



**PATIENT**                      **PRESENTING CLINICAL SIGNS**

Jackson Carpenter

History: Jackson has had several episodes of strawberry jelly appearing stool in the last week. She had similar episodes of soft and bloody stool last month which were treated unsuccessfully with several rounds of metronidazole. She has decreased appetite but normal energy level and no vomiting. She was historically on a raw diet, but now eats a lightly home cooked diet.

**SPECIES**

Canine

Abnormal PE/Chem/CBC/UA Results: Jackson's abdomen was uncomfortable on exam, and her anal glands were full (normal exudate), no blood on rectal exam today. Awaiting CBC/chem/fecal test results.

**BREED**

Labrador Retriever

**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**

11 years

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 2.0 cm.

**WEIGHT**

54 lbs

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

**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 0.75 cm at the caudal pole and 0.6 cm at the cranial pole. The right adrenal gland measured 0.6 cm at the cranial pole and 0.4 cm at the caudal pole.

**IMAGING PERFORMED BY**

Dr. Rudie

**HOSPITAL NAME**

Sherwood Family Pet  
Clinic

**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.

**REFERRING VET**

Dr. Merrill

**INVOICE**

43771

**Liver**

The **liver** revealed a hyperechoic nodule in the mid left liver that measured 3.0 cm and was non-disruptive, yet evident in multiple views. FNA is indicated to assess hyperplasia versus carcinoma. The remainder of the liver was largely unremarkable. The gallbladder presented acceptably thin walls with primarily anechoic content. The cystic and common bile ducts were normal. No pathological hepatic

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**PATIENT**

lymphadenopathy was evident. No overt structural evidence of inflammatory, infiltrative or regenerative pathology was evident.

Jackson Carpenter

**SPECIES**

**Gastrointestinal**

Canine

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.

**BREED**

Labrador Retriever

**Pancreas**

**SEX**

Spayed female

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.

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

Undefined hepatic nodule. Hyperplasia versus lipogranuloma or carcinoma.

**WEIGHT**

54 lbs

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Eric Lindquist, DMV  
DABVP, Cert. IVUSS

25-gauge FNA is warranted after coagulation panel. The hepatic nodule appears to be in a resectable position and is likely incidental and unrelated to the clinical signs. Fecal exam, broad spectrum anti-parasitic protocol and nutraceuticals are all indicated. Colonic scraping or colonoscopy is warranted if clinical signs persists. Treatment for Baytril responsive colitis can also be considered with Enrofloxacin and Metronidazole combination over a 7-10 day period.

**IMAGING PERFORMED BY**

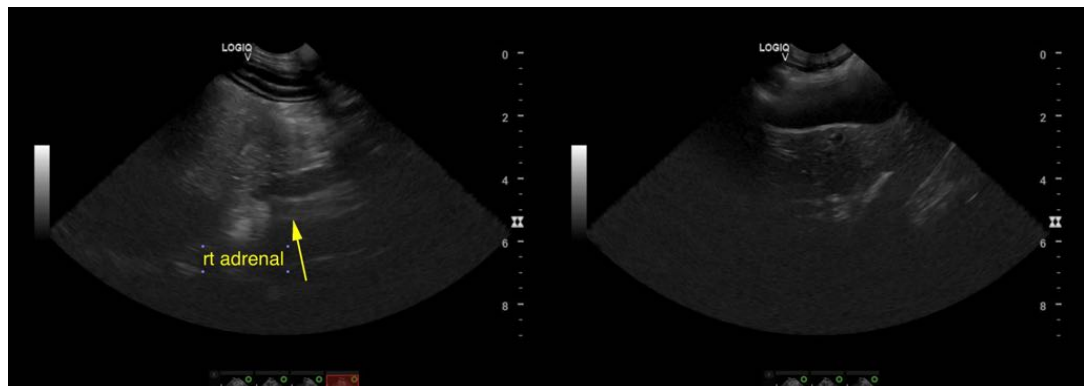
Dr. Rudie

**HOSPITAL NAME**

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Clinic

**REFERRING VET**

Dr. Merrill



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**PATIENT**

Jackson Carpenter

**SPECIES**

Canine

**BREED**

Labrador Retriever

**SEX**

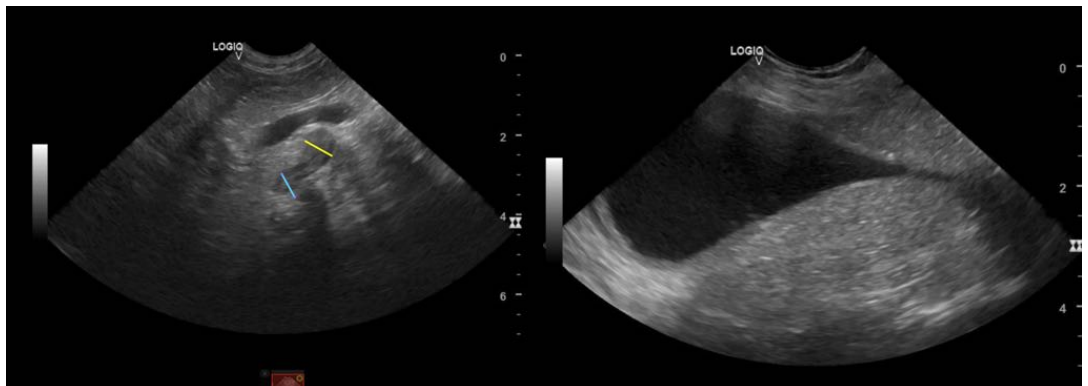
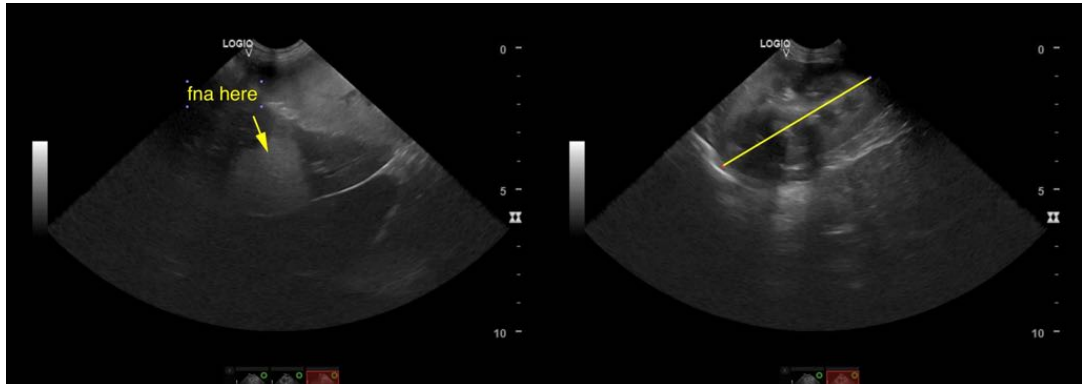
Spayed female

**AGE**

11 years

**WEIGHT**

54 lbs



**INTERPRETED BY**

Eric Lindquist, DMV  
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**IMAGING PERFORMED BY**

Dr. Rudie

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Clinic

**REFERRING VET**

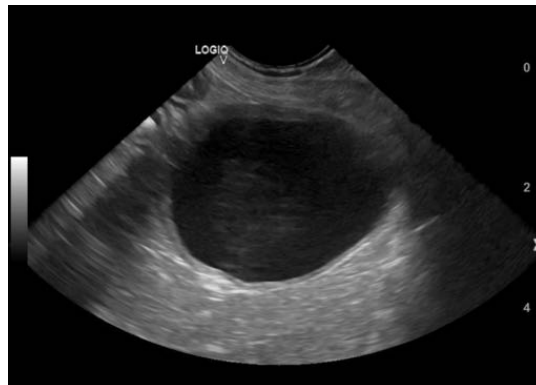
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**  
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