appalachian Vet  
Ultrasound

**REFERRING VET**

Dr. Brower

**INVOICE**

46539

**DATE**

4/10/23

**PRESENTING CLINICAL SIGNS**

P presents for lameness on R rear. Began 5 days ago, O took P to groomer and when getting P out of car noticed limping on R rear. O unsure if any injury/trauma occurred when getting P into the car. P hasn't eaten for past 3 days, refusing all food and even treats, still drinking. Diarrhea present past 2 days, no blood present. No vomiting. P has an abrasion on L front that was examined at rDVM ~1 month ago at annual visit - rDVM wasn't concerned per O. O states P is licking area excessively. Area is open and oozes at times. P was on cosequin for joints but O has d/c'd currently - concerned that is the cause of diarrhea. No preexisting medical conditions.

Abnormal PE/Chem/CBC/UA Results: No BW performed

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The **urinary bladder** and visible pelvic urethra were unremarkable for the level of repletion presented. 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 pelvic urethra was imaged 3.0 cm beyond the cystourethral junction.

Iliac lymph nodes were unremarkable.

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. 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 7.29 cm. The right kidney measured 7.31 cm.

**Adrenal Glands**

Both **adrenal glands** measured at upper limits of normal, minor swelling. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The right adrenal gland measured 0.87 cm at the caudal pole and 1.2 cm at the cranial pole. The left adrenal gland measured 0.81 cm at the caudal pole and 0.80 cm at the cranial pole.

**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 were noted.

**Liver**

The **liver** presented generalized hepatomegaly and slightly coarse architecture. Occasional hypoechoic non-disruptive nodule noted. The gallbladder was unremarkable.

**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



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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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Pit X

**ULTRASONOGRAPHIC FINDINGS**

- Benign hepatopathy/nodular hyperplasia liver pattern
- Prominent adrenal glands

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Spayed Female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

If USG is <1.020 persistently and the patient appears cushingoid, then workup for PDH indicated. No overt evidence of pathology related to the clinical signs. Full orthopedic evaluation indicated, given the patient history. Assessment for any evidence of UTI recommended.

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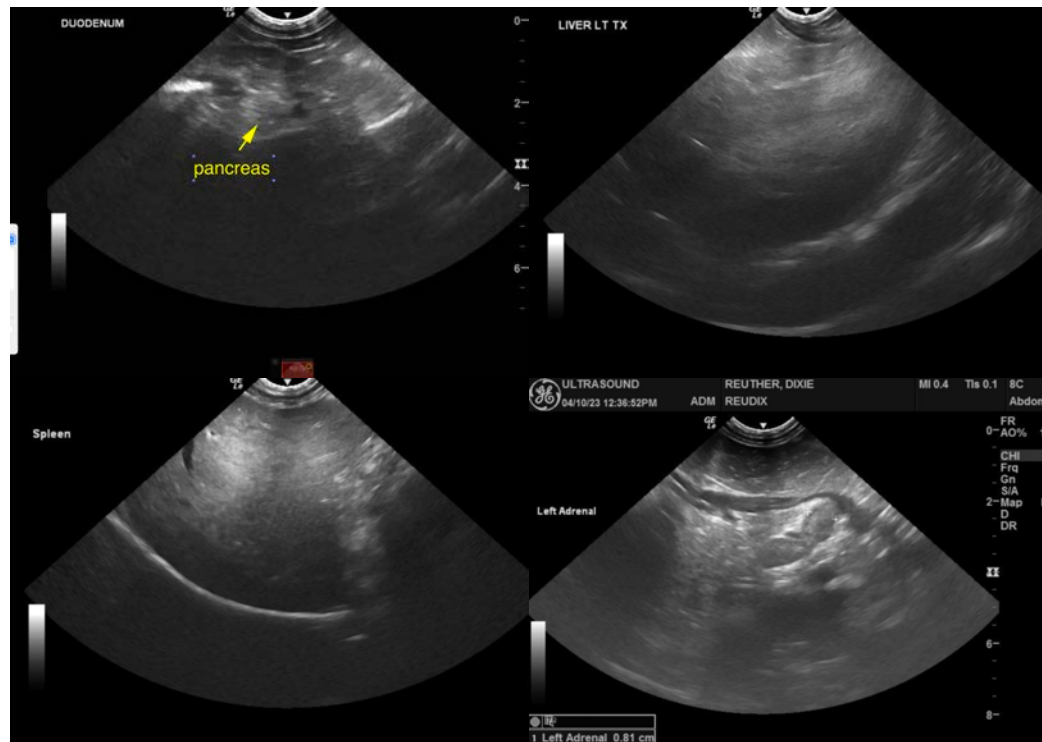
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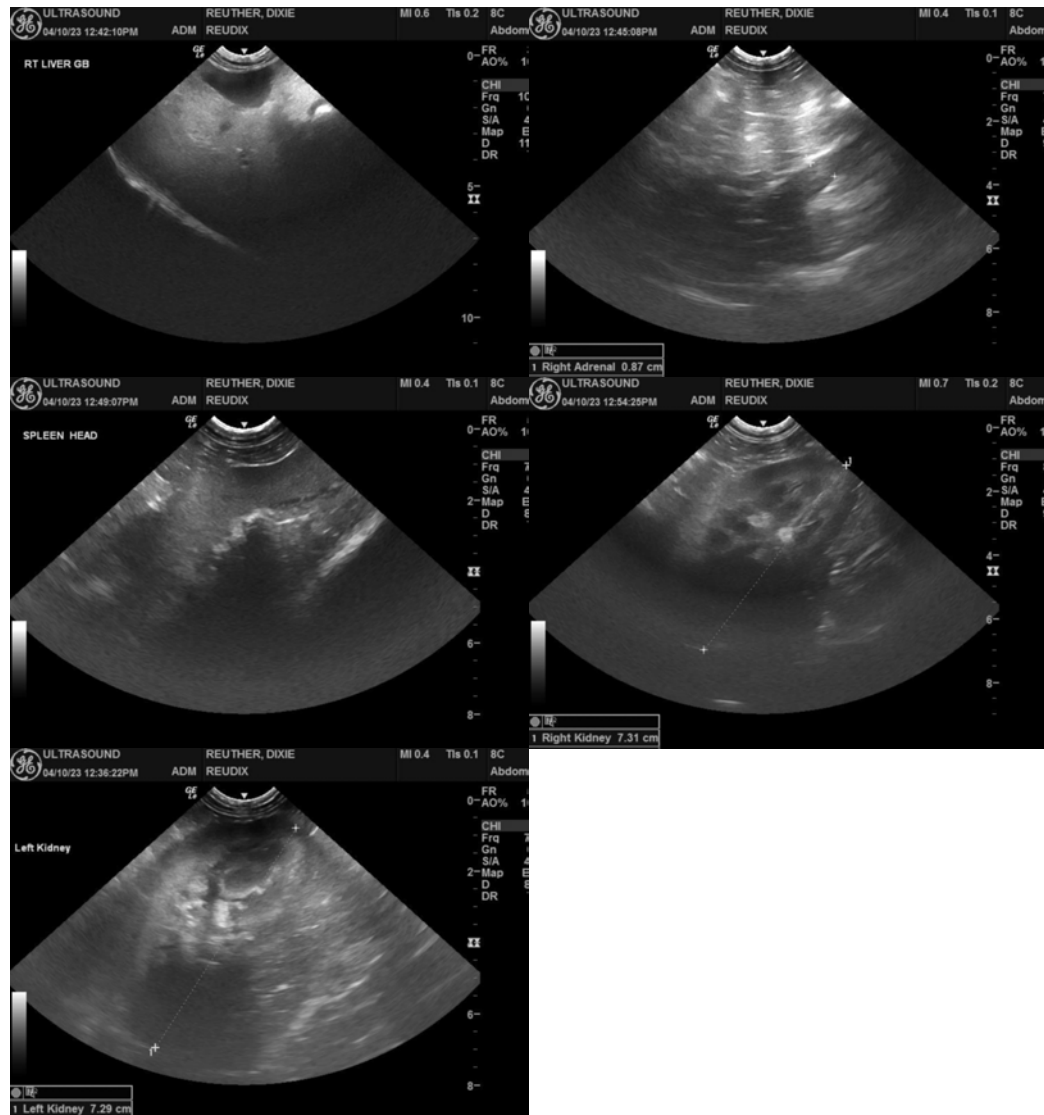
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)