



PATIENT PRESENTING CLINICAL SIGNS

Blizzard Barr

History: 8 # weight loss since January. Eats more than usual and seems to drink normally. Less energetic. Larger volumes of stool that is soft and mucoid and yellowish.

SPECIES

Canine

Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9 with generalized muscle atrophy. Pale, slightly tacky mucous membranes, mildly prolonged skin tent, mild lethargy, stage II dental disease, lipoma (5cm flat unchanged) left lateral abdominal wall. Stable compensated valvular disease on echo 1/26/2022. CBC: Normal. Chem: ALT 348 U/L. Lytes Normal. No urine.

BREED

Labradoodle

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered male

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

12 years

The residual prostate measured 1.0 cm.

WEIGHT

47.6 lbs

The **kidneys** revealed largely normal size and structure, corticomedullary definition and ratio (cortex 1/3 of medulla) were essentially maintained with some 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. The left kidney measured 7.02 cm. The right kidney measured 6.15 cm.

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 right adrenal gland measured 2.55 x 0.81 cm at the cranial pole and 0.69 cm at the caudal pole. The left adrenal gland measured 2.36 x 0.87 cm at the caudal pole and 0.72 cm at the cranial pole.

IMAGING PERFORMED BY

Dr. Anderson

HOSPITAL NAME

Elizabeth AH

Spleen

The **spleen** revealed subtle micronodular changes with swollen, irregular contour.

REFERRING VET

Dr. Anderson

Liver

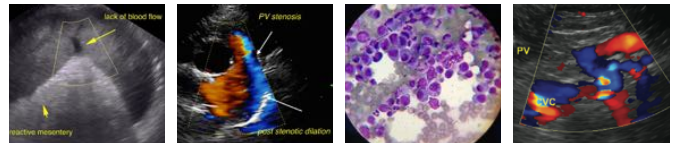
Exam of the cranial abdomen demonstrated excessive **liver** size, swollen contour, with conserved uniform architecture. Parenchymal echogenicity was diffusely isoechoic to the spleen and falciform fat. Minor excessive GB debris was noted with the presence gall bladder dilation and precipitate without the overt formation of mucocele but this may be an issue in the future. This type of liver presentation typically is associated with slow and gradual SAP elevations with low-grade ALT rise. USG-FNA sampling is encouraged if more aggressive LE profiles are present such as ALT > 200 or rapid rise in SAP. These presentations are usually reactive hepatopathies owing to other disease processes either

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PATIENT

endocrine (Diabetes, Hypothyroidism, Cushing's disease), "antigen surveillance" from the gut/pancreas, or idiopathic breed predisposed progressions.

Blizzard Barr

Gastrointestinal

SPECIES

There was some residual chyme and gas was noted in the **stomach**, yet not pathological. This is consistent with end post prandial presentation. Transit of chyme into the small intestine was normal. Curvilinear patterns were maintained throughout the GI tract. No evidence of pathology. 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.

Canine

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Pancreas

SEX

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.

Neutered male

AGE

12 years

ULTRASONOGRAPHIC FINDINGS

Micronodular spleen.

WEIGHT

47.6 lbs

Mild chronic inflammatory hepatopathy pattern.

Age related renal changes.

Micronodular spleen.

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DABVP, Cert. IVUS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the patient's history FNA of the spleen and liver is indicated for further definition. There is a potential for emerging round cell neoplasia; however, the changes were fairly minor. Non-specific inflammatory hepatopathy and reactive spleen is likely with a potential for emerging round cell neoplasia.

IMAGING PERFORMED BY

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Maldigestion panel, three view chest radiographs and full CNS examination is recommended to examine for occult disease that could be responsible for the weight loss. Evaluation for competitive eating environments should also be considered.

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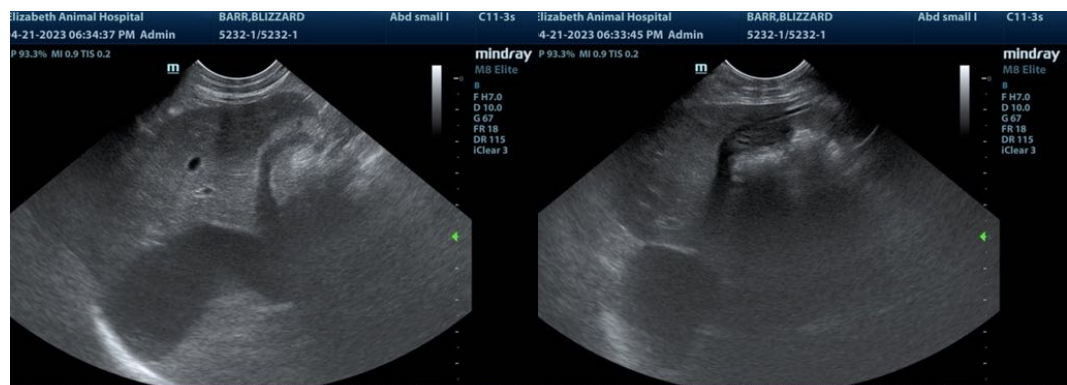
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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