



PATIENT

Casey Omelianuk

SPECIES

Canine

BREED

Cavalier King Charles
Spaniel

SEX

Spayed Female

AGE

11 years

WEIGHT

28.6 lbs

INTERPRETED BY

Eric Lindquist, DMV
DABVP, Cert. IVUSS

**IMAGING
PERFORMED BY**

Shari Reffi, CVT

HOSPITAL NAME

Animal General
(Augusta)

REFERRING VET

Dr. Castimore

INVOICE

99414

DATE

4/20/22

PRESENTING CLINICAL SIGNS

ADR, decreased appetite, lethargy. Rads: Excessive gastric gas. Current meds: Doxy 100mg 1-1/4 bid, Reglan 1/2 bid, Percorten inj. 1cc 4/7/22
Abnormal PE/Chem/CBC/UA Results: Alt 410, Alkp 742, GGT 16, Amyl 495, Cl 108, WBC 23.86, Neu 15.44, Lym 6.73, Mono 1.42, PLT 567, MPV 14.6, PCT .83%, MCH 27.7, MCHC 38.2.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 4.56 cm. The right kidney measured 4.41 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 right adrenal gland measured 1.94 x 1.03 cm at the cranial pole and 0.57 cm at the caudal pole. The left adrenal gland measured 1.65 x 0.54 cm at the cranial pole and 0.51 cm at the caudal pole.

Spleen

The **spleen** revealed heterogenous parenchymal changes with an isoechoic 0.8 cm nodule at the mid body.

Liver

The **liver** images from right and left intercostal as well as subcostal views revealed subjectively normal liver size, contour, and structure. Some age-related parenchymal remodeling 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. A slight amount of gallbladder sand was noted.

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. Some retention of ingesta was



PATIENT	noted in the stomach. 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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SPECIES	Pancreas
Canine	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.
BREED	
Cavalier King Charles Spaniel	
SEX	Free Abdomen
Spayed Female	The iliac lymph node was reactive and measured 1.5 x 0.57 cm.
AGE	Heart
11 years	Rapid view of the heart revealed no evidence of pathology.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
28.6 lbs	Age related abdominal changes. Minor gallbladder sand. Slight iliac lymphadenopathy, likely reactive. Splenic nodule, to monitor.
INTERPRETED BY	
Eric Lindquist, DMV DABVP, Cert. IVUSS	
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Shari Reffi, CVT	FNA of the splenic nodule is recommended. Nodular hyperplasia, emerging hemangiosarcoma and round cell neoplasia are all possible. Ursodiol therapy is warranted over the next 6 weeks. A recheck of the splenic nodule +/- aspirate can be considered at that time. FNA of the liver is warranted to assess inflammatory cell type.
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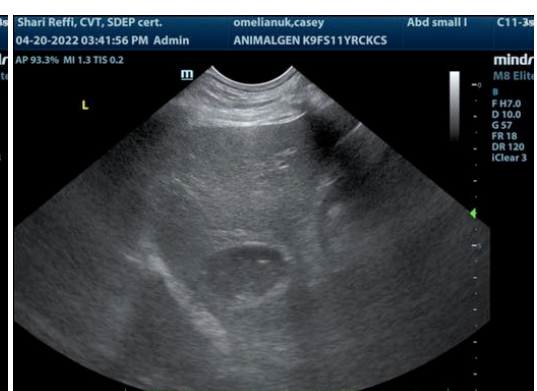
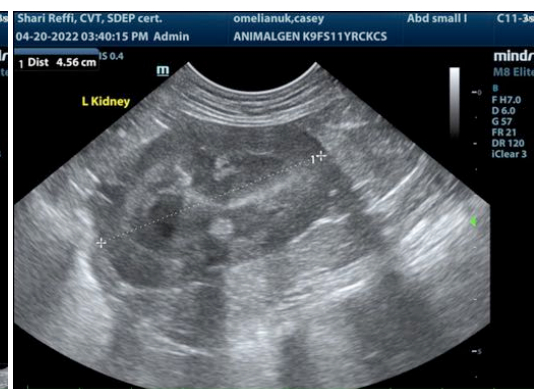
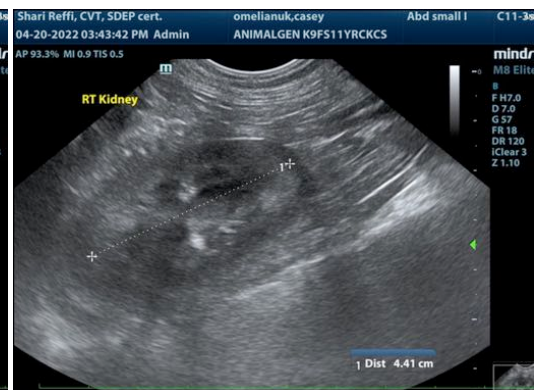
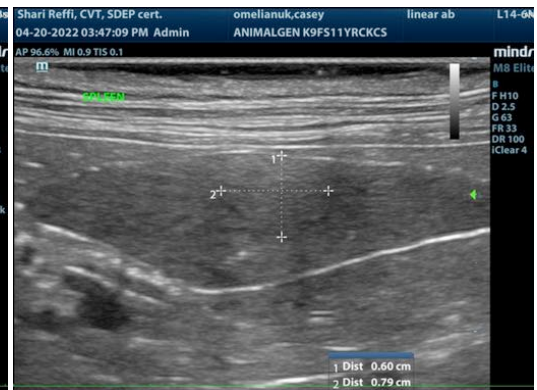
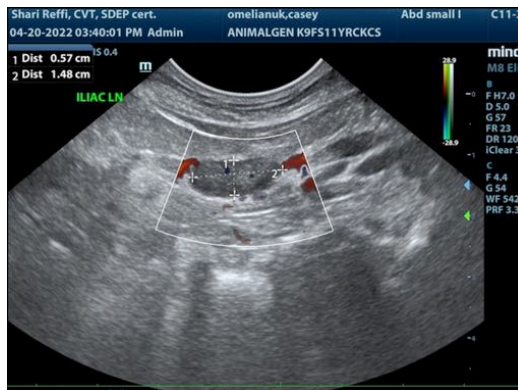
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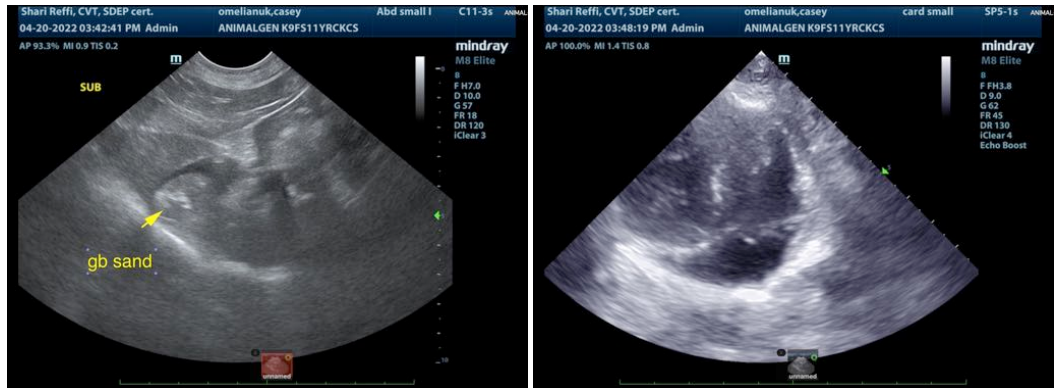
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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